UNIT 7: Routine Care for the Child Under 5

This unit instructs on routine care for the child under 5, including proper steps to educate caregivers on keeping their children healthy through vaccinations and proper nutrition. The unit also provides instructions on when and how to conduct growth monitoring for children.

1. Vaccinations
2. Child Nutrition
3. Growth Monitoring
OVERVIEW

BACKGROUND
During household visits, CHWs should assess whether or not all children under five are up to date on necessary vaccinations according to 1) the child’s vaccinations card and/or 2) the responses of the caregiver. Vaccines help prevent childhood illnesses and could save a baby’s life by protecting him or her from illnesses such as diphtheria, whooping cough, tetanus, haemophilus influenza type B, hepatitis, measles and polio. At the end of this lesson, the CHW should be able to communicate the importance of vaccinations to caregivers during household visits and advise the caregiver on when he or she should bring the child to the clinic next.

LEARNING OBJECTIVES

<table>
<thead>
<tr>
<th>Objective</th>
<th>The CHW will be able to</th>
</tr>
</thead>
</table>
| To be able to assess vaccination status of children in the household | ❑ Determine, via questions, whether all children in the household are up to date with all necessary vaccinations  
❑ Read and understand a health card for the country in which they work  
❑ Identify all 10 vaccinations needed for each child  
❑ Identify when each vaccination should occur in the child’s development  
❑ Explain the reasons for childhood vaccinations  
❑ Refer caregivers to the clinic when a child is not up to date on their vaccinations |
| To be able to educate household members about vaccination requirements | |

7.1 VACCINATIONS
LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Context Story
4. Discussion: Importance of Vaccinations
5. Lecture: Review of Vaccinations
6. Review Job Aid(s)
7. Review Key Messages
8. Worksheet
LESSON PREPARATION

Materials for the facilitator 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 on the Importance of Vaccinations:
  - Flipchart
  - Tape
  - Markers
- Photocopies of a child health card with immunizations marked
- [Optional] Audiovisual equipment for PowerPoint & PowerPoint Slides

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

- Job Aids:
  - UNDER 2: ROUTINE CARE
  - UNDER 5: ROUTINE CARE
- Counseling Cards: PROTECTING YOUR CHILD WITH VACCINATIONS

TIP:
Customize the lesson plan according to local practices.
Update the vaccination schedule in this lesson and in the counseling cards in accordance with national policy.
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 will be responsible for making sure that all the children in that household are up to date on their vaccinations. The job aid has a chart that lists all the required vaccinations up to 18 months of age. If the child’s health card is not available or not provided by the caregiver, you can use the chart in the job aid and ask the caregiver questions to determine if the child has received all necessary vaccinations. If a child does not have a health card, refer the caregiver to the health center to obtain one.”
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 DISABILITY

- A woman in a nearby village, Gina, just gave birth to her first child, a daughter. She was very happy.
- Gina gave birth to her daughter at home because she did not know how to get to the clinic.
- Her baby seemed healthy and happy, so Gina did not worry about taking her to the health center for checkups or vaccinations.
- When her daughter was 3 years old, she contracted polio and became very sick.
- Gina and her husband spent all of their savings at the health center to save their daughter.
- Her daughter survived but has a permanent physical disability that does not allow her to walk.
- Because of her disability, Gina’s daughter cannot attend school or help with household tasks, and Gina must take care of her daughter for the rest of her life.

STORY OF A DISABILITY PREVENTED

- A woman in another village, Penda, just gave birth in a nearby clinic to her third child.
- Like she had done with her other children, Penda returned to the health center where her child was born four times during the months following his birth. The CHW also visited her within the first 7 days after delivery.
- She brought her child’s health card with her each time she went to the health center, proudly watching as the nurse wrote the names of each vaccine down to show she had taken care of her son’s health.
- When an outbreak of measles occurred in Penda’s village, each of her three children remained healthy, protected by the vaccinations they had received when they were infants.
- Penda was very happy.
4. Discussion: Importance of Vaccinations

Before beginning the discussion, divide participants into pairs. Ask the participants to discuss why it is important for children to be up-to-date on vaccinations. Allow each pair to share their answers while the facilitator writes the answers on a large piece of paper taped to the wall.

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 educate household members on the importance of vaccinations:

**KEY CONTENT**

- Vaccinations prevent childhood illnesses
- Vaccinations could save a baby’s life and protect a child from diphtheria, whooping cough, hepatitis, tetanus, haemophilus influenza type B (a type of bacteria that causes meningitis and pneumonia), measles, or a life-long disability with polio
CONVEY INFORMATION

5. Lecture: Review of Vaccinations

Use the reference below to review the names of the vaccinations and the diseases they prevent with the participants. Pass the health card around to CHWs to allow them to see what a completed health card looks like.

**KEY CONTENT**

- **BCG**: Bacillus Calmette-Guerin, used for tuberculosis (TB) disease
- **OPV**: oral polio vaccine
- **Penta**: combined Diphtheria-Tetanus-Pertussis (DTP), Hepatitis B (Hep-B), and Haemophilus influenza type B (Hib)
- **Measles/Rougeole**: measles
- **Rotavirus**: diarrhea
- **Pneumococcal**: pneumonia, bacterial meningitis, otitis, and sinusitis

**Points to discuss with the household:**

- Vaccines prevent childhood illnesses
- They can save your child’s life and protect him/her from diphtheria, whooping cough, hepatitis, measles or a life-long disability with polio
- Some vaccines require several rounds of vaccinations. For example, a child needs to be taken to the health center 4 times over 14 weeks to receive all of the vaccines in the OPV series
- Carry the child’s health card with you each time you visit the clinic

It is important that children are vaccinated at the following times:

<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>At birth</td>
<td>BCG, OPV-1</td>
</tr>
<tr>
<td>6 weeks</td>
<td>OPV-2, Penta-1, Pneumococcal-1, Rotavirus-1</td>
</tr>
<tr>
<td>10 weeks</td>
<td>OPV-3, Penta-2, Pneumococcal-2, Rotavirus-2</td>
</tr>
<tr>
<td>14 weeks</td>
<td>OPV-4, Penta-3, Pneumococcal-3</td>
</tr>
<tr>
<td>9 months</td>
<td>Measles-1</td>
</tr>
<tr>
<td>15-18 months</td>
<td>Measles-2</td>
</tr>
</tbody>
</table>

Ask participants if they have any questions on the vaccinations or the diseases. When any questions have been answered, ask the participants to use the **PROTECTING YOUR CHILD WITH VACCINATIONS** counseling card to tell you what each vaccination is called, which disease it prevents, and when it should be administered.

TIP:

Not all countries have adopted pneumococcal & rotavirus in their national policies.
6. Review Job Aid(s)

Allow the group to review the UNDER 2: ROUTINE CARE and UNDER 5: ROUTINE CARE job aid, and PROTECTING YOUR CHILD WITH VACCINATIONS counseling cards for a few minutes. Answer any questions they may have.

7. Review Key Messages

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

- Why is it important for a child to be up-to-date on all vaccinations?
- Where can a caregiver bring a child to receive his/her vaccinations?
- Where can you find the schedule to ensure that each child receives all of the vaccines he or she needs at the appropriate times?

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.
UNIT 7: ROUTINE CARE FOR THE CHILD UNDER 5
Chapter 1: Vaccinations

WORKSHEET

Name: ____________________

1. Complete the following table.

<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>At birth</td>
<td></td>
</tr>
<tr>
<td>6 weeks</td>
<td></td>
</tr>
<tr>
<td>10 weeks</td>
<td></td>
</tr>
<tr>
<td>14 weeks</td>
<td></td>
</tr>
<tr>
<td>9 months</td>
<td></td>
</tr>
<tr>
<td>15-18 months</td>
<td></td>
</tr>
</tbody>
</table>

2. What document lists the vaccinations that a child has received? What should the CHW do if the caregiver does not have that document?

3. True or false (circle one)? If the child is not up-to-date on vaccinations, the CHW should administer the missing vaccines.
   - True
   - False

4. True or false (circle one)? The penta vaccine protects against tuberculosis.
   - True
   - False

5. True or false (circle one)? The rotavirus vaccine protects against diarrhea.
   - True
   - False
WORKSHEET: ANSWER KEY

1. List at least five vaccinations needed for each child and at what age they should be administered.

<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>At birth</td>
<td>BCG, OPV-1</td>
</tr>
<tr>
<td>6 weeks</td>
<td>OPV-2, Penta-1, Pneumococcal-1, Rotavirus-1</td>
</tr>
<tr>
<td>10 weeks</td>
<td>OPV-3, Penta-2, Pneumococcal-2, Rotavirus-2</td>
</tr>
<tr>
<td>14 weeks</td>
<td>OPV-4, Penta-3, Pneumococcal-3</td>
</tr>
<tr>
<td>9 months</td>
<td>Measles-1</td>
</tr>
<tr>
<td>15-18 months</td>
<td>Measles-2</td>
</tr>
</tbody>
</table>

2. What document lists the vaccinations that a child has received? What should the CHW do if the caregiver does not have that document?

The vaccinations are listed on the child's health card. If the child does not have a health card, the child should be referred to the health facility.

3. True or false (circle one)? If the child is not up-to-date on vaccinations, the CHW should administer the missing vaccines.

   True ✔ False

4. True or false (circle one)? The penta vaccine protects against tuberculosis.

   True ✔ False

5. True or false (circle one)? The rotavirus vaccine protects against diarrhea.

   ✔ True False
OVERVIEW

BACKGROUND

Children between the ages of 28 days and five years require a variety of nutrients and vitamins to grow in a healthy manner. CHWs are responsible for ensuring that households understand the importance of proper nutrition for growing children, and must be able to counsel households on the nutritional needs of children. By the end of this lesson, the CHW will be able to assess whether children in a household are eating the right food to fuel their growth and health, as well as counsel caregivers on the nutritional needs of their children.

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 the nutritional status of children in the household</td>
<td>☐ Describe how to ask caregivers about the foods they provide for their children</td>
</tr>
<tr>
<td>To be able to educate caregivers about the nutritional needs of children aged 28 days through six months</td>
<td>☐ Explain the importance of exclusive breastfeeding for children under 6 months old</td>
</tr>
<tr>
<td></td>
<td>☐ Provide 3 breastfeeding tips to caregivers</td>
</tr>
<tr>
<td>To be able to educate caregivers about the nutritional needs of children aged 6 months through 5 Years</td>
<td>☐ Name 2 foods that are rich in Vitamin A</td>
</tr>
<tr>
<td></td>
<td>☐ Name 3 foods that are body building</td>
</tr>
</tbody>
</table>
LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Context Story
4. Discussion: Importance of Proper Nutrition for Children
5. Lecture: Exclusive Breastfeeding Under 6 Months
6. Lecture: Nutrition for Children Between 6 Months and 2 Years
7. Lecture: Nutrition for Children Between 2 and 5 Years
8. Behavior Change: Child Nutrition
9. Discussion: The Critical Role of CHWs in Promoting Nutrition
10. Role Play: Counseling on Child Nutrition, Part 1
11. Role Play: Counseling on Child Nutrition, Part 2
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
- For Demonstration: Real food examples or drawings/posters of healthy breakfast, lunch, and dinner
- [Optional] For Role Play: 2 chairs
- [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides
- [Optional] For Discussion on Promoting Nutrition: Samples of F75, F100, RUTF, and locally produced supplementary foods

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

- Job Aid:
  - UNDER 2: ROUTINE CARE
  - UNDER 5: ROUTINE CARE
- Counseling Cards:
  - FEEDING YOUR CHILD BETWEEN 6 MONTHS AND 2 YEARS
  - FEEDING YOUR CHILD BETWEEN 2 YEARS AND 5 YEARS
  - NUTRITIOUS FOOD AND DIET DIVERSITY
  - UNDERSTANDING MALNUTRITION

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 purpose of this section is to promote proper nutrition for children between the ages of 28 days and five years. By the end of this session, you should be able to advise caregivers on the nutrients needed for healthy growth at the three different stages of childhood, as well as proper feeding practices.”
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 POOR HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amara lived in a nearby village and was pregnant with her first child.</td>
</tr>
<tr>
<td>When her baby, a son, was old enough to eat solid food, Amara fed him plenty of maize, yams, and sorghum, as well as some fruits and vegetables when her family could afford them.</td>
</tr>
<tr>
<td>Amara’s family did not have any animals, and foods such as meat and eggs were very expensive at the market.</td>
</tr>
<tr>
<td>Without these body building foods to help him grow physically and mentally strong, her son’s growth became stunted.</td>
</tr>
<tr>
<td>As he grew older, he fell behind in school and eventually dropped out.</td>
</tr>
<tr>
<td>He was one of the smallest boys in his class, and when he tried to find work as a day laborer, he was told he was not strong enough.</td>
</tr>
<tr>
<td>Although he is an adult now, Amara’s son still lives at home. With little education and poor physical health, he is dependent on Amara and her husband.</td>
</tr>
<tr>
<td>Amara blames herself for her son’s unhappy life.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STORY OF GOOD HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>A woman in another village, Monifa, also had a son.</td>
</tr>
<tr>
<td>After giving her son only breastmilk for six months, Monifa began to introduce him to a variety of foods in small, mashed portions.</td>
</tr>
<tr>
<td>At first, the baby did not like some foods, such as sweet potatoes. But Monifa ate with her son, encouraging him and showing him how much she liked those foods.</td>
</tr>
<tr>
<td>She also continued to breastfeed him until he was two years old.</td>
</tr>
<tr>
<td>Monifa made sure her family ate balanced meals with plenty of energy giving, body building, and protective foods. She tried not to use the same ingredients every time, so her family could enjoy a diverse diet.</td>
</tr>
<tr>
<td>Her son quickly grew strong and did well in school. He also did not get sick as much as some of the other children in his class.</td>
</tr>
</tbody>
</table>
4. Discussion: Importance of Proper Nutrition for Children

Ask participants to explain why proper nutrition is important for children between the ages of 28 days and five years. 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. Make sure all of the points below are mentioned during the discussion. The CHW must know all of these key points to effectively counsel on child nutrition.
CONVEY INFORMATION

5. Lecture: Exclusive Breastfeeding Under 6 Months

If the following information has not been introduced in earlier sessions, present the following information to the group and ask them to reflect on why it is important. Throughout this section, try to incorporate visuals as much as possible through large posters, handouts, or PowerPoint.

