NUTRITION, HYGIENE AND HEALTH PROMOTION TOOLS FOR USE IN PREVENTION OF MALNUTRITION
HAND WASHING WITH SOAP SAVES LIVES

Key Learning Points:

• Visibly clean is not always clean. Your hands might not look dirty, but they still need to be washed. You can’t see the germs that give us diseases.

Correct procedures for hand washing

Always wash your hands with water and soap to avoid getting sick at the following times
- After using the latrine
- After cleaning baby’s bottom
- Before feeding and breastfeeding the baby
- Before handling food and food items
House Hold Water Treatment and Safe Storage.

Objective: To encourage caretakers to adopt different methods of water treatment: boiling, sodis and use of aqua tabs to treat water at household level before drinking water.

Key Learning Points:

There are different methods of water treatment:
- Boiling of water until it comes to a roll
- Use of chemicals such as aqua tabs, PUR etc
- Filtration-clay pot filters, ceramic filters,
- Solar disinfection (Sodis) etc

How to treat water with Aqua tabs
First filter water through a clean cloth, until the water is clear.
1. Put the water in a clean 20 liter jerican container and Put the tablets into the water. (Insert the correct number of tablets and amount of water based on the size of container that you are using, UNICEF supported aqua tabs is 2 tablet(67mg) for 20 liter water.
2. Stir with a clean utensil.
3. Cover the container.
4. Leave for 30 minutes. If you smell chlorine the water is safe to drink. If not add another tablet and wait for 30 minutes.
5. The water is safe to drink for 24 hours.

IMPORTANT: KEEP THE TABLETS OUT OF CHILDRENS REACH. DO NOT SWALLOW THE TABLETS.

Questions for discussion:
1. Explain the procedure of using aqua tabs with water collected from earth pans?
Handing of Human Fecal Matter with special focus on children’s faecal matter

**Objective:** To encourage the use of latrines to disposal human faecal matter and especially children’s faecal matter.

**Key Learning Points:**
- Children faeces just as adults contain harmful germs that cause diarrhea.
- Thus, all faeces should be kept away from flies and water sources.
- For small babies, when their nappies are soiled. They should be washed and the washing water discarded into the latrines.
- All feaces, even that of children should be disposed safely, preferably in a latrines.
- Where there are no latrines, children’s and adult’s feaces should be buried.
- Latrines should be kept clean and covered to discourage flies.
- All family members need to be involved in maintenance and cleaning of latrines.

**How faeces travel to contaminate a healthy person (F diagram)**

- Hand cleansing
- Contaminated drinking water
- Through flies
- Through dirty fingers
- Through soil

**Discussion Points**
- What should we do to block this contamination route?
Importance of Immunisation and immunizable diseases

Objective: To encourage mothers and caregivers to immunize their children.

Immunisations for children:

- Immunization keeps your child safe from diseases

- All babies need to be immunized to protect against diseases before they reach one year.

  Immunizations are given:
  - At birth: BCG, Polio and Hepatitis B
  - At 6 weeks, 10 weeks and 14 weeks: DPT, Polio, pneumococcal
  - At 9 months: Measles

- Immunizations can have side effects (fever, swelling) that are painful, but they are better than disease and go away

- All immunizations are safe, even if the child is sick with fever.

- If your child has a fever, cough, rash, runny nose or red eyes that lasts for 3 or more days immediately seek help from a trained health care provider.

Immunisations for pregnant women

- Immunization against tetanus.

Questions for discussion:

1. Who needs to be immunized?
2. Why should we immunize young children?
**Objective:** To encourage pregnant mothers to immediately seek help from the health facility or skilled health worker whenever they experience the following signs.

**Key Messages:**

- If you have any of the following danger signs, it means that you are too ill to be treated at home and should go to a health facility immediately – day or night:
  1. Vaginal bleeding
  2. Fever that persists
  3. Severe headache, blurred vision
  4. Swelling of fingers, face or legs
  5. Convulsions
  6. Severe pain in the lower part of your belly that extends to the lower back
  7. Child stops moving or a reduction in fetal movement

If you wait to get better, you or your unborn child could die. Do not wait at home.

**Questions for discussion:**

1. What should you do if you have one of this danger sign?
Maternal Nutrition: During pregnancy

Objective: To promote adequate nutrition to mothers during pregnancy.

During pregnancy: encourage mothers to-

- Eat one extra small meal or snack between meals. This means 3 meals and 2 small meals or snacks.
- Eat nutritious foods available, including milk, fresh fruit and green leafy vegetables, meats, eggs, grains, peas and beans.
- Do not drink tea immediately after taking food as this interferes with the body’s intake of the food
- Minimize the amount of coffee you drink during pregnancy
- Take multiple micro nutrients including iron and folic acid tablets to prevent anemia.
- Use iodized table salt to help babys brain to develop well.
- Attend at least 4 visits to the health clinic when pregnant
- Sleep under an insecticide treated mosquito net.
- Deworm during or after the 2nd trimester of pregnancy.
- Learn your HIV status when pregnant.
- Adolescent mothers, need extra care, more food and more rest than older mothers.
**Maternal Nutrition: During breastfeeding**

**During lactation: encourage mothers to:**
- Eat two extra small meals or snacks between meals. This means 3 main meals and 4 small meals or snacks.