**KEY CONTENT**

**Why breastfeed:**
- All babies under 6 months should be breastfed exclusively
- Do not give the baby any water, foods or other fluids during this time. Breast milk contains all the nutrients the baby needs
- Exclusive breastfeeding during the first 6 months reduces the risk of HIV transmission from mother to child

**How to breastfeed (Correct Positioning):**
- Baby’s head and body are straight
- Baby is turned towards you so that your stomachs 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 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 food so you can produce enough milk
- Breastfeed day and night, whenever your baby wants, at least 8 times in 24 hours. Frequent feeding produces more 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
-Expressed breast milk can be safely stored in a cool place for a maximum of 6-8 hours
CONVEY INFORMATION

6. Lecture: Nutrition for Children Between 6 Months and 2 Years

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

Provide the following counseling messages to the caregiver:
- Wash your hands with soap before preparing food and feeding the child
- It is best to breastfeed the child until he/she is two years old
- After the baby is 6 months old, begin feeding additional kinds of food so that he or she gets enough nutrients to grow healthy and strong, following the schedule below
- It is important that the child receives a vitamin A supplement once every 6 months (twice a year), available at the health center
- In addition to breast milk, begin feeding the child thick porridge or well-mashed nutrient rich foods, including animal-source foods and vitamin A-rich fruits and vegetables (see NUTRITIOUS FOODS AND DIET DIVERSITY)

<table>
<thead>
<tr>
<th>Age</th>
<th>Texture</th>
<th>Frequency</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 months</td>
<td>soft porridge, well-mashed</td>
<td>2 times per day</td>
<td>2-3 tablespoons</td>
</tr>
<tr>
<td>7-8 months</td>
<td>mashed foods</td>
<td>3 times per day</td>
<td>2/3 cup</td>
</tr>
<tr>
<td>9-12 months</td>
<td>finely chopped</td>
<td>3 meals + 1 snack</td>
<td>2/3 cup</td>
</tr>
<tr>
<td>1-2 years</td>
<td>family foods</td>
<td>3 meals + 2 snacks</td>
<td>1 full cup</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vitamin A-rich foods</th>
<th>Iron-rich foods</th>
<th>Folic-acid rich foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrots</td>
<td>Green leafy vegetables</td>
<td>Dark green leafy vegetables</td>
</tr>
<tr>
<td>Sweet potatoes</td>
<td>Fish</td>
<td>Legumes</td>
</tr>
<tr>
<td>Pumpkins</td>
<td>Meat</td>
<td>Citrus fruits</td>
</tr>
<tr>
<td>Broccoli</td>
<td>Eggs</td>
<td>Juices</td>
</tr>
<tr>
<td>Spinach</td>
<td>Groundnuts</td>
<td></td>
</tr>
<tr>
<td>Palm oil</td>
<td>Beans</td>
<td></td>
</tr>
</tbody>
</table>
Present the following information to the group and ask them to reflect on why it is important.

Provide the following counseling messages to the caregiver:
- Wash your hands with soap before preparing food and feeding your child
- Give at least 1 full cup of food at each meal
- Give at least 3 meals and 2 snacks each day
- If your child refuses a new food, show them that you like the food. Be patient
- Talk with your child during meal and keep eye contact
- Make sure your child receives a vitamin A supplement once every 6 months (twice a year), available at the health center
- Give your child a variety of foods, including animal-source foods and vitamin A-rich fruits and vegetables listed on the following page

<table>
<thead>
<tr>
<th>Energy-giving foods (carbohydrates)</th>
<th>Body-building foods (protein &amp; lipids)</th>
<th>Protective foods (vitamins)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maize</td>
<td>Meat</td>
<td>Carrots</td>
</tr>
<tr>
<td>Sweet potatoes</td>
<td>Milk</td>
<td>Eggplants</td>
</tr>
<tr>
<td>Cassava</td>
<td>Butter</td>
<td>Green leafy vegetables</td>
</tr>
<tr>
<td>Bananas</td>
<td>Fish</td>
<td>Fruits</td>
</tr>
<tr>
<td>Millet</td>
<td>Fats</td>
<td>Sweet potatoes</td>
</tr>
<tr>
<td>Sorghum</td>
<td>Eggs</td>
<td>Onions</td>
</tr>
<tr>
<td>Rice</td>
<td>Soya beans</td>
<td>Bananas</td>
</tr>
<tr>
<td>Wheat</td>
<td>Beans</td>
<td>Cauliflower</td>
</tr>
<tr>
<td>Yams</td>
<td>Peas</td>
<td></td>
</tr>
<tr>
<td>Irish potatoes</td>
<td>Groundnuts</td>
<td></td>
</tr>
<tr>
<td>Groundnuts</td>
<td>Cowpeas</td>
<td></td>
</tr>
</tbody>
</table>
**EXAMPLE IN ACTION**

8. Behavior Change: Child Nutrition

The households the CHW visits will all have had a different exposure to, and understanding of, the importance of child nutrition. 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>Awa has stopped breastfeeding her four month old son and has started giving him small bites of her food at mealtime.</td>
</tr>
<tr>
<td>Thinking about it</td>
<td>Marie has three children. She stopped breastfeeding the first two when they began eating porridge, but she has heard that breastfeeding up to age two is healthier for her children and is considering continuing breastfeeding when her five month old daughter begins eating porridge soon.</td>
</tr>
<tr>
<td>Trying</td>
<td>Ibrahima’s child is three years old and does not like to eat vegetables. She tries many different ways of preparing vegetables and asks her child to eat one bite of vegetables at each meal.</td>
</tr>
<tr>
<td>Maintaining</td>
<td>Famara makes sure that each meal her children eat contains foods that are rich in Vitamin A, iron, and folic acid.</td>
</tr>
</tbody>
</table>

[Optional] Check for understanding. Ask the group, “at which stage of behavior change was Amara?”

<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 exclusive breastfeeding until six months, followed by supplemental feeding until the child reaches two years. Explaining the benefits of following these practices.</td>
</tr>
<tr>
<td>Thinking about it</td>
<td>Encouraging the caregiver to try the behavior. Identifying the problems the caregiver may have in providing proper nutrition to her children and help solve these problems.</td>
</tr>
<tr>
<td>Trying</td>
<td>Encouraging continuation of good nutrition practices. Identifying and solving any problems the caregiver is having in adopting the behavior.</td>
</tr>
<tr>
<td>Maintaining</td>
<td>Praising the caregiver and encouraging her to continue proper feeding practices. Pointing out positive outcomes that have occurred or are occurring for her children as a result of their continued maintenance.</td>
</tr>
</tbody>
</table>
9. Discussion: The Critical Role of CHWs in Promoting Child Nutrition

Ask participants to brainstorm the role that the CHW plays in preventing, detecting, and ensuring proper treatment of malnutrition. Keep a list of participant responses on a large piece of paper or chalkboard. Make sure all of the points below are mentioned during the discussion.

- Detect malnutrition early through monthly MUAC measurements of children between six months and five years (*Note that MUAC is not recommended for children under 6 months)
- Refer children with MUAC <125 mm to the appropriate treatment program
- Counsel caregiver on exclusive breastfeeding for the first six months
- Counsel caregiver on good nutrition and feeding practices for children under five
- Counsel caregiver on handwashing with soap and food and water safety
- Follow up with moderate acute malnutrition (MAM) child every two weeks and severe acute malnutrition (SAM) child every week
- Help caregiver follow supplementary feeding or therapeutic feeding programs
- Encourage defaulters to return to the health facility
- Ensure child receives proper and timely medical treatment

If available, pass around samples of F75, F100, RUTF and locally available supplementary foods so the participants can become more familiar with them.
PARTICIPANT PRACTICE

10. Role Play: Counseling on Child Nutrition, Part 1

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. Give the volunteer a copy of the job aid and read or explain the prompt 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 “CHW”)

You are visiting a mother who:
- has three children, aged five years, three years, and four months
- usually breastfeeds the baby but sometimes gives animal milk
- sometimes washes hands before breastfeeding the baby
- feeds her family meals of only cassava meal during the dry season
PARTICIPANT PRACTICE
11. Role Play: Counseling on Child Nutrition, Part 2

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 nutrition 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”)
The caregiver has stopped breastfeeding her nine month old child.

PROMPT 2 (FOR “CHW”)
The caregiver reports that the child eats protein-rich foods two or three times per week.

PROMPT 3 (FOR “CHW”)
The caregiver does not know where to go to receive Vitamin A supplements.

PROMPT 4 (FOR “CHW”)
The caregiver says that she is not sure how much her children eat during meals because she is typically distracted with other tasks.
UNIT 7: ROUTINE CARE FOR THE CHILD UNDER 5
Chapter 2: Child Nutrition

REINFORCE INFORMATION
12. Review Job Aid(s)

Allow the group to review the UNDER 2: ROUTINE CARE and UNDER 5: ROUTINE CARE job aids, and FEEDING YOUR CHILD BETWEEN 6 MONTHS AND 2 YEARS, FEEDING YOUR CHILD BETWEEN 2 YEARS AND 5 YEARS, UNDERSTANDING MALNUTRITION, and NUTRITIOUS FOOD AND DIET DIVERSITY 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:

- Why is proper nutrition important for children?
- What does a nutritious diet consist of?
- What is your role, as a CHW, in promoting proper nutrition for children?

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.
7.2 CHILD NUTRITION

WORKSHEET

Name: ________________________

1. What must the caregiver do every time before feeding the child?

2. The baby should be breastfed exclusively for ________________ months, because _________________.

3. The mother should try to breastfeed the baby for ________________ years.

4. Children should receive Vitamin A supplements __________ times per year.

5. For the following foods, indicate whether it is rich in Vitamin A (A), iron (I), or folic acid (F)
   _____ Pumpkin  _____ Fish  _____ Dark Leafy Greens  _____ Legumes
   _____ Groundnuts  _____ Juices  _____ Palm Oil  _____ Carrots

6. For the following foods, mark whether it is Energy Giving (E), Body Building (B), or Protective (P)
   _____ Cassava  _____ Milk  _____ Bananas  _____ Legumes
   _____ Sorghum  _____ Peas  _____ Fruits  _____ Sweet Potatoes
1. What must the caregiver do every time before feeding the child?

   The caregiver must wash his/her hands before feeding the child.

2. The baby should be breastfed exclusively for six (6) months, because
   - Breast milk contains all the nutrients a baby needs at this time
   - Breast milk contains antibodies that will protect your baby from infection
   - Breast feeding helps bond mothers to babies.
   - Breast feeding prevents the spread of HIV from mother to baby

   (any of these are acceptable answers).

3. The mother should try to breastfeed the baby for two (2) years.

4. Children should receive Vitamin A supplements two (2) times per year.

5. For the following foods, indicate whether it is rich in Vitamin A (A), iron (I), or folic acid (F)
   - (A) Pumpkin
   - (I) Fish
   - (F) Dark Leafy Greens
   - (F) Legumes
   - (I) Groundnuts
   - (F) Juices
   - (A) Palm Oil
   - (A) Carrots

6. For the following foods, mark whether it is Energy Giving (E), Body Building (B), or Protective (P)
   - (E) Cassava
   - (B) Milk
   - (P) Bananas
   - (E) Yams
   - (E) Sorghum
   - (B) Peas
   - (P) Fruits
   - (P) Sweet Potatoes
OVERVIEW

BACKGROUND

Children under two grow very rapidly. How well they grow during this time has consequences for their physical health, cognitive development, and productivity for the rest of their lives. CHWs can contribute to the healthy development of children by monitoring their weight and length routinely during the first five years of life. As part of the 1000 day framework, length and weight of children under two should be measured at least once every three months (i.e., quarterly).

Low weight and length/height are indicators of malnutrition. By monitoring growth routinely, CHWs can detect malnourishment early, promote proper nutrition, and prevent long-term consequences for the child’s health and well-being. The goal of this section is to train CHWs to read growth charts, properly measure and record height and weight of young children, and counsel caretakers on proper nutrition.

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 indicators of malnutrition</td>
<td>□ Define and explain the significance of:</td>
</tr>
<tr>
<td></td>
<td>○ Stunting</td>
</tr>
<tr>
<td></td>
<td>○ Wasting</td>
</tr>
<tr>
<td></td>
<td>○ Underweight</td>
</tr>
<tr>
<td>To be able to measure length and weight of children under 5</td>
<td>□ Calibrate and zero a scale</td>
</tr>
<tr>
<td></td>
<td>□ Demonstrate how to use a length mat and scale</td>
</tr>
<tr>
<td>To be able to read and record data on growth charts</td>
<td>□ Interpret growth indicators</td>
</tr>
<tr>
<td>To be able to counsel caretakers on proper nutrition for children under 5</td>
<td>□ Describe counseling and referral protocol for children who are malnourished</td>
</tr>
</tbody>
</table>
LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Discussion: Importance of Growth Monitoring
4. Demonstration: Measuring and Recording Length, Height and Weight
5. Small Groups: Measuring and Recording Length and Weight
7. Lecture: Counseling and Referral Protocol
8. Review Job Aid(s)
9. Review Key Messages
10. 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
- For Demonstrations (at least one of each, preferably one per small group):
  - Child-sized doll
  - Scale
  - Length mat
  - Standard weights (preferred) or sacks of grain/flour
  - [Optional] Height Board
- Handouts of sample growth charts (national health cards or WHO growth charts) or PowerPoint slides
- [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides

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

- Job Aids:
  - MEASURING LENGTH AND HEIGHT
  - MEASURING WEIGHT
- Counseling Cards:
  - EXCLUSIVE BREASTFEEDING FOR THE FIRST 6 MONTHS
  - FEEDING YOUR CHILD BETWEEN 6 MONTHS AND 2 YEARS
  - NUTRITIOUS FOOD AND DIET DIVERSITY

TIP:
Customize the lesson plan according to local practices.
If the CHWs are not involved in measuring height of children between 2 and 5, omit the demonstration on using a height board.
LENSON 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:

“As a CHW, you will contribute to the healthy growth and development of children by routinely monitoring their length and weight. During household visits, you are responsible for reminding the caregiver to take their children under two to be measured on community outreach days or at the health facility at least once every three months. It is important to encourage the caregiver to bring their child health card with them each and every time.

At community outreach sessions or during follow up home visits, you may be responsible for measuring length/height and weight of children under five. At the end of this lesson, you should be able to explain the importance of growth monitoring, measure a child’s length and weight, and record and interpret data on a child’s health card.”
CONVEY INFORMATION

3. Discussion: Importance of Growth Monitoring

Ask participants to explain why it is important to monitor the growth of children. Make sure all of the points below are mentioned during the discussion.

KEY CONTENT

- Nutrition and growth in a child’s first two years of life will determine how healthy they are for the rest of their lives.
- Detecting malnutrition early is key to preventing stunting [see definition below], which is permanent and irreversible after two years.
- Poor nutrition can negatively impact a child’s ability to learn and do well in school. They may also be more vulnerable to illness and disease.

Introduce key terms and definitions:

- **Length** is measured when a child under two is laying down using a length mat.
- **Height** is measured when a child between two and five is standing up using a height board.
- **Stunting** refers to low length-for-age or low height-for-age and is an indicator of chronic malnutrition.
- **Wasting** refers to low weight-for-length or low weight-for-height and is an indicator of acute malnutrition.
- **Underweight** refers to low weight-for-age and may be attributed to stunting, wasting, or a combination of both. Therefore, underweight is a composite indicator of chronic and acute malnutrition.
- **Overweight/Obesity** refers to high weight-for-height and may be attributed to consuming more calories than needed. Obesity is a growing problem in low- and middle-income countries and is a leading cause of heart disease and diabetes.
CONVEY INFORMATION

4. Demonstration: Measuring and Recording Length, Height and Weight

You will now demonstrate how to:
1. Calibrate and “zero” a scale
2. Measure weight using a:
   a. hanging scale (same procedure for all children under five)
   b. standing scale (two procedures – one for children under two; one for children between two and five)
3. Measure length using a:
   a. length mat (for children under two)
   b. [Optional] height board (for children between two and five)

Calibrating the scale
Using standard weights (preferred, if available) or other objects with known weights (e.g., a 5kg sack of grain), check the accuracy of the scale. If the measurement is incorrect, “zero” the scale by setting the needle to zero when it’s empty, and try again. If the weight is consistently off by a small amount, subtract that amount by the final weight.

Measuring weight and length/height
Ask one participant to volunteer to be your assistant. If you are using a standing scale, also ask one participant to volunteer to be the caregiver. Introduce the child-sized doll to the group, and ask the group to assign it a gender and age before each measurement.

Instruct the group to read the instructions provided on the job aid out loud, while you and your assistants demonstrate each step using the measuring equipment and doll. If the doll is not wearing clothing, simulate removing its jacket and shoes.

TIP:
One way to enhance the demonstration is to measure a live child, if a child is nearby and the caretaker is willing to allow the child to participate.
Recording weight and length
On the board or flipchart, or using the PowerPoint slide, show participants how to properly record the child’s length and weight using the demonstration as an example and being sure to share the tips below.

Tips on plotting length/height/weight-for-age:
- Plot age in completed weeks, months, or years and months on the vertical line. Therefore, if a child is 5 ½ months old, plot the point on the 5 month line
- Plot length, height, and weight as precisely as possible. Thus, if the measurement is 60.5, plot it between the 60 and 61 lines
- When multiple points are plotted for two or more visits, connect them with a straight line to observe for trends

Tips on plotting weight-for-length/height:
- Plot length or height on a vertical line by rounding to the nearest whole centimeter (if 0.1 to 0.4, round down; if 0.5 to 0.9, round up)
- Plot weight as precisely as possible
PARTICIPANT PRACTICE
5. Small Groups: Measuring and Recording Length and Weight

In small groups (if sufficient dolls and equipment are available) or as a group, ask participants to demonstrate how to properly measure and record length/height and weight of young children. Monitor closely to ensure accuracy and encourage participants to rotate roles, practicing with length mats, height boards, and scales.

CONVEY INFORMATION

Using the PowerPoint presentation or photocopies of the sample growth charts, explain how to read the growth charts.

“The green line represents the "normal" weight-for-age, length/height-for-age, or weight-for-length/height of a healthy child.

The area between the green and red lines represents a normal range. If a child’s measurements fall between the red lines and black lines, then the child may be stunted, underweight, overweight or wasted. If the child’s measurements fall outside of the black lines, the child may be severely stunted, severely underweight, obese, or severely wasted. [A length/height above the normal range is rarely an indication of a problem.]

Key trends to watch out for:
- A child’s growth line crosses the red or black line away from the normal range
- There is a sharp decline or incline in the child’s growth line
- The child’s growth remains flat; there are no changes in weight or length/height
- It is very important to consider all factors when interpreting a child’s growth charts. Even if a child is within the normal range, if the line has suddenly changed directions or is at a steep incline or decline, there may be a potential growth problem”

Review sample growth charts with participants and ask them to identify if the child is healthy or at-risk of stunting, wasting, underweight, or obesity.
**CONVEY INFORMATION**

7. Lecture: Counseling and Referral Protocol

For this lecture, refer participants to the following job aids:
- EXCLUSIVE BREASTFEEDING FOR THE FIRST 6 MONTHS
- FEEDING YOUR CHILD BETWEEN 6 MONTHS AND 2 YEARS
- NUTRITIOUS FOOD AND DIET DIVERSITY

<table>
<thead>
<tr>
<th>If the child is...</th>
<th>Stunted</th>
<th>Wasted</th>
<th>Underweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>You should counsel caregiver on...</td>
<td>You should...</td>
<td>You should...</td>
<td></td>
</tr>
<tr>
<td>- breastfeeding until the child is 2 (exclusively during first 6 months)</td>
<td>- take a MUAC measurement and provide referral based on CMAM (Community Management of Acute Malnutrition) protocols:</td>
<td>- refer the child to a health facility for a nutrition assessment</td>
<td></td>
</tr>
<tr>
<td>- appropriate types and amounts of food for the child</td>
<td>- 115-125 mm: BASIC REFERRAL</td>
<td>- counsel caretaker on age-appropriate feeding practices, proper nutrition and diet diversity (see “Stunted” protocol)</td>
<td></td>
</tr>
<tr>
<td>- increasing intake of foods rich in vitamin A, iron and folic-acid</td>
<td>- &lt;115 mm: EMERGENCY REFERRAL</td>
<td>- link caregiver to culinary demonstrations</td>
<td></td>
</tr>
<tr>
<td>- diet diversity</td>
<td>- &lt;115 mm with complications: AMBULANCE REFERRAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
REINFORCE INFORMATION
8. Review Job Aid(s)

Allow the group to review the **MEASURING LENGTH AND HEIGHT** and **MEASURING WEIGHT** job aids 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:

- Why is it important to monitor a child’s growth?
- Which weight-height classifications may indicate a growth problem?

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.
Fill in the Blanks

1. Wasting refers to low _______________ for _______________. It is an indicator of acute malnutrition.
2. Length of children under 2 should be measured once every _________________.
3. Fill in the growth chart with the following information about Diana:
   - At 6 months, Diana was 63 cm
   - At 9 months, Diana was 65 cm
   - At 1 year, Diana was 67 cm
   - At 1 year and 3 months, Diana was 70 cm
   - At 1 year and 6 months, Diana was 71 cm

4. Diana's growth chart trend indicates that she is severely _________________. (underweight / stunted / wasted)
5. Name one action the CHW must take to counsel her caretaker as a result:
Fill in the Blanks

1. Wasting refers to low **weight** for **length or height**. It is an indicator of acute malnutrition.

2. Length of children under 2 should be measured once every **3 months**.

3. Fill in the growth chart with the following information about Diana:
   - At 6 months, Diana was 63 cm
   - At 9 months, Diana was 65 cm
   - At 1 year, Diana was 67 cm
   - At 1 year and 3 months, Diana was 70 cm
   - At 1 year and 6 months, Diana was 71 cm

4. Diana’s growth chart trend indicates that she is severely **stunted** (underweight / stunted / wasted).

5. Name one action the CHW must take to counsel her caretaker as a result:
   - (One of the following) Breastfeeding until the child is 2 (exclusively during first 6 months); appropriate types and amounts of food for the child; increasing intake of foods rich in vitamin A, iron and folic-acid; diet diversity; giving the child a vitamin supplement at least once every 6 months; attending culinary demonstrations in the community; obtaining rations of supplementary foods from government safety net program (if available)
UNIT 8: Routine Care for the Household

This unit instructs on routine health education for all members of the household, including malaria prevention with bednets, nutrition and diet diversity, handwashing with soap, water and food safety, proper sanitation and waste management, and family planning. The purpose of the unit is to provide guidance on how to strengthen behavior change counseling to ensure positive and healthy living.

1. Bednets to Prevent Malaria
2. Nutrition and Diet Diversity
3. Handwashing with Soap
4. Water and Food Safety
5. Proper Sanitation and Waste Management
6. Family Planning
OVERVIEW

BACKGROUND
The CHW is responsible for encouraging all household members, especially younger children and pregnant women, to use bednets every night when sleeping. If the family does not use bednets properly according to the checklist provided in the job aid manual, the CHW should identify what, if any difficulties are preventing the family from properly using bednets. The CHW must be able to clearly explain that bednets are necessary to prevent malaria-causing mosquito bites, be able to demonstrate how to use a bednet, and refer to a supervisor if the household is in need of bednets. The goal of this section is to teach the CHW about proper bednet use for malaria prevention and how to communicate this information to each household.

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 bednet utilization</td>
<td>§ List 3 signs of incorrect bednet use</td>
</tr>
<tr>
<td>To be able to counsel on bednet utilization and maintenance</td>
<td>§ Explain the importance of sleeping under a bednet</td>
</tr>
<tr>
<td></td>
<td>§ Demonstrate how to hang a bednet</td>
</tr>
<tr>
<td></td>
<td>§ List 3 tips for maintaining a bednet</td>
</tr>
<tr>
<td>To be able to refer household for obtaining a bednet</td>
<td>§ Name 1 resource from whom the household can obtain a bednet</td>
</tr>
</tbody>
</table>
LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Context Story
4. Discussion: Importance of Bednet Use
5. Behavior Change: Bednets
6. Demonstration: How to Hang a Bednet
7. Lecture: Assessing Use and Maintenance
8. Role Play: Counseling on Malaria Prevention with Bednets
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 Demonstration:
  a) 1 clean bednet with no tears or holes, 1 large box, 1 candle
  b) Video demonstrating how to hang a bednet [audiovisual equipment required] in PowerPoint presentation
- For Role Play: 1 copy of ‘prompts’, cut out
- Chalkboard and chalk or flipchart and markers
- [Optional] For Role Play: 2 chairs to set up in front of the room
- [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides

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

- Job Aid:
  - 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:

“During each household visit, you are responsible for making sure that every household member sleeps under a bednet properly each night. You can use the checklist in the job aid to determine whether or not a household needs help using bednets.

By the end of this lesson, you should be able to explain why bednets are important and teach others how to properly use a bednet. You should also know how to refer a household to your supervisor to obtain bednets if necessary.”
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, Ayo, had 3 sons and 2 daughters.
- Ayo’s family struggled to have enough to eat during the rainy season because she, her husband, and her children were often sick with malaria.
- Although many houses in her village had bednets, Ayo and her family did not have one hanging in their home. At night, mosquitoes flew in between the cracks in their wooden window frames. Ayo, her husband and her children woke up regularly with mosquito bites on their skin.
- When Ayo’s oldest child became feverish with malaria, much of the family’s income that week was spent on medicines.
- When Ayo’s husband experienced recurring episodes of malaria, he was unable to tend to the crops in faraway fields.
- Three children became ill with malaria at the same time, and the youngest child died after several days of high fever.
- Ayo was very sad; she blamed herself for not being able to take care of the baby.

STORY OF A DEATH PREVENTED

- A woman in another village, Safi, had 2 children and was pregnant with her third.
- Safi’s family was as poor as others in the village. She and her family suffered from bouts of malaria that became more frequent during the rainy season. When she visited the clinic for her prenatal checkup, she was given a long-lasting insecticide treated bednet to hang in her home and received Intermittent Preventive Treatment for malaria.
- With help from a CHW, she hung up the bednet in the center of the room her family used to sleep.
- Every night, Safi carefully made sure that each family member was tucked under the net.
- She made sure to wash the bednet carefully and inspect it for holes. She fixed each small hole as soon as she detected it.
- Safi remained healthy and malaria-free during her pregnancy, and gave birth to a healthy daughter.
- The baby is 1 year old now.
4. Discussion: Importance of Bednet Use

Ask participants to explain why it is important for every household to use bednets. Make sure all of the points below are mentioned during the discussion. The CHW must know all of these key points to effectively counsel the household on using a bednet.

### KEY CONTENT

- Malaria is a dangerous disease caused by mosquito bites
- Bednets keep mosquitoes away and reduce the likelihood of being bitten and contracting malaria
- Children under five years (and pregnant women) are particularly at risk of malaria
- All household members should sleep under an insecticide-treated bednet every single night. This will help prevent them from getting malaria
- If there is more than one sleeping site within the home, each one should be covered with a bednet
- Malaria-carrying mosquitoes are more likely to bite at night, when the family is sleeping
EXAMPLE IN ACTION

5. Behavior Change: Bednets

The households the CHW visits will all have had a different exposure to, and understanding of, the use of bednets to prevent malaria. 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>Neema has heard about sleeping under a bednet at night, but does not know that it could prevent malaria.</td>
</tr>
<tr>
<td>Thinking about it</td>
<td>Mercy is aware that sleeping under a bednet at night prevents the transmission of malaria through mosquito bites. She is thinking about adopting this behavior but does not own or use a bednet now.</td>
</tr>
<tr>
<td>Trying</td>
<td>Fadhila has received and hung up a bednet, but sometimes does not use it because it is too hot and it is difficult to fit all household members under the bednet.</td>
</tr>
<tr>
<td>Maintaining</td>
<td>Wambura and all members of her family have been sleeping under a bednet every night for the past year.</td>
</tr>
</tbody>
</table>

[Optional] Check for understanding. Ask the group, "at which stage of behavior change was Ayo?"

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Effective Counseling Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaware</td>
<td>Giving information about bednets for malaria prevention.</td>
</tr>
<tr>
<td>Thinking about it</td>
<td>Encouraging the family to try the behavior. Referring them to obtain a free bednet from the health facility or CHW supervisor.</td>
</tr>
<tr>
<td>Trying</td>
<td>Praising the family for using bednets. Identifying and solving any problems that the family might have in maintaining daily bednet use.</td>
</tr>
<tr>
<td>Maintaining</td>
<td>Praising the family and encouraging them to continue using the bednet daily. Pointing out positive outcomes that have occurred or are occurring in their lives as a result of their continued maintenance.</td>
</tr>
</tbody>
</table>
6. Demonstration: How to Hang a Bednet

Option a) Place the large box on the ground or on a table. Next, place the candle next to it. Ask for a volunteer to act as the “ceiling” for this demonstration. Take a bednet and show the group how to hang and spread a bednet, with the volunteer holding the bednet up. The large box will act as a bed or sleeping site. Make sure that you cover all sides and corners of the “bed” and tuck it under the mattress (i.e., box) if possible. Make a point to draw attention to the candle and move it away from the bednet.

Option b) Show the group a video demonstrating how to hang a bednet: http://www.youtube.com/watch?v=i3aL6QPgiRQ
After the demonstration, answer any questions the group may have.

7. Lecture: Assessing Use and Maintenance

Present the following information to the group on the CHW’s role in assessing and promoting proper bednet usage and maintenance:

- The CHW should check to make sure that all sleeping sites have a bednet
- When in use, bednets should cover all sides and corners of the bed and tucked under the mattress or mat so that mosquitoes cannot go under the edge of the net
- The CHW should check each bednet for cleanliness, holes and tears
- Make sure the bednet is not hung near candles, coal pots or cigarettes which can cause damage and holes
- If a bednet is dirty, it should be washed with soap and dried in the sun
- If a bednet has holes or tears, the household member can mend it by stitching as with any other piece of cloth
- A bednet that is too worn or damaged should be replaced. Refer the household member to a health facility or CHW supervisor for replacement
- Bednets should be replaced after 4 years of use
PARTICIPANT PRACTICE

8. Role Play: Counseling on Malaria Prevention with Bednets

Divide participants into pairs. Tell them that they will be practicing a household conversation about bednets. Give two different prompts 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. After giving participants time to practice in pairs, ask one or two groups to perform for the group. Ask the group to offer feedback.

**PROMPT 1 (FOR “CHW”)**

You visit a household member who 1) has children, 2) uses a bednet that usually covers all household members when sleeping, but not when it is too hot, and 3) has a dusty bednet. You should follow the job aid to assess use of bednets and offer the appropriate messages.

**PROMPT 2 (FOR “CHW”)**

You visit a household member who 1) is pregnant, 2) uses a bednet every night, but 3) has the bednet improperly hung so that she is not fully covered when sleeping. You should follow the job aid to assess use of bednets and then offer the appropriate messages.

**PROMPT 3 (FOR “CHW”)**

You visit a household member who 1) has children, and 2) says no one in the household uses a bednet because they do not have one. You should follow the job aid to assess use of bednets and then offer the appropriate messages.

**PROMPT 4 (FOR “CHW”)**

You visit a household member who says household members used to use a bednet every night but now their bednets have holes and are very dirty. You should follow the job aid to assess use of bednets and then offer the appropriate messages.
REINFORCE INFORMATION
9. Review Job Aid(s)

Allow the group to review the MALARIA PREVENTION WITH BEDNETS job aid, and PREVENTING MALARIA WITH BEDNETS and HOW TO USE AND MAINTAIN A BEDNET 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 check bednet use at each household?
- Where can you refer a household to obtain a bednet?
- Do you feel comfortable demonstrating how to hang a bednet?

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. Malaria is a dangerous disease caused by _____________________.

2. ____________________ and _________________________ are at highest risk of malaria.

3. If a household does not have a bednet, the CHW should do two things:
   1) _____________________ and 2) ________________________.

4. True or false (circle one)? Bednets keep away disease-carrying mosquitoes and reduce the likelihood of being bitten and contracting malaria.
   True       False

5. True or false (circle one)? After a bednet is washed, it should be dried using artificial heat sources, such as coal pots, candles, and cigarettes.
   True       False

6. True or false (circle one)? A bednet with a hole in it still protects all household members who are sleeping under it at night.
   True       False

7. True or false (circle one)? A bednet can be washed.
   True       False
WORKSHEET: ANSWER KEY

1. Malaria is a dangerous disease caused by **mosquito bites**.

2. **Children under 5** and **pregnant women** are at highest risk of malaria.

3. If a household does not have a bednet, the CHW should do two things: 1) counsel the household member on using a bednet and 2) refer the household member to obtain a bednet from the health facility or CHW supervisor.

4. True or false (circle one)? Bednets keep away disease-carrying mosquitoes and reduce the likelihood of being bitten and contracting malaria.
   ✔ True    False

5. True or false (circle one)? After a bednet is washed, it should be dried using artificial heat sources, such as coal pots, candles, and cigarettes.
   True     ✔ False

6. True or false (circle one)? A bednet can be washed.
   ✔ True    False

7. True or false (circle one)? A bednet with a hole in it still protects all household members who are sleeping under it at night.
   True     ✔ False

8. True or false (circle one)? A bednet can be washed.
   ✔ True    False
OVERVIEW

BACKGROUND
The CHW is responsible for encouraging household members, especially children under five and pregnant women, to eat the necessary nutrients and foods to stay healthy or to quickly recover from illness. If the household does not know the proper nutrition practices explained in the checklist within the job aid manual, the CHW should educate them on proper nutrition and identify any barriers preventing the household from adequate eating and nutrition (e.g. limited access to healthy food, lack of information about nutrition, etc.). The CHW must be able to clearly explain the different kinds of foods needed for each age group and how families can plan for healthy eating.

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 nutritional practices</td>
<td>❑ Determine, via questions, whether all household members are eating enough food, as well as the right kinds of food for their needs</td>
</tr>
</tbody>
</table>
| To be able to counsel households on proper nutrition | ❑ Name the 3 types of categories of food and 2 local examples of each                   
|                                                | ❑ Name the 3 additional nutrients needed by pregnant women and children and 2 local examples of foods that provide these nutrients |
LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Context Story
4. Discussion: Nutrition and Cooking Practices
5. Lecture: Water and the Three Categories of Food
6. Lecture: Foods Needed for Different Ages, Groups, and Conditions
7. Behavior Change: Nutrition
8. Role Play: Counseling on Nutrition
9. Review Job Aid(s)
10. Review Key Messages
11. Worksheet
LEsson prEpRaratiOn

MaTeriAls to PrEpRar eBeforE 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
- [Optional] For Lecture on Water and the Three Categories of Food, Choose one:
  a) Images of a variety of different types of foods
  b) PowerPoint presentation with images of different foods [audiovisual equipment required]
- 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: HOUSEHOLD NUTRITION
- Counseling Card: NUTRITIOUS FOOD AND DIET DIVERSITY

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:

“Proper nutrition and diet diversity can help keep households healthy, as well as help ill household members recover more quickly. For every household visit, you are responsible for ensuring that every household member understands proper eating and feeding practices, especially pregnant women and children under five. Use the checklist in the job aid to determine whether a household needs counseling on nutrition.

By the end of this lesson, you should be able to explain the kinds of nutrients that different age groups in a household need to stay healthy or recover from illness.”
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 POOR HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Veronica lives in a nearby village, and is pregnant with her second child.</td>
</tr>
<tr>
<td>❑ In addition to growing maize and cassava, Veronica’s family grows ground nuts and beans to sell at the market.</td>
</tr>
<tr>
<td>❑ Because of the high price groundnuts and beans are at the market, Veronica sells all of these crops and does not include them in her family’s meal.</td>
</tr>
<tr>
<td>❑ Every evening, Veronica and her child share a bowl of maize for dinner. Her husband works in the village market and eats dinner with his friends there most nights.</td>
</tr>
<tr>
<td>❑ Because Veronica is not providing her body with the nutrients it needs, she goes into labor early.</td>
</tr>
<tr>
<td>❑ Her baby is too small to survive and dies after three days.</td>
</tr>
<tr>
<td>❑ Veronica is sad, and her body is still weak.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STORY OF GOOD HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ A woman in another village, Anna, gave birth to her fifth child 2 months ago.</td>
</tr>
<tr>
<td>❑ Anna's family was as poor as others in the village. She has to plan very carefully in order to feed everyone in her household the nutrients they need to be healthy.</td>
</tr>
<tr>
<td>❑ She makes sure to eat more food than usual, because she knows how important it is for her 2 month old son to consume only breastmilk, and to eat as often as he is hungry.</td>
</tr>
<tr>
<td>❑ At meal times, Anna, her husband, and her 4 older children each sit down and eat a delicious combination of foods that are rich in vitamins, protein, and carbohydrates out of their own bowl.</td>
</tr>
<tr>
<td>❑ Anna’s oldest daughter used to dislike dark leafy greens, but Anna continued to prepare and serve them in different ways for the entire family.</td>
</tr>
<tr>
<td>❑ Anna’s family is healthy and strong.</td>
</tr>
</tbody>
</table>
CONVEY INFORMATION


Ask the participants to break up into groups of 3-4 people. Provide each group with large sheets of paper and markers. Instruct them to imagine what the correct answers are to the questions below and write them down on sheets of paper without use of the job aid.

DISCUSSION QUESTIONS

- What are the different food groups? List a few examples for each food group.
- What foods are considered healthy? Describe a healthy meal.
- How many times should a person eat each day?
- How much water should a person consume each day?
- Should children under 5 and pregnant woman eat differently from other household members? Why? And if yes, how?
- Is iodized salt available in the community? Why is iodized salt important?

After 10 minutes, regroup and ask a representative from each group to present his/her group’s answers. Make sure that each point of the following points are covered.

KEY CONTENT

What to eat in the household
- You and your family should eat 3 meals and 2 snacks per day
- There are 3 main types of food: energy-giving foods (carbohydrates), body-building foods (proteins & lipids), protective foods (vitamins)
- All meals should include foods from the three categories. A diverse diet is a healthy diet.
- Always use iodized salt when cooking and preparing food to prevent goiters

What children under 5, pregnant women, and nursing mothers should eat
- Nutrient rich foods are especially important for young children, pregnant women and nursing mothers
- Children grow quickly and need lots of protein to maintain growth
- Make sure you and your child receive plenty of foods rich in vitamin A, iron and folic-acid

Buying and storing iodized salt
- Check packaging for the name and address of the producer and expiration date; dispose of salt after expiration date
- Use moisture-proof packages such as plastic bags or bottles, and always keep containers closed
- Store iodized salt away from direct sunlight, excessive heat and humidity. Store on shelves with adequate ventilation
CONVEY INFORMATION

5. Lecture: Water and the Three Categories of Food

Present the following information to the group. Ask them to follow along using the NUTRIOUS FOOD & DIET DIVERSITY counseling card.

KEY CONTENT

Drink Water

- It is important to make sure that household members are aware of the need for proper hydration.
- This includes an adequate fluid intake of between 2 and 3 liters a day for adults, and slightly less for children.
- Proper hydration is necessary for the body to carry out normal functions.
- Signs of dehydration include dry, sticky mouth, sleepiness or tiredness, thirst, decreased urine output, headache, constipation, dry skin, and dizziness.

Three Categories of Food

- All three categories should be included during each meal.
- Always use iodized salt when cooking and preparing food to prevent goiters.
- Wash your hands with soap before preparing and handling food. Also make sure that each member of the family washes their hands before eating.
- Use safe drinking water and follow food safety guidelines.

TIP:

Adapt the list according to foods that are available locally.

To check comprehension, ask participants to describe a meal they have eaten in the past week that contained all 3 of these kinds of food.
CONVEY INFORMATION

6. Lecture: Foods Needed for Different Ages, Groups, and Conditions

Read the information below out loud. Make sure the students know how to communicate this information to household members.

KEY CONTENT

Children
- Children should consume iodized salt and plenty of vitamin A rich foods
- Iodine prevents goiters and vitamin A rich foods to maintain good vision. Foods with large amounts of Vitamin A include carrots, sweet potatoes, pumpkin, broccoli, spinach, and palm oil. Children should also receive Vitamin A supplements twice a year, available through the health facility
- Children grow quickly and need enough protein to maintain growth. If they do not receive enough protein, they can become malnourished and their growth will be stunted
- Malnourished children are more likely to die than well-nourished children. Over half the children who die from common childhood illness—diarrhea, pneumonia, malaria, and measles—are poorly nourished

Men and Women
- Working men and women need more energy giving foods (carbohydrates) and body building foods (protein) to ensure they have enough energy and strength to work efficiently
- All women need iron-rich foods, because menstruation results in the loss of blood and they need to restore the iron

Pregnant Women
- Developing babies need folic acid and iron to ensure healthy growth
- Iron-rich foods include spinach, kale, leafy greens, fish, meat, eggs, groundnuts, and beans
- Folic acid is found in dark green leafy vegetables, legumes, citrus fruits and juices
- Pregnant women need to increase their food intake by at least one meal to provide enough nutrients for themselves and their unborn baby. Pregnant women should never diet

Sick people
- Sick people need to eat and drink more than normal because they use more energy to fight illness

Check for comprehension by asking a few questions, such as:

- Would a meal that consists of spinach and rice provide all of the nutrients needed for a 35 year old man who is a farmer?
- What about a meal of chicken, potatoes, and eggplant?
EXAMPLE IN ACTION

7. Behavior Change: Nutrition

The households the CHW visits will all have had a different exposure to, and understanding of, the importance of handwashing with soap. 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 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>Irene does not worry very much about her family’s nutrition, as they try to eat a couple of times a day during the dry season.</td>
</tr>
<tr>
<td>Thinking about it</td>
<td>Haruna is aware that there are certain foods her young children should be eating, but she is not sure what they are, or whether they are affordable for her family.</td>
</tr>
<tr>
<td>Trying</td>
<td>Akua makes sure that her family should eat five times throughout the day, but her husband has AIDS and only eats when he is hungry.</td>
</tr>
<tr>
<td>Maintaining</td>
<td>Ama is pregnant with her third child. Along with all members of her household, she eats five times a day from individual bowls, and makes sure that she and her two young children eat leafy greens every day.</td>
</tr>
</tbody>
</table>

[Optional] Check for understanding. Ask the group, “at which stage of behavior change was Veronica?”

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Effective Counseling Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaware</td>
<td>Giving information about general nutrition. Explaining the benefits of proper nutrition and effects of inadequate feeding and eating practices.</td>
</tr>
<tr>
<td>Thinking about it</td>
<td>Encouraging the family to try eating 5 times per day, 3 meals and 2 snacks. Encouraging the family to structure each meal around the three types of foods and include special foods for small children and pregnant/nursing women as appropriate. Identifying the problems the family may have in doing so and help solve these problems.</td>
</tr>
<tr>
<td>Trying</td>
<td>Encouraging continuation of proper nutrition through praise. Identifying and solving any problems the family is having in adopting the behavior.</td>
</tr>
<tr>
<td>Maintaining</td>
<td>Praising the family and encouraging them to continue proper eating and feeding practices. Pointing out positive outcomes that have occurred or are occurring in their lives as a result of their continued proper nutrition.</td>
</tr>
</tbody>
</table>
PARTICIPANT PRACTICE

8. Role Play: Counseling on Nutrition

Divide participants into pairs. Tell them that they will be practicing a household conversation about nutrition. Give two prompts to each pair, and instruct participants to take turns playing the CHW using a different prompt in each round.

The participant playing the role of the “household member” should answer the questions according to the prompt, and the participant playing the role of the “CHW” should follow the job aid to assess nutritional standing and offer the appropriate messages. Have them identify what stage of behavior change the household has reached. After giving participants time to practice in pairs, ask one or two groups to perform for the whole group. Encourage participants to provide feedback.

| PROMPT 1 | The CHW visits a household member who 1) has three children under the age of five, 2) feeds her younger children from her bowl, and 3) is not sure what foods are necessary for her or her children. |
| PROMPT 2 | The CHW visits a household member who 1) is pregnant, 2) does not use iodized salt, and 3) is limiting her food intake so she does not gain too much weight during the pregnancy. |
| PROMPT 3 | The CHW visits a household member who 1) has five children, and 2) says no one in the household eats five times per day because the household cannot afford enough food to do so during the dry season. |
| PROMPT 4 | The CHW visits a household member who says she knows the importance of Vitamin A, iron, and folic acid to her children’s growth but her children do not like the taste of these foods so she has stopped preparing them. |
9. Review Job Aid(s)

Allow the group to review the HOUSEHOLD NUTRITION job aid and NUTRITION FOOD AND DIET DIVERSITY counseling card 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 a healthy, working man or woman to eat nutritious foods?
- What are the three categories of food, and why is each one necessary?

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. Households should eat _____________ times a day.

2. Write down at least three food items from each category for breakfast, lunch, and dinner.

<table>
<thead>
<tr>
<th></th>
<th>Energy Giving Foods</th>
<th>Body Building Foods</th>
<th>Protective Foods</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dinner</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Households should always use ________________ when cooking and preparing food to help prevent goiters.

4. What types of food are **most** important for working men and women to eat?

5. What are the two supplements that pregnant women should be taking during their pregnancies? List some food items containing these nutrients.
WORKSHEET: ANSWER KEY

1. Households should eat **five (5)** times a day.

2. Write down at least three food items from each category for breakfast, lunch, and dinner.
   
   **Answers may vary according to local practices. Examples:**
   1) **Energy giving foods**: maize, sweet potatoes, cassava, bananas (matoke), millet, sorghum, rice, wheat, yams, Irish potatoes
   2) **Body building foods**: meat, milk, butter, fish, ghee, eggs, soya beans, beans, peas, groundnuts, simsim (sesame), cowpeas
   3) **Protective foods (vitamins)**: carrots, eggplants, green leafy vegetables, fruits, sweet potatoes, onions, bananas, cauliflower

3. Households should always use **iodized salt** when cooking and preparing food to help prevent goiters.

4. What types of food are most important for working men and women to eat?

   **Working men and women need more energy giving foods (carbohydrates) and body building foods (proteins).**

5. What are the two supplements that pregnant women should be taking during their pregnancies? List some food items containing these nutrients.

   **Iron and folic acid supplements.**

   1) Iron can be found in: spinach, kale, leafy greens, fish, meat, eggs, groundnuts, beans
   2) Folic acid can be found in: dark green leafy vegetables, legumes, citrus fruits and juices
OVERVIEW

BACKGROUND

The CHW is responsible for encouraging all household members, especially younger children, pregnant women, and caregivers, to practice proper handwashing steps. Handwashing with soap can prevent transmission of dangerous deadly diseases, including diarrhea and pneumonia – two leading killers of children under five. The CHW should be able to clearly explain that handwashing is necessary to prevent the spread of infection and illness. He or she must also be able to demonstrate and instruct the household on proper handwashing steps. The CHW will also learn how to set up a proper handwashing station. The goal of this section is to teach the CHW about proper handwashing and the importance of using soap, and how to communicate this information to each household.

LEARNING OBJECTIVES

<table>
<thead>
<tr>
<th>Objective</th>
<th>The CHW will be able to</th>
</tr>
</thead>
</table>
| To be able to counsel household members on handwashing with soap, using behavior change techniques | ❑ Explain the importance of handwashing with soap  
❑ Name the 2 most critical times to wash hands with soap |
| To be able to demonstrate proper handwashing techniques                  | ❑ Explain the 4 steps to proper handwashing                                            |
| To be able to provide basic instructions on setting up a handwashing station | ❑ List at least 3 components to a proper handwashing station                           |
LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Context Story
4. Discussion: Importance of Handwashing with Soap
5. Behavior Change: Handwashing
6. Demonstration: Proper Handwashing Steps
7. Lecture: Setting Up a Handwashing Station
8. Small Groups: Where to Buy Soap
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
- For Demonstration on Proper Handwashing Steps:
  - Basin
  - Pitcher of clean water
  - Bar of soap
  - Small amount of oil
  - Ground cinnamon or pepper
- 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: HYGIENE AND SANITATION
- Counseling Cards:
  - PREVENTING ILLNESS BY WASHING HANDS WITH SOAP
  - HOW TO SET UP A HANDWASHING STATION

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:

“Handwashing with soap is one of the best ways to prevent illness. During every household visit, CHWs are responsible for ensuring that each household member understands proper handwashing steps. There is a decision tree included in the job aid that can help determine whether a household has the proper handwashing facilities and knows the critical times for handwashing with soap. By the end of this lesson, you should be able to explain when and why handwashing with soap is important and teach others how to properly wash their hands.”
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, Nasra, had 3 sons and two daughters.
- Nasra, her husband, and her children were often sick with diarrhea.
- Although Nasra had heard that handwashing with soap could help prevent illness, her family did not have a handwashing station in their home. She and her family often rinsed their hands with cold water but rarely used soap.
- In Nasra’s village, it is common for children to have diarrhea from time to time. So when Nasra’s youngest child became ill with diarrhea, she didn’t take the baby to the clinic, even when the diarrhea persisted.
- After several days, the baby died.

STORY OF A DEATH PREVENTED

- A woman in another village, Aisha, had 1 child and was pregnant with her second.
- Aisha and her family suffered from severe bouts of diarrhea.
- Once, her youngest child became dangerously ill after having had diarrhea for more than 7 days.
- Aisha contacted her CHW, who administered ORS solution and helped arrange a visit to the clinic.
- During the follow up visit, the CHW told Aisha about the importance of handwashing with soap and showed her how to set up a handwashing station.
- Now, Aisha and her family are careful to wash their hands frequently, especially after using the toilet and before preparing food.
- It has been almost a year since anyone in her household has suffered from a severe case of diarrhea, including her newborn baby.
**CONVEY INFORMATION**

### 4. Discussion: Importance of Handwashing with Soap

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 as many important times to wash hands as they can. Have the groups check their lists during the following discussion, and see which group had the most correct answers.

Make sure all the points below are mentioned during the discussion and write them on the chalkboard or flipchart. Explain that these points appear in the job aid and all CHWs must know them to educate household members on why handwashing with soap is important:

<table>
<thead>
<tr>
<th><strong>KEY CONTENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Five Critical Handwashing Times:</strong> When should you wash your hands?</td>
</tr>
<tr>
<td>1. After using the toilet*</td>
</tr>
<tr>
<td>2. Before handling and preparing food*</td>
</tr>
<tr>
<td>3. Before feeding a child</td>
</tr>
<tr>
<td>4. After cleaning a child or handling feces</td>
</tr>
<tr>
<td>5. Before eating food</td>
</tr>
</tbody>
</table>

*After defecation and before handling/preparing food are the two MOST CRITICAL times for washing hands with soap

It is best to wash hands frequently to prevent you and your family from infections and illness, including pneumonia and diarrhea. These five times are the most critical for preventing the transmission of fecal-oral diseases, but it is also important to wash hands:

- After blowing your nose, coughing, or sneezing
- Before and after caring for someone who is sick
- After touching an animal or animal waste
- After handling garbage
- Before and after treating a cut or wound

**Newborn Care:** Newborns can get life-threatening infections more easily than an adult or an older child. Caregivers should frequently wash hands with soap to prevent infections

**ALWAYS USE SOAP!** Keeping hands clean is one of the best ways to prevent diarrheal disease and respiratory infection. Handwashing with soap can also prevent skin and eye infections

---

**TIP:**

While soap is the best method, for cultural and financial reasons, soap may not always be available.

In that case, the CHW may recommend washing hands with ash
UNIT 8: ROUTINE CARE FOR THE HOUSEHOLD
Chapter 3: Handwashing with Soap

EXAMPLE IN ACTION
5. Behavior Change: Handwashing

The households the CHW visits will all have had a different exposure to, and understanding of, the importance of handwashing with soap. 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 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>Imani rinses her hands with water in the morning when she wakes up, and when she can see that they are dirty.</td>
</tr>
<tr>
<td>Thinking about it</td>
<td>Abdoulaye has heard that handwashing with soap can prevent illness. He tries to remember to rinse his hands with water at the critical times, but he keeps forgetting to buy soap from the store.</td>
</tr>
<tr>
<td>Trying</td>
<td>Lela’s family has a handwashing station near their latrine. She always washes her hands with soap after using the toilet and cleaning her child, but she is so busy that she often forgets to wash her hands before preparing food and eating.</td>
</tr>
<tr>
<td>Maintaining</td>
<td>Folami is careful to wash her hands at all of the critical times. She has taught her husband and children to do the same.</td>
</tr>
</tbody>
</table>

[Optional] Check for understanding. Ask the group, “at which stage of behavior change was Nasra?”

<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 critical times to wash hands. Explaining the proper handwashing steps and importance of using soap.</td>
</tr>
<tr>
<td>Thinking about it</td>
<td>Encouraging the household members to try the behavior. Identifying the problems the family may have preventing proper handwashing, such as lack of handwashing station or soap - and help solve these problems.</td>
</tr>
<tr>
<td>Trying</td>
<td>Encouraging continuation of handwashing through praise. Identifying and solving any problems the family is having in adopting the behavior.</td>
</tr>
<tr>
<td>Maintaining</td>
<td>Praising the family and encouraging them to continue proper handwashing. Pointing out positive outcomes that have occurred or are occurring in their lives as a result of their continued maintenance.</td>
</tr>
</tbody>
</table>
CONVEY INFORMATION / PARTICIPANT PRACTICE
6. Demonstration: Proper Handwashing Steps

Ask for three volunteers. Instruct two volunteers to put a small spoonful of oil on their palms, then ask the third volunteer to sprinkle ground cinnamon or ground pepper on their hands. Ask them to rub their hands together to get the oil and cinnamon/pepper in between their fingers and under their nails.

Instruct the first volunteer to wash his/her hands thoroughly with water (the third volunteer can assist in pouring water). Ask him or her, “how do your hands feel? Are they still dirty?” Instruct the second volunteer to wash his/her hands with soap and water. Ask him or her the same question.

This demonstration should show that washing hands with soap is much more effective at cleaning hands than washing hands with just water. Now, ask the first volunteer (who washed with only water) to follow these instructions:

- Step 1: Wet hands with clean water
- Step 2: Lather hands thoroughly with soap, including under nails (this should take 8-15 seconds)
- Step 3: Rinse hands thoroughly with clean water
- Step 4: Dry hands with a clean towel or cloth, if available. Otherwise, air dry

Invite other participants to volunteer to demonstrate handwashing with soap in front of the group.

TIP:
Pay attention to see if the volunteers dry their hands on their clothes during the demonstration.

If they do, ask the group if they noticed anything wrong. Inform the group that air drying is the best method of drying hands if no clean cloth is available.
CONVEY INFORMATION

7. Lecture: Setting Up a Handwashing Station

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

<table>
<thead>
<tr>
<th>Key Components of a Handwashing Station</th>
<th>Why It Is Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>A household should have 2 handwashing stations: one within 10 paces of the latrine and one in the kitchen / area where food is prepared.</td>
<td>Handwashing after defecation and before handling food are the 2 most critical times. A handwashing station near the latrine and cooking area serves as a physical reminder to wash hands with soap.</td>
</tr>
<tr>
<td>A “tippy tap” or other improvised handwashing station can be constructed using locally available materials. See HOW TO SET UP A HANDWASHING STATION counseling card.</td>
<td>Handwashing stations do not need to be constructed out of expensive materials. Improvised handwashing stations, when used correctly, are just as good.</td>
</tr>
<tr>
<td>Only fill the water container with clean water. If the household’s water source may be contaminated, advise them to disinfect it first.</td>
<td>Dirty or untreated water may be contaminated with bacteria or parasites.</td>
</tr>
<tr>
<td>Never allow hands to come into direct contact with water in the container. Use a stick to tilt the water container or ask someone else to dispense the water.</td>
<td>Water may become contaminated by dirty hands.</td>
</tr>
<tr>
<td>Always keep soap near the handwashing station.</td>
<td>Handwashing with soap is much more effective at cleaning hands and preventing infection than handwashing with water alone.</td>
</tr>
</tbody>
</table>

PARTICIPANT PRACTICE

8. Small Groups: Where to Buy Soap

Ask participants to form groups according to their villages. Then ask them to discuss the locations where household members will be able to purchase soap for handwashing. After 2-3 minutes, ask them to present the locations to the whole group and write them down on the chalkboard or flipchart.

Ask the participants to write down these locations, and refer household members to the nearest location if they do not have soap in the household.
REINFORCE INFORMATION
9. Review Job Aid(s)

Allow the group to review the HYGIENE AND SANITATION job aid, and PREVENTING ILLNESS BY WASHING HANDS WITH SOAP and HOW TO SET UP A HANDWASHING STATION 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 use soap when washing hands?
- Why does a household need more than one handwashing station?
- Why should a person wash their hands before handling food?
- By counseling household members on washing hands with soap, how do you contribute to the family's well-being?

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: _______________________

8.3 HANDWASHING

1. Name the five most critical times for washing hands with soap.

2. Why is it important to wash hands with soap before touching a newborn?

3. Where are the two places that a household should have a handwashing station?

4. List the four steps for proper handwashing with soap.

5. If a household member is in the “trying” stage of change for handwashing with soap, what counseling message might be effective?

6. True or false (circle one)? Handwashing with soap can reduce or prevent:
   a) Diarrheal disease True False
   b) Skin infections True False
   c) Eye infections True False
   d) Intestinal worms True False
   e) Respiratory infections True False
WORKSHEET: ANSWER KEY

1. Name the five most critical times for washing hands with soap.
   1) After defecation
   2) Before handling food
   3) Before eating food
   4) Before feeding a child
   5) After cleaning a child or handling feces.

2. Why is it important to wash hands with soap before touching a newborn?
   Newborns are especially vulnerable to infections. Washing hands with soap is one of the most effective ways to prevent infections.

3. Where are the two places that a household should have a handwashing station?
   1) Within 10 paces of the latrine
   2) In the kitchen / area where food is prepared.

4. List the four steps for proper handwashing with soap.
   1) Wet hands with clean water
   2) Lather hands with soap
   3) Rinse hands with clean water
   4) Dry hands on a clean cloth or air dry.

5. If a household member is in the “trying” stage of change for handwashing with soap, what counseling technique might be effective?
   Examples: Praising them for their behavior; identifying barriers to adopting and maintaining the behavior.

6. True or false (circle one)? Handwashing with soap can reduce or prevent:

   a) Diarrheal disease ✔ True False
   b) Skin infections ✔ True False
   c) Eye infections ✔ True False
   d) Intestinal worms ✔ True False
   e) Respiratory infections ✔ True False
OVERVIEW

BACKGROUND
Water and food may contain dangerous pathogens that cause illness and infection. Contaminated food and water is a leading cause of diarrhea, a major killer of children under five. CHWs are responsible for educating households on how to properly disinfect and store water and how to handle food safely. CHWs should be able to distinguish between improved and unimproved water sources, identify a safe water storage container, and demonstrate three methods of water disinfection: chlorination, boiling, and solar disinfection. CHWs should also be able to counsel household members on food safety.

LEARNING OBJECTIVES

<table>
<thead>
<tr>
<th>Objective</th>
<th>The CHW will be able to</th>
</tr>
</thead>
</table>
| To be able to distinguish between an improved and unimproved water source | □ List 2 examples of an improved water source  
□ List 2 examples of a unimproved water source |
| To be able to explain and demonstrate household water treatment methods | □ Explain why water disinfection is important  
□ Demonstrate chlorination method of disinfection |
| To be able to assess whether a water storage container is safe | □ Describe 2 differences between a safe and unsafe water storage container |
| To be able to counsel on safe water collection, transportation, handling and storage | □ Explain how water can become contaminated |
| To be able to educate on food safety measures | □ Describe at least 3 food safety measures |
LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Context Story
4. Lecture: Improved vs. Unimproved Water Source
5. Small Groups: Improved vs. Unimproved Water Source
6. Demonstration: Protecting Water from Contamination
7. Discussion: Water Safety and Household Water Treatment
8. Behavior Change: Water Disinfection
9. Small Groups: Household Water Treatment Methods
10. Demonstration: Disinfecting Water by Chlorination
11. Lecture: Food Safety
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 on Chlorination:
  - 1 liter of water in a clear plastic bottle
  - WaterGuard, Aquatab, or other locally available chlorine solution/tablet
- For Demonstration on Safe Water Storage and Handling:
  - 1 safe water storage container with opening and lid
  - 1 safe water storage container with spigot
  - Ladle
  - Cup
- For Small Groups: handouts on ‘Chlorination’, ‘Boiling’ and ‘Solar Disinfection’
- For Small Groups: handouts on ‘Improved Water Sources’ and ‘Unimproved Water Sources’
- Chalkboard and chalk or flipchart and markers
- [Optional] Audiovisual equipment for PowerPoint & PowerPoint slides

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

- Job Aids:
  - WATER SAFETY
  - HYGIENE AND SANITATION
- Counseling Cards:
  - MAKING WATER SAFE TO DRINK
  - PROTECTING WATER FROM CONTAMINATION
  - FOOD SAFETY

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:

“Unsafe drinking water and poor food hygiene cause many people to become ill each year. Young children are especially vulnerable to diarrheal disease caused by contaminated food and water, which can even lead to death. During household visits, you are responsible for educating household members on food and water safety. This module will cover three topics: 1) household water treatment, 2) safe collection, transportation, handling and storage of water, and 3) food safety.

By the end of this lesson, you should be able to distinguish between an improved and unimproved water source; demonstrate how to disinfect water with a chlorine solution or tablet; identify a proper water storage container; and counsel on the importance of food and water safety.”

TIP:
The terms “water treatment” and “water disinfection” are used interchangeably throughout this chapter.
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 neighboring village, named Tatu, had a husband and 2 daughters.
- Tatu and her eldest daughter usually retrieved water from a borehole, which was 1 km away from her home. However, sometimes they collected water from the nearby stream to avoid walking long distances, especially at night.
- Everyone in Tatu’s family had diarrhea frequently. She knew that the river water might not be safe to drink, so she began to collect water exclusively from the borehole.
- Tatu never treated water from the borehole, because she thought boreholes were a safe water source. She did not know that the water from the borehole contained fecal matter due to poor sanitation practices in the community, which led to groundwater contamination.
- Tatu’s 2-year-old daughter, Ami, became ill with diarrhea.
- Since in the past, diarrhea usually passed after a few days, Tatu did not take Ami to the clinic.
- Ami suffered from diarrhea for 5 days and eventually died from dehydration.
- Tatu did not understand why this happened and blamed herself for Ami’s death.

STORY OF A DEATH PREVENTED

- Kioni and her family retrieve water from a well. Her 4-year-old son, Rahim, often gets diarrhea.
- The last episode of diarrhea was particularly bad, so Kioni took Rahim to the clinic for treatment. The ORS and zinc treatment helped Rahim get better, but a few weeks later Rahim got diarrhea again.
- The next time the CHW visited, Kioni asked what might be causing the diarrhea. Kioni said that she always washes her hands with soap before feeding Rahim.
- The CHW asked Kioni to show him where she collected water from.
- He was able to assess that the water source was improved, but noticed that she collected water using a ceramic pot with no lid, and scooped water out with a cup, which allowed her hands to come into contact with the water.
- The CHW counseled Kioni on safe collection, transport, handling and storage of water. He explained that a long handled ladle would prevent her hands from touching the water. He also showed her how to use a chlorine solution to treat the water.
- Kioni followed the CHWs advice. Rahim rarely got sick after that.
UNIT 8: ROUTINE CARE FOR THE HOUSEHOLD
Chapter 4: Water and Food Safety

CONVEY INFORMATION

4. Lecture: Improved vs. Unimproved Water Source

Present the following information to the group using a chalkboard/flipchart or PowerPoint presentation.

<table>
<thead>
<tr>
<th>IMPROVED WATER SOURCE</th>
<th>UNIMPROVED WATER SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piped water into dwelling, plot or yard</td>
<td>Unprotected dug well</td>
</tr>
<tr>
<td>Public tap or standpipe</td>
<td>Unprotected spring</td>
</tr>
<tr>
<td>Tubewell or borehole</td>
<td>Cart with small tank or drum (i.e., vendor)</td>
</tr>
<tr>
<td>Protected dug well</td>
<td>Tanker truck</td>
</tr>
<tr>
<td>Protected spring</td>
<td>Surface water (river, dam, lake, pond, etc.)</td>
</tr>
<tr>
<td>Rainwater collection</td>
<td>Bottled water</td>
</tr>
</tbody>
</table>

REINFORCE INFORMATION

5. Small Groups: Improved vs. Unimproved Water Source

Divide participants into small groups. Give each group copies of the “Improved Water Sources” and “Unimproved Water Sources” handouts and ask them to discuss what makes a water source improved or unimproved. After a few minutes, ask the small groups to share their answers and write them on the chalkboard or flipchart. Make sure all the key points are covered.

KEY CONTENT

An improved water source is defined as one that protects water from outside contamination:

- There is an enclosure or casing around the water source to protect it from contamination
- There is a cover to protect it from animals and bird droppings
- Runoff water is direct away from the water source (e.g., via a raised platform)

Why are the following water sources considered “unimproved”?

- Unprotected dug well & unprotected spring: no protection from bird droppings or animals; runoff water can spill back into source
- Cart with small tank/drum & tanker truck & bottled water: there is no guarantee that the water sold by a vendor is safe to drink
- Surface water: surface water is not protected from any contaminants

***An improved water source does not necessarily mean that the water is safe to drink.

⚠️ TIP: Be careful not to call an “improved water source” a “safe water source.” Water from an “improved” source may still be contaminated!
CONVEY INFORMATION

6. Demonstration: Protecting Water from Contamination

Show the group two water storage containers. First, demonstrate pouring water from the safe water storage container. You should be able to use the spigot or pour water directly from the narrow opening into the cup.

Next, demonstrate retrieving water from the unsafe water storage container using the cup. Allow your hand to come into contact with the water.

Ask the group to distinguish the safe storage container from the unsafe storage container, and explain why. Present the key components of a safe water storage container.

- A safe water storage container should be made of **plastic or ceramic**
- It should have a **tight-fitting lid or cover** (Do not use leaves or other materials to cover the container, as they may serve as sources of contamination)
- It should have a **spigot or small opening** that allows water to be dispensed without requiring the insertion of hands or objects or a large enough opening through which a long-handled ladle can be used to scoop water
- A safe water container needs to be **cleaned** with soap or a chlorine solution regularly

***Always use a safe container when collecting and transporting water***

Demonstrate using a long-handled ladle to scoop water into the cup. Point out that this prevents hands from coming into contact with the water. When using a cup or bowl, even if hands do not come directly into contact with water, the cup or bowl itself may contain germs.
Lead a discussion on the importance of household water treatment. Ask the group the following questions:

- “What is household water treatment and why is it important?”
- “When should water be disinfected before drinking?”
- “What are some methods of water disinfection, and what is most common in your community?”
- “Do you usually disinfect your water before treating? Why or why not?”

Make sure all of the following content is covered and write key points on the chalkboard or flipchart.

**KEY CONTENT**

**Why is it important?**
- Water can contain invisible amounts of bacteria, viruses, worms and parasites. These pathogens cause illnesses such as diarrhea, which can lead to death, especially in children under five.
- Disinfecting water can kill these pathogens that cause illness.

**When should you disinfect water?**
- Water retrieved from an **unimproved water source** should always be treated before use.
- Water retrieved from an improved water source may still be contaminated. The water source itself may be polluted, or the water may have become contaminated during transport, handling and storage. If water is transported in an unsafe container or comes into direct contact with hands, it is **unsafe to drink**.
- It is best to recommend disinfection all of the time, unless it can be verified that the improved water source is not contaminated (through water quality testing) and that the water did not become contamination from improper handling, collection and storage.
- Water should be disinfected before 1) drinking, 2) preparing food, 3) washing dishes and utensils, and 4) washing hands with soap.

**Common methods of household water treatment:**
- Chlorination (liquid solution or chlorine tablets) – **PREFERRED**
- Boiling
- Solar disinfection
- Filtration (e.g., ceramic or sand filter)
- Flocculent or disinfectant powder (e.g., PUR sachet)

*Sedimentation (allowing particles to separate and settles) is recommended for removing turbidity as a pre-treatment method, but it is not acceptable as the sole method of disinfection.*

**TIP:**
Inform participants that they will only be responsible for knowing 1) chlorination (recommended method), 2) boiling, and 3) solar disinfection.
**EXAMPLE IN ACTION**

8. Behavior Change: Water Disinfection

The households the CHW visits will all have had a different exposure to, and understanding of, the importance of water disinfection. 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. 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>Augustino knows that people can get sick from drinking contaminated water but does not know what he can do about it.</td>
</tr>
<tr>
<td>Thinking about it</td>
<td>Marjani has talked to her CHW about methods to disinfect her water and is considering chlorination, but has not gone to the store to buy WaterGuard yet.</td>
</tr>
<tr>
<td>Trying</td>
<td>After a conversation about water safety with her CHW, Nuru decided to walk a little farther to get water from the public tap, instead of the unprotected well that is closer to her home. However, she doesn’t have a safe water storage container and uses a ceramic pot with no lid to collect and store water.</td>
</tr>
<tr>
<td>Maintaining</td>
<td>To prevent her family from getting sick, Zuri is careful to disinfect water each and every time before drinking, cooking, and washing. She also stores the water in a plastic jerry can with spigot.</td>
</tr>
</tbody>
</table>

[Optional] Check for understanding. Ask the group, “At which stage of behavior change was Tatu?”

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Effective Counseling Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaware</td>
<td>Giving information about improved water sources, treatment methods, and proper food hygiene. Explaining the benefits following water and food safety procedures.</td>
</tr>
<tr>
<td>Thinking about it</td>
<td>Encouraging the family to try the behavior. Identifying the problems the family may have in properly following safe water practices.</td>
</tr>
<tr>
<td>Trying</td>
<td>Giving praise and encouragement for safe water practices. Identifying any remaining barriers or challenges and collectively problem solving.</td>
</tr>
<tr>
<td>Maintaining</td>
<td>Praising the family and encouraging them to continue proper handwashing. Pointing out positive outcomes that have occurred or are occurring in their lives as a result of their continued maintenance.</td>
</tr>
</tbody>
</table>
9. Small Groups: Household Water Treatment Methods

Divide participants into small groups. Give each group one of the following handouts: “Chlorination”, “Boiling”, or “Solar Disinfection”. Ask them to review the information on the handout and prepare a brief presentation.

Ask a representative from each group to explain the steps of their particular method to the rest of the group. After all 3 methods have been presented; write the following on the chalkboard and flipchart:

<table>
<thead>
<tr>
<th>Safest</th>
<th>Effectiveness on turbid water</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>Quantity treated</td>
</tr>
<tr>
<td>Ease of Use</td>
<td>Waiting time</td>
</tr>
<tr>
<td>Taste</td>
<td>Other?</td>
</tr>
</tbody>
</table>

Next, lead a debate on each point and ask the groups to explain if they think their group’s method is the safest, cost effective, easy to use, etc. The final list should look similar to this [C = chlorination, B = boiling, SD = solar disinfection]:

**ADVANTAGES**

<table>
<thead>
<tr>
<th>Safest: C, B</th>
<th>Effectiveness on turbid water: B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost: SD, C</td>
<td>Quantity treated: C</td>
</tr>
<tr>
<td>Ease of Use: B</td>
<td>Waiting time: B, C (30 minutes is fairly short)</td>
</tr>
<tr>
<td>Taste: SD</td>
<td>Other?</td>
</tr>
</tbody>
</table>

**CONVEY INFORMATION / PARTICIPANT PRACTICE**

10. Demonstration: Disinfecting Water by Chlorination

Using the safe water storage container from the previous demonstration, show the group how to disinfect water with a chlorine solution or tablet. Follow the directions on the package, making sure to point out the quantity of water and chlorine solution you are using as it corresponds to the directions.

Explain to the group that it takes about 30 minutes for chlorine to kill germs and that it is the preferred method because it is one of the cheapest and safest methods, even offers residual benefits (i.e., it protects water from re-contamination).
### Food Safety Measures

<table>
<thead>
<tr>
<th>Food Safety Measure</th>
<th>Why It Is Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wash hands with soap before handling food</td>
<td>Dirty hands, dishes, cookware, and surfaces may contain tiny unseen amounts of feces that can be ingested and cause illness.</td>
</tr>
<tr>
<td>Wash and sanitize all surfaces/equipment used for food preparation</td>
<td></td>
</tr>
<tr>
<td>Wash cups, dishes and utensils with soap and disinfected water</td>
<td></td>
</tr>
<tr>
<td>Dry dishes on a dish rack, off of the ground</td>
<td></td>
</tr>
<tr>
<td>Keep raw meats, poultry and fish separate from other foods</td>
<td>Raw meats, poultry, fish, and dairy products can contain illness-causing bacteria. Cooking at high temperatures helps kill these germs.</td>
</tr>
<tr>
<td>Cook meat, poultry and fish thoroughly, until juices are clear and no longer pink</td>
<td></td>
</tr>
<tr>
<td>Wash fruits and vegetables thoroughly, especially if eaten raw</td>
<td>Fruits and vegetables may come into contact with fecal matter, from dirty hands or soil.</td>
</tr>
<tr>
<td>Keep foods covered to prevent flies and insects from contact</td>
<td>Flies are attracted to feces and may transfer fecal matter to your food if left uncovered.</td>
</tr>
</tbody>
</table>

### Reinforce Information

12. Review Job Aid(s)

Allow the group to review the WATER SAFETY and HYGIENE AND SANITATION job aids, and MAKING WATER SAFE TO DRINK, PROTECTING WATER FROM CONTAINATION, and FOOD SAFETY 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:

- Why should you treat water even if it is retrieved from an improved water source?
- Why is chlorination the preferred method of water disinfection?
- Why do you need to know how to distinguish between an improved and unimproved water source?
- What can result from improper food hygiene?
- How can you recognize a safe water storage container?

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

1. True or false (circle one)? Water retrieved from an improved water source is always safe to drink.
   True  False

2. Why is water from a water vendor (e.g., cart with small tank or drum) considered an unimproved water source?
   a) It is not protected from runoff water
   b) It is not covered or protected from contamination (e.g., animals and bird droppings)
   c) It is not cannot be verified as safe-to-drink
   d) It does not prevent hands from direct contact with the water source

3. You must wait ______ minutes before drinking chlorinated water.

4. Name three methods of household water treatment that you can explain.

5. What are the three essential components of a safe water container?

6. Why shouldn’t you use a bowl or cup to scoop water?

7. Why must raw meat, poultry and fish be cooked thoroughly before eating?
WORKSHEET: ANSWER KEY

1. True or false (circle one)? Water retrieved from an improved water source is always safe to drink.
   True ✗ False

2. Why is water from a water vendor (e.g., cart with small tank or drum) considered an unimproved water source?
   a) It is not protected from runoff water
   b) It is not covered or protected from contamination (e.g., animals and bird droppings)
   c) It is not cannot be verified as safe-to-drink
   d) It does not prevent hands from direct contact with the water source

3. You must wait 30 minutes before drinking chlorinated water.

4. Name three methods of household water treatment that you can explain.
   1) Chlorination
   2) Boiling
   3) Solar disinfection.

5. What are the three essential components of a safe water container?
   1) A lid or tight-fitting cover
   2) A spigot or small opening
   3) Plastic or ceramic material.

6. Why shouldn’t you use a bowl or cup to scoop water?
   A bowl or cup may be dirty and/or allow hands to come into direct contact with water.

7. Why must raw meat, poultry and fish be cooked thoroughly before eating?
   Raw meat, poultry and fish may contain bacteria; cooking at a high temperature kills germs.
HANDOUT: 5. Small Groups – Improved Water Sources

- Piped Water / Public Tap
- Rainwater Collection
- Protected spring
- Borehole / Tube well / Protected dug well
HANDOUT: 5. Small Groups – Unimproved Water Sources

- Surface Water
- Cart with Small Tank/Drum (Water Vendor)
- Bottled Water
- Unprotected Dug Well
- Unprotected Spring
**HANDOUT: 9. Small Groups – Chlorination**

**Directions:**

- **Is your water clear?**
  - Pour 1 tablet in the container.
  - Close container.
  - Wait 30 minutes.
  - Water is now ready.

- **Is your water dirty looking?**
  - Add 2 tablets to the container.
  - Close container.
  - Wait 30 minutes.
  - Water is now ready.

**Advantages of Chlorination**

- Inexpensive
- Easy to use
- Has a residual effect; continues to protect water against contamination
- Highly effective against most bacteria
- Readily available and many options

**Disadvantages of Chlorination**

- Can leave an unpleasant taste
- Turbid water must be filtered first
- Different types of chlorination options (tablets, solutions, etc.) require different ratios of chlorine to water – **ALWAYS READ INSTRUCTIONS CAREFULLY**
- Chlorinated water must be kept out of direct sunlight in order for it to work effectively
- Less protection against parasites
HANDOUT: 9. Small Groups – Boiling

Directions:

STEP 1 - Bring water to a rolling boil and continuing boiling for 1 minute. Water must be brought to a strong, rolling bubble – with large bubbles. Steaming or simmering water does not effectively kill germs.

STEP 2 – Allow water to cool.

STEP 3 – Store water in a safe, covered container to avoid recontamination.

<table>
<thead>
<tr>
<th>Advantages of Boiling</th>
<th>Disadvantages of Boiling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kills all disease-causing germs</td>
<td>Expensive, due to the cost of firewood and fuel</td>
</tr>
<tr>
<td>One of the only methods that is effective on turbid water</td>
<td>Though effective at killing germs, does not make water less cloudy</td>
</tr>
<tr>
<td>Easy to do</td>
<td>Can be re-contaminated quickly if not properly stored in a safe container</td>
</tr>
<tr>
<td></td>
<td>Makes water taste flat</td>
</tr>
</tbody>
</table>

Tip:
*Boiling is the only method that kills all germs and is therefore the only recommended household water treatment method for persons with HIV/AIDS.
*To make boiled water taste less flat, shake the water in a bottle or add a pinch of salt for each liter of water boiled.

Directions:

**STEP 1** – Fill clean, colorless plastic bottle with **low-turbidity** water.

**STEP 2** – Shake bottle to oxygenate. Periodic shaking will help speed up the process.

**STEP 3** – Place bottle in direct sunlight, preferably on a rack or corrugated metal roof, for a minimum of 6 hours. Solar disinfection may require up to 48 hours on a cloudy day, depending on the intensity of sunlight.

**Advantages of Solar Disinfection**
- Kills 99.9% of bacteria if heated to a high enough temperature
- Inexpensive – only material needed is a clean, colorless plastic bottle
- Simple and easy to do
- Does not change the taste of water

**Disadvantages of Solar Disinfection**
- Does not kill all viruses
- Requires bright sunlight; does not work if cloudy or cool
- Turbid water must be filtered first
- Must wait several hours before drinking
- Can only treat small amounts of water at a time
- Difficult to judge if water has been heated to the proper temperature

**STEP 4** – Allow water to cool.
# OVERVIEW

## BACKGROUND

The fecal-oral route is a pathway for transmission of many diseases that cause diarrhea, and a leading killer of children under five. Though not always pleasant to talk about, it is important to be aware of the ways that feces can end up in a person’s mouth and cause illness.

Simple measures can prevent household members from accidentally ingesting feces: using an improved sanitation facility, disposing of children’s feces safely, proper management of solid waste, household water treatment and safe storage, and frequent handwashing with soap. This section focuses on improving sanitation facilities in households and proper management of human and solid waste. CHWs are not expected to be infrastructure experts, but they can provide valuable counseling on disposing of children’s waste and maintaining a hygienic environment. The CHW can also refer the household to the Water, Sanitation and Hygiene (WASH) Facilitator or Infrastructure Coordinator for technical guidance if the household is interested in building a latrine.

### 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 fecal-oral route’s role in transmitting diseases</td>
<td>☐ Explain the fecal-oral route and how to prevent transmission</td>
</tr>
<tr>
<td>To be able to demonstrate proper sanitation practices</td>
<td>☐ Recognize the difference between an improved and unimproved sanitation facility</td>
</tr>
<tr>
<td></td>
<td>☐ Describe how to properly dispose of children’s feces</td>
</tr>
<tr>
<td></td>
<td>☐ Provide basic information on digging and maintaining a refuse pit</td>
</tr>
</tbody>
</table>
LESSON PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Context Story
5. Behavior Change: Proper Sanitation
6. Lecture: Unimproved vs. Improved Sanitation
7. Discussion: Safe Disposal of Children’s Feces
8. Lecture: Steps for Digging and Maintaining
9. Role Play: Counseling on Proper Sanitation and Waste Management
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
- For Group Activity: Images of F Diagrams as print outs
- For Discussion, choose one:
  - a) Images of different types of latrines as handout (see appendix),
  - b) Images of different types of latrines in 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 Aid: HYGIENE AND SANITATION
- Counseling Cards:
  - PROPER SANITATION
  - DISPOSING OF WASTE SAFELY
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:

“Each year, hundreds of thousands of children under five die from diarrheal disease, much of which can be prevented through improved hygiene and sanitation practices. Diarrhea is often caused by the presence of feces in food and water that is then ingested by children and their families.

Though not always pleasant, many lives can be saved by talking about safe sanitation and waste management practices. By the end of this lesson, you will be able to counsel household members on the importance of proper sanitation, safe disposal of children’s feces, and management of household waste.”
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 A DEATH

- Ameena lived in a small house with her husband and two sons, a 2 year old and a 7 year old.
- Like most people in the village, Ameena did not have an improved latrine so she and her family defecated in the bush.
- Ameena had heard about the benefits of using latrines, but did not give it much consideration because of the cost.
- When she cleaned up after her 2-year-old son, she disposed of his feces in the bush as well.
- Ameena gathered water from an unprotected well in her village. She used this water for cooking, cleaning and washing hands.
- Ameena and her family were often sick with diarrhea.
- Ameena’s 7-year-old son began complaining of stomach pains. After a few weeks she noticed that he had lost substantial weight.
- At the health facility, the nurse told Ameena that her son was infected with a worm that was contracted by walking barefoot where there were feces on the ground. The nurse was able to treat this with medication and his health improved.
- Unfortunately, the 2-year-old continued to have diarrhea. He could not gain any weight, became malnourished and died.
- Ameena was very sad and blamed herself for not taking precautions to save her child’s life.
### STORY OF A DEATH PREVENTED

- Last year, some health workers conducted a sanitation campaign in the village where Esther, another woman, lives.
- While many of the villagers did not do anything, Esther decided that she and her family should invest in building a latrine.
- Esther’s family was as poor as any other in her village, but she and her husband found local materials and built the latrine themselves with their neighbors.
- Esther also gathers water from an unprotected well, but she and her family do not get sick often because the water Esther uses to wash her hands, cook, and clean is not contaminated with feces.
- When she cleans up after her 1 year old daughter, she throws the feces in the latrine.
- She and her family are happy and healthy.

---

**CONVEY INFORMATION/PARTICIPANT PRACTICE**


The “F-diagram” is a visual display of the fecal-oral route of disease transmission and is so named because all of the key terms begin with the letter F. On the flip chart or blackboard, tape the F-diagram images in the following layout and sequence.

```
Feces — Flies — Fields — Fluids — Finger — Foods — Future host
```

Ask the group to explain how feces can end up being ingested by the future host. Draw arrows to show these relationships. Make sure the following pathways are all mentioned and discussed:
KEY CONTENT

1. FECES can end up on FINGERS while defecating
   a) FINGERS can then touch FUTURE HOST’s mouth (e.g., in case of caregiver feeding child)
   b) FINGERS then prepare FOODS which end up in FUTURE HOST’s mouth

2. FECES that are in the open attract FLIES
   c) FLIES land on FOOD that is then eaten by the FUTURE HOST

3. With open defecation, FECES are in the open FIELD
   d) FOOD is grown in fields. (People also step on FECES and track them into their yards and gardens where FOOD is grown). This FOOD is then ingested by the FUTURE HOST

4. FECES in the open can contaminate ground and surface water (i.e., FLUIDS)
   e) Contaminated FLUIDS are then used to cook FOOD and ingested by FUTURE HOST
   f) Contaminated FLUIDS can also be ingested directly by FUTURE HOST

Next, show the group the following three images:
- Latrine
- Handwashing with soap
- Water disinfection

Ask for volunteers to come up and place these images on the “F diagram” where these healthy water, sanitation and hygiene behaviors can prevent feces from becoming ingested. Draw a line to represent how using an improved latrine, washing hands with soap, and disinfecting water can act as a barrier to prevent transmission. The final diagram should look like this:
8.5 PROPER SANITATION AND WASTE MANAGEMENT

Wash hands with soap after using the toilet and before handling food.

Disinfect water before drinking, cooking, or washing hands.

Always use an improved latrine.
EXAMPLE IN ACTION

5. Behavior Change: Proper Sanitation

The households the CHW visits will all have had a different exposure to, and understanding of, the importance of handwashing with soap. 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>Neema and her family have always practiced open defecation (in the bush) just like everyone else in the village. They do not consider it a health problem.</td>
</tr>
<tr>
<td>Thinking about it</td>
<td>Mercy's daughter has told her about the new latrines at her school. She likes the idea of having a safe and private space to defecate.</td>
</tr>
<tr>
<td>Trying</td>
<td>Fadhila attended a community sensitization event to learn about how to build a latrine. Though she and her husband are willing to put in the labor and can gather some materials to build a superstructure, they are concerned about the cost of latrine slabs.</td>
</tr>
<tr>
<td>Maintaining</td>
<td>Wambura and her family saved up enough money to purchase a latrine slab. With their neighbors, they built their own latrine. Wambura's children rarely get sick with diarrhea any more, and she believes the latrine has contributed to that.</td>
</tr>
</tbody>
</table>
[Optional] Check for understanding. Ask the group, “at which stage of behavior change was Ameena?”

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Effective Counseling Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaware</td>
<td>Explaining the relationship between sanitation and common illnesses, and how a latrine can prevent transmission of diseases.</td>
</tr>
<tr>
<td>Thinking about it</td>
<td>Providing the family with basic information about latrine construction – what is needed and where they can get more information.</td>
</tr>
<tr>
<td>Trying</td>
<td>Encouraging the family to invest in building a latrine. Identifying the health benefits and gains in school attendance and days worked that will offset the financial costs.</td>
</tr>
<tr>
<td>Maintaining</td>
<td>Praising the family and encouraging them to clean their latrines after each use. Asking questions about the improvements that have noticed in their lives (privacy, dignity, safety, better health).</td>
</tr>
</tbody>
</table>

After reviewing the behavior change examples and counseling techniques, read the following out loud:

“Sanitation is a very private subject. If the household member seems uncomfortable, acknowledge his/her feelings and reiterate that your top priority is the health and wellbeing of the family.

If the household member is still reluctant to discuss this with you, do not pressure him/her. Behavior change is a gradual process; it may take many household visits to complete the ‘stages of change.’”
CONVEY INFORMATION

6. Lecture: Improved vs. Unimproved Sanitation

Read or summarize this out loud:

“Latrines can fall into one of two categories: improved sanitation facilities or unimproved sanitation facilities. An improved sanitation facility is defined as one that “hygienically separates human excreta from human contact.”

Introduce the examples of improved and unimproved sanitation facilities to the group.

<table>
<thead>
<tr>
<th>IMPROVED SANITATION FACILITY</th>
<th>UNIMPROVED SANITATION FACILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Flush toilet</td>
<td>12. Flush/pour flush to street, yard, open sewer or other unhygienic location</td>
</tr>
<tr>
<td>6. Piped sewer system</td>
<td>13. Pit latrine without slab</td>
</tr>
<tr>
<td>7. Septic tank</td>
<td>14. Bucket</td>
</tr>
<tr>
<td>8. Flush/pour flush to pit latrine</td>
<td>15. Hanging toilet</td>
</tr>
<tr>
<td>9. Ventilated Improved Pit (VIP) latrine</td>
<td>16. No facilities or bush/field</td>
</tr>
<tr>
<td>10. Pit latrine with slab</td>
<td></td>
</tr>
<tr>
<td>11. Composting toilet</td>
<td></td>
</tr>
</tbody>
</table>

Using handouts or a PowerPoint presentation, show the group pictures of different types of latrines, and ask them to guess aloud whether they think it is an “improved” or “unimproved” latrine. Explain answers to them by pointing out how they can visually determine whether a latrine is improved or unimproved.
7. Discussion: Safe Disposal of Children’s Feces

Ask the group to discuss the best way to handle children’s waste. Make sure all the points below are mentioned during the discussion.

**KEY CONTENT**

- The caregiver should dispose of child’s feces in an improved latrine.
- If a latrine is not available, feces can be disposed of by digging a hole (at least 10-15 cm deep) in the yard or field. Make sure to cover it fully with soil to keep flies and dogs away.
- If using paper or other inorganic material to clean up after the child, dispose of separately by burning or disposing of in a separate refuse pit.
- It is still best to encourage the family to build an improved latrine for the health and well-being of all family members.
- Caregiver should wash hands with soap each and every time s/he comes into contact with feces.
CONVEY INFORMATION

8. Lecture: Steps for Digging & Maintaining

Present the basic steps of digging and maintaining a safe refuse pit. Explain to the CHW that they are not expected to be technical experts on the subject but can provide simple guidelines to the household member. If the CHW or the household member have any questions or require additional guidance, they should talk to the WASH Facilitator.

<table>
<thead>
<tr>
<th>Step</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| 1. Pick a location | □ At least 10 meters away from the kitchen/house  
□ At least 10 meters away from the nearest water source  
□ Downstream from the water source, if possible |
| 2. Dig a pit       | □ At least 1.5 meters deep  
□ 1.5 meters wide  
□ Recommended, but optional: Build a barrier or fence to keep animals and children away from the pit |
| 3. Use the pit     | □ Place only organic and biodegradable materials into the pit  
□ Inorganic materials (e.g., plastics) can be burned separately  
□ Do not place any toxic materials (e.g., batteries, chemicals) into the pit |
| 4. Maintain the pit| □ It is best to cover the pit with a layer of soil regularly. This helps aid in the decomposition process  
□ When the pit is full (5-10 cm below ground level, not heaping), cover and fill the pit entirely with soil  
□ Dig a new pit |
PARTICIPANT PRACTICE

9. Role Play: Counseling on Proper Sanitation and Waste Management

Divide the group into pairs for a role play activity. One member of each pair will act as the “CHW” and the other will play the “household member.” Give one of the prompts below to each participant playing the “household member.”

PROMPT 1 (FOR “HOUSEHOLD MEMBER”)

You do not have a latrine and your family defecates in the bush/field. You know that some people in the village have built a latrine for their family but you do not think it is necessary or worth the investment.

PROMPT 2 (FOR “HOUSEHOLD MEMBER”)

Like most people in your village, you dispose of solid waste in the ravine. You like using this method because it is away from your home and yard.

PROMPT 3 (FOR “HOUSEHOLD MEMBER”)

You are a new mother to a one year old boy. You have heard that feces are good for crops and act as manure. Therefore, you dispose of your child’s waste directly on the soil of the vegetable garden in your yard.

After the pairs are done with the role play, ask volunteers to come to the front of the room to re-enact the role play for the group. This provides an opportunity for the rest of the group to share their responses for tough questions and for you to provide your expert advice. Make sure that at least one pair for each scenario presents in front of the group.

TIP:
Walk around the room and provide assistance to any pairs that seem stuck. Keep in mind that this may be an uncomfortable subject or participants may not feel like they have the technical expertise to...
**REINFORCE INFORMATION**

10. Review Job Aid(s)

Allow the group to review the HYGIENE AND SANITATION job aid, and PROPER SANITATION and DISPOSING OF WASTE SAFELY 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:

- How are diseases transmitted through the fecal-oral route?
- How proper sanitation and waste management help prevent the transmission of disease?
- What is the CHW’s role in promoting proper sanitation and waste management?

**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. A household should cover a refuse pit with soil and dig a new one when the trash is within ________________ cm of ground level.

2. A pit latrine must have a ______________________ to be considered “improved.”

3. A refuse pit should be at least _____________________ meters deep.

4. Name the four ways that feces can spread to food and a future host:

5. True or false (circle one)? Using an improved latrine can prevent feces from ending up on fingers.
   True       False

6. True or false (circle one)? A refuse pit should be located downstream of a nearby water source to prevent ground contamination.
   True       False

7. True or false (circle one)? Running water is necessary to have a household latrine.
   True       False
WORKSHEET: ANSWER KEY

1. A household should cover a refuse pit with soil and dig a new one when the trash is within **5-10** cm of ground level.

2. A pit latrine must have a ____ **slab** ____ to be considered “improved.”

3. A refuse pit should be at least ____ **1.5** ____ meters deep.

4. Name the 4 ways that feces can spread to food and a future host:
   1) Fingers
   2) Flies
   3) Fields
   4) Fluids

5. True or false (circle one)? Using an improved latrine can prevent feces from ending up on fingers.
   - True ✔ False

6. True or false (circle one)? A refuse pit should be located downstream of a nearby water source to prevent ground contamination.
   - True ✔ False

7. True or false (circle one)? Running water is necessary to have a household latrine.
   - True ✔ False
8.5 PROPER SANITATION AND WASTE MANAGEMENT
8.5 PROPER SANITATION AND WASTE MANAGEMENT
UNIT 8: ROUTINE CARE FOR THE HOUSEHOLD
Chapter 5: Proper Sanitation and Waste Management

8.5 PROPER SANITATION AND WASTE MANAGEMENT
8.5 PROPER SANITATION AND WASTE MANAGEMENT

Images for Discussion: Different Types of Latrines

Image courtesy of WEDC. © Rod Shaw
Image courtesy of WEDC. © Rod Shaw
Image courtesy of WEDC. © Rod Shaw
8.5 PROPER SANITATION AND WASTE MANAGEMENT
OVERVIEW

BACKGROUND
When a woman becomes pregnant or gives birth, it is important for her to take steps to avoid having another baby for at least two years. The CHW is responsible for explaining the importance of family planning to women and their husbands. By the end of this lesson, the CHW will be able to communicate the benefits of family planning to women, their children, and families, explain the methods available, and know where to refer women who are interested in receiving more information about family planning.

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 on the importance of family planning</td>
<td>☐ Explain at least 3 benefits of family planning</td>
</tr>
<tr>
<td>To be able to educate on methods of family planning</td>
<td>☐ Explain at least 3 methods of family planning</td>
</tr>
<tr>
<td></td>
<td>☐ Explain 1 benefit and 1 challenge for each of the 3 methods</td>
</tr>
<tr>
<td>To be able to refer a woman interested in family planning</td>
<td>☐ Name at least 1 community resource for obtaining birth control</td>
</tr>
</tbody>
</table>
LESSEN PLAN SUMMARY

1. Review Previous Lesson
2. Introduce New Lesson
3. Context Story
4. Discussion: Importance of Family Planning
5. Lecture: Encouraging Family Planning
7. Discussion: Family Planning Methods
8. Small Groups: Cultural Context & Family Planning
9. Role Play: Counseling on Family Planning
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
- For Lecture on Family Planning Methods: Samples of Birth Control Methods
- For Participant Activity: Brainstormed list of traditional local attitudes toward family planning
- 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: FAMILY PLANNING
- Counseling Cards:
  - FAMILY PLANNING METHODS
  - BENEFITS OF FAMILY PLANNING

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 the health of the mother and the well-being of the family, it is important for the woman to wait at least two years before getting pregnant with another baby. Women can help plan their next pregnancy by using family planning methods. During household visits, the CHW is responsible for communicating to women the importance of family planning. At the end of this lesson, you should be able to explain the benefits of family planning and the pros and cons of family planning options. You should also be able to refer women to a health facility if they are interested in obtaining birth control.”

TIP:
In some countries, CHWs may be trained in administering birth control methods in accordance with national policies. If this is the case, it is important to also highlight the CHWs’ responsibility in providing birth control directly to the household member.
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 A DEATH

- A woman in a nearby village, Nyala, gave birth her first child. She was very happy.
- Nyala and her husband began having intercourse as soon as she was feeling comfortable again. The baby was about 5 weeks old.
- Even after Nyala was no long exclusively breastfeeding, she did not seek out other family planning methods. Her husband did not like to use condoms during intercourse, and it was time consuming and expensive to go the health clinic.
- Before her first baby was one year old, Nyala was pregnant again.
- Over the next 10 years, Nyala gave birth to 7 more children.
- Nyala’s family was poorer than other families in the village and the family often did not have the money to buy nutritious food for so many children, so they were often hungry.
- When her youngest child was sick with severe malaria, Nyala could not take the child to the clinic because there was no one to care for the other children and no money to pay for any medicine. The child died at home.
- During her pregnancy with her ninth child, Nyala became very ill. There were severe complications with the pregnancy, and the child was stillborn.
- When the children were old enough to go to school, there was not enough money to pay for school uniforms and other school expenses. Nyala and her husband decided to send the boys to school, so the girls could stay at home to help Nyala care for the youngest children.
- Before they finished primary school, the boys were pulled out of school so they could help their father in the fields.
- When Nyala was young, she wanted to give her children a good education so they could get a good, well-paying job outside of the small village where she had lived her whole life.
- None of Nyala’s children were able to attend secondary school. The boys are farmers and the girls married young and have children of their own. They all live in the village and are very poor.
### STORY OF A DEATH PREVENTED

- A woman in another village, Gina, also gave birth to her first child. She was very happy.
- Gina’s family was as poor as others in the village.
- During the CHWs first visit after the baby was born, she reminded Gina about the benefits of family planning, which they had discussed during Gina’s antenatal care visits. The couple decided they wanted to wait 3 years before getting pregnant with another child.
- Following her CHWs advice, Gina’s sister watched her baby when Gina went to the health facility every three months to receive an injection that prevented pregnancy. She and her husband also used condoms every time to prevent STIs.
- When her first child became severely ill, Gina had the money and the time to take the child to the health facility for treatment.
- When her first child was almost 2, Gina stopped using birth control and was soon pregnant with another child.
- Over the next 10 years, Gina gave birth to three children.
- Once Gina’s older children entered school, she was able to make extra money by selling baskets she wove at home.
- Because the children were not too closely spaced, Gina and her husband were able to save money so all of their children could finish secondary school.
- Gina’s oldest child even went to university in the capital and has a good job as an accountant.
- Gina is happy that her children are happy and successful.
CONVEY INFORMATION

4. Discussion: Importance of Family Planning

Ask participants to explain why family planning is important.

Make sure all the points below are mentioned during the discussion.

<table>
<thead>
<tr>
<th>KEY CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Healthier mothers and children</td>
</tr>
<tr>
<td>□ Fewer children means more time and money to feed, educate, and support each one</td>
</tr>
<tr>
<td>□ Smaller families mean more food for each family member</td>
</tr>
<tr>
<td>□ Having children later in life allows young people to stay in school and receive a stronger education</td>
</tr>
<tr>
<td>□ Using condoms can protect against sexually transmitted infections, including HIV</td>
</tr>
<tr>
<td>□ There are long-acting family planning methods that can be provided immediately after delivery</td>
</tr>
</tbody>
</table>
CONVEY INFORMATION

5. Lecture: Encouraging Family Planning

KEY CONTENT

- Family planning has many benefits for the whole family, including men, women, and children.
- A man and woman should decide together how many children they want and can afford to support, and the spacing between pregnancies.
- Women have primary control over their bodies and should decide how many children they want and how long to wait between pregnancies.
- Every additional pregnancy makes childbirth riskier; Waiting longer to have another child gives the woman's body more time to recover and prepare for the next pregnancy, and have enough time to care for the currently delivered child.
- A woman who has just given birth can become pregnant whenever unprotected sex is practiced, even soon after giving birth.
- A breastfeeding woman is less likely to become pregnant in the first six months after giving birth if she is breastfeeding frequently, consistently, and exclusively. However, this method is not always reliable so it is highly recommended to use another form of birth control.
- The only reason a woman should not have sex in the postpartum period is if she does not want to have sex or because she feels it will not be comfortable for her. If she chooses to have sex while she still has discharge (lochia), then she should use a condom to protect herself from an infection. (Women should always practice safer sex by using condoms.)

*Family planning is a sensitive issue that the households you visit may not be comfortable discussing. In order to effectively counsel on family planning, it is important to:
- Discuss the topic in a way that is as private as possible (use a low voice, do not discuss in a crowded room, etc.)
- Assure the woman that the conversation is confidential.
- Offer to include the woman’s spouse in the discussion, or offer to discuss family planning with the spouse separately if the spouse is not present or the woman does not feel comfortable discussing the topic in her spouse’s presence.
- Listen to the woman’s concerns with empathy; do not scold her or use negative language.
- Never force a woman who expresses discomfort or disinterest to discuss family planning.
EXAMPLE IN ACTION


The households the CHW visits will all have had a different exposure to, and understanding of, the importance of family planning. 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 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>Fatuma had her first baby six months ago. Because Fatuma’s menstrual cycle had not yet returned after her pregnancy, Fatuma and her spouse had intercourse without protection. Last month, Fatuma learned she is pregnant with another child.</td>
</tr>
<tr>
<td>Thinking about it</td>
<td>Juliet has a three month old baby and does not want to have another child for at least two years. She knows that exclusively breastfeeding for the first six months can prevent pregnancy, but she does not know what to do after six months.</td>
</tr>
<tr>
<td>Trying</td>
<td>Leymah and her husband have two young children and a one year old baby. They have discussed having a fourth, but want to wait a few years until their baby is older. The couple uses a condom during intercourse frequently but not always.</td>
</tr>
<tr>
<td>Maintaining</td>
<td>Ella and her husband have four children and do not want another child for many years. After discussing with her CHW, Ella went to the health facility to obtain an intrauterine device.</td>
</tr>
</tbody>
</table>

[Optional] Check for understanding. Ask the group, “at which stage of behavior change was Nyala?”

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Effective Counseling Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaware</td>
<td>Giving information about family planning. Explaining the benefits of following these practices and the options available.</td>
</tr>
<tr>
<td>Thinking about it</td>
<td>Encouraging the family to consider family planning. Identifying the problems a woman may face in choosing and maintaining a family planning method and help solve these problems.</td>
</tr>
<tr>
<td>Trying</td>
<td>Encouraging continuation of family planning. Identifying and solving any problems the couple is having in adopting the behavior.</td>
</tr>
<tr>
<td>Maintaining</td>
<td>Praising the mother and encouraging her to continue family planning practices. Pointing out positive outcomes that can occur in their lives as a result of their continued maintenance.</td>
</tr>
</tbody>
</table>
8.6 FAMILY PLANNING

CONVEY INFORMATION

7. Discussion: Family Planning Methods

Ask the group to name as many methods of birth control as they can. Write their answers down on the chalkboard or flipchart, making sure that all forms of birth control in the table below are listed.

Next, categorize the forms of birth control by how long they are effective: Short-term methods, longer-term reversible methods, and permanent methods.

After the methods have been categorized, ask the group to discuss pros and cons of each. Please refer to the following table to make sure all important information is covered.

### SHORT-TERM METHODS

<table>
<thead>
<tr>
<th>Methods</th>
<th>Use</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male and female condoms</td>
<td>Must be used each and every time</td>
<td>95-98% effective. Inexpensive. Only methods that protect against STDs, including HIV</td>
<td>Must use a new one each and every time. Can break. Requires partner’s cooperation</td>
</tr>
<tr>
<td>Contraceptive pills</td>
<td>Taken orally daily</td>
<td>Highly effective. Can make menstrual periods regular and lighter and can reduce menstrual cramps</td>
<td>Needs to be taken at the same time every day without fail. Needs regular refills. Not advised if breastfeeding an infant under six months</td>
</tr>
<tr>
<td>Provera Injections</td>
<td>Shot received every three months</td>
<td>Does not require daily attention</td>
<td>Need to visit health facility every three months for new shot. Delayed return to fertility after you stop receiving shots</td>
</tr>
</tbody>
</table>

### LONGER-TERM REVERSIBLE METHODS

<table>
<thead>
<tr>
<th>Method</th>
<th>Use</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrauterine device (IUD)</td>
<td>Inserted in the uterus to decrease likelihood of pregnancy for up to five years. Can be inserted following delivery of a child</td>
<td>Protects as soon as inserted. Does not require daily attention. Easy to reverse by removing it</td>
<td>Needs to be inserted and removed by a health care provider. Can fall out. Can cause longer and heavier bleeding during menstruation. Slightly higher risk of infection for a few days after inserting</td>
</tr>
<tr>
<td>Contraceptive implants</td>
<td>Inserted under the skin to prevent pregnancy for up to three years</td>
<td>Does not require daily attention. Can have removed whenever desired</td>
<td>Requires minor surgery to insert and remove. Risk of infection at implant site</td>
</tr>
</tbody>
</table>
PERMANENT METHODS

<table>
<thead>
<tr>
<th>Method</th>
<th>Use</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vasectomy</td>
<td>Safe and permanent procedure for men and couples who do not want any more children</td>
<td>Will provide protection against pregnancy forever</td>
<td>Not immediately effective, and another form of birth control should be used for 3-4 months. Procedure can be expensive. Permanent</td>
</tr>
<tr>
<td>Tubal ligation</td>
<td>Safe and permanent procedure for women and couples who do not want any more children</td>
<td>Protects against pregnancy immediately. Will provide protection against pregnancy forever</td>
<td>Need to have minor surgery. Procedure can be expensive. Permanent</td>
</tr>
</tbody>
</table>

OTHER TIPS FOR REVIEW

- Abstinence from sex is the only 100% effective way to prevent unwanted pregnancies
- Condoms are only method that offer protection against sexually transmitted infections, including HIV

Alternate Methods

- For the first six months after giving birth, a new mother is unlikely to become pregnant if she is frequently, consistently, and exclusively breastfeeding her infant. This is called the Lactational Amenorrhea Method (LAM)
- However, this method is not always reliable and a back up method of birth control should be encouraged

Family planning options for the breastfeeding mother:

- Any time after delivery, for maximum of six months: prevention through exclusive breastfeeding
- Any time after delivery: male and female condoms
- Any time after delivery: abstinence
- Within 10 minutes of delivery or after four weeks after delivery: IUD
- Within seven days or after six weeks after delivery: tubal ligation
- Any time during pregnancy or after delivery: vasectomy
- After six weeks after delivery: progestin–only pills
- After six months after delivery: Combined Oral Contraceptives, implants, injectables

When counseling an HIV-positive mother:

- She should consider taking care of this child and avoiding getting pregnant again
- Depending on exclusive breastfeeding only is not enough; she should use condoms to prevent re-infection and to prevent infecting her partner
PARTICIPANT PRACTICE
8. Small Groups: Cultural Context & Family Planning

First, ask participants why women and their partners may be reluctant to adopt family planning practices. Encourage them to give examples of traditional beliefs and practices that might influence this thinking.

Then, divide participants into small groups. Give each group one of the suggested challenges, and have them brainstorm ways to address those challenges during a household visit. Ask a volunteer from each group to share their suggestions.

PARTICIPANT PRACTICE
9. Role Play: Counseling on Family Planning

Invite two volunteers to conduct a role play about a household visit, in which one volunteer will play the role of a “woman” and the other will play the role of a “CHW”. Make sure that the “CHW” also has a copy of the FAMILY PLANNING job aid and BENEFITS OF FAMILY PLANNING and FAMILY PLANNING METHODS counseling cards.

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 “WOMAN”)

You are a woman who:

- Gave birth five weeks ago and is thinking about having sex again with her husband
- Is still breastfeeding
- Does not currently use birth control
- Is interested in learning about methods of birth control
- Does not want to include the husband in the discussion now, but would like the CHW to discuss family planning with her husband independently

PROMPT (FOR “CHW”)

As the CHW, you will follow the Family Planning job aid during the household visit to greet the caregiver and counsel on family planning. The woman gave birth five weeks ago, is still breastfeeding, and she and her husband are thinking about having sex again.
REINFORCE INFORMATION
10. Review Job Aid(s)

Allow the group to review the FAMILY PLANNING job aid, and FAMILY PLANNING METHODS and BENEFITS OF FAMILY PLANNING 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 is family planning important?
- Explain at least three methods of family planning, including the pros and cons of each method.
- When should you include a male partner in discussions about family planning?
- What community resources exist if a woman is interested in obtaining birth control?

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

Name: _______________________

1. ___________________ is/are the only form of birth control that offer protection both against HIV/AIDS and pregnancy.

2. List one method of each:
   - Short-term birth control method: ________________________________
   - Longer-term reversible birth control method: ______________________
   - Permanent method: ________________________________

3. True or false (circle one)? Abstinence from sex is the only 100% effective way to prevent pregnancy.
   - True
   - False

4. True or false (circle one)? Every additional pregnancy makes childbirth less risky.
   - True
   - False

5. True or false (circle one)? It is necessary for CHWs to include male partners in conversations about family planning.
   - True
   - False

6. Mark whether the birth control method listed below is a short-term (ST), longer-term reversible (LTR), or permanent method (P).
   - ___ Contraceptive Pills
   - ___ Intrauterine Device (IUD)
   - ___ Provera Injections
   - ___ Vasectomy
   - ___ Contraceptive Implants
   - ___ Tubal Ligation
   - ___ Male and Female Condoms
WORKSHEET: ANSWER KEY

1. **Condoms** are the only form of birth control that offers protection both against HIV/AIDS and pregnancy.

   - One of the following short-term methods: Condoms, contraceptive pills, Provera injections
   - One of the following longer-term methods: IUD, contraceptive implants
   - One of the following permanent methods: Tubal ligation, vasectomy

3. True or false (circle one)? Abstinence from sex is the only 100% effective way to prevent pregnancy.
   - True
   - False

4. True or false (circle one)? Every additional pregnancy makes childbirth less risky.
   - True
   - False

5. True or false (circle one)? It is necessary for CHWs to include male partners in conversations about family planning.
   - True
   - False

6. Mark whether the birth control method listed below is a short-term (ST), longer-term reversible (LTR), or permanent method (P).
   - (ST) Contraceptive Pills
   - (LTR) Intrauterine Device (IUD)
   - (ST) Provera Injections
   - (P) Vasectomy
   - (LTR) Contraceptive Implants
   - (P) Tubal Ligation
   - (ST) Male and Female Condoms