- Eat nutritious foods available, including milk, fresh fruit and vegetables, meats, eggs, grains, peas and beans.

- Do not drink tea immediately after taking food as this interferes with the body's intake of the food.

- Minimize the amount of coffee you drink when breastfeeding.

- Take iron tablets at least 3 months after delivery to prevent anaemia.

- Come for postnatal clinic where you can get vitamin A to mother 6 weeks after delivery.

- Bring your child for immunization at the health facility.

- Sleep with your child under insecticide treated mosquito net to prevent malaria.
Feeding of the sick child

Objective – To encourage mothers on ways to feed their children during illness.

Key Messages:

• When children are sick, such as when they have diarrhea, measles, malnutrition or pneumonia, their appetite decreases and their bodies uses the food they eat less effectively.

• Do not stop feeding the child because they are sick

• Breastfeed more frequently than during normal times.

• Encourage sick children to eat, make eating a joyful time. DONT force child to eat.

• Offer the baby food that they like. If the baby doesn’t want to eat, try giving something to drink. If they don’t want to drink, try to breastfeed the child.

• Breastfeed and feed the child more frequently.

• Give baby a little food at a time

• Give baby food as often as possible.

• Always feed your baby using a clean cup and spoon. Do not use bottles, teats and cups with mouth piece.
Objective – To encourage mothers to take their multiple micro nutrients during pregnancy.

Key Messages:
Some of the micro nutrients that mothers require during pregnancy: **HIGH DOSE VITAMIN A SUPPLEMENTATION DURING PREGNANCY SHOULD BE AVOIDED AS IT CAN CAUSE BIRTH DEFECTS AND MISCARRIAGE DURING PREGNANCY.**

<table>
<thead>
<tr>
<th>Micro Nutrient</th>
<th>Function in body and requirement</th>
</tr>
</thead>
</table>
| Iron and folate | Prevents anaemia and birth defects  
120mg of iron and 400Ug folic acid daily  
Before and all through pregnancy |
| Multiple micro nutrient tablet | 1 tablet daily during pregnancy |

Some of the micro nutrients during lactation

<table>
<thead>
<tr>
<th>Micro Nutrient</th>
<th>Function in body and requirement</th>
</tr>
</thead>
</table>
| Vitamin A      | 200,000 IU  
1 red capsule or 2 blue capsules.  
Single dose within 6 weeks after delivery. |
| Multiple micro nutrient tablet | 1 tablet daily until infant is 6 months |

Encourage mothers to consume foods below that cover for the increased nutritional needs during pregnancy and lactation:

<table>
<thead>
<tr>
<th>Micro Nutrient</th>
<th>Food Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy</td>
<td>Pasta, rice, fats and oils, cassava, bread etc</td>
</tr>
<tr>
<td>Proteins</td>
<td>Chicken, eggs, cow milk, dried beans, peas, lentils etc</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>Liver, egg, carrot, cooked green vegetables, mango, pumpkin</td>
</tr>
<tr>
<td>Iron</td>
<td>Red meat, liver, black beans, lentils, spinach</td>
</tr>
<tr>
<td>Calcium</td>
<td>Milk, yogurt, dark green leafy vegetables, white beans, chick peas</td>
</tr>
<tr>
<td>Zinc</td>
<td>Liver, kidney, beef, sea food</td>
</tr>
<tr>
<td>Folate</td>
<td>Liver and pea nuts</td>
</tr>
</tbody>
</table>

Points for discussion:
1. When should one begin taking iron and folate micro nutrients?
2. List those foods that are rich in iron?
Objective – To show how to properly mix and give ORS to a child person with diarrheal

Key Messages:

Important: Always Keep a packet of ORS at all times in case your child gets diarrhoea. Remember, it is very important to treat diarrhoea early.

Making the ORS solution is easy. Do the following:
1. Use clean water that is boiled, treated or filtered.
2. Pour 4 stainless steel glasses (1 Liter) of safe water into a clean saucepan or jug.
3. Open the packet of ORS and mix it with the water.
4. After the ORS is mixed well, give it to your sick child.
5. Pour away all unused solution after 24 hours.

Questions for discussion:
1. How do we make ORS solution?
2. Why use ORS?
Diarrhea Management: using ORS and ZINC

Objective – To encourage mothers and caregivers to use ORS and zinc to treat children with diarrhea.

Key Learning Points:
A child suffering from diarrhea quickly loses fluid and they become very weak. A child can die if they are not treated quickly. As soon as your child has diarrhea, you must do the following:

- Give more fluids – ORS is the best
- Continue breastfeeding.
- Continue feeding your child more food, more often to maintain health, growth and recovery.
- Give zinc supplements for 10-14 days. For the < 6 months old, give ½ tablet per day (10mg) and for the > 6 months, give 1 tablet per day for the 10-14 days.
- When diarrhea has stopped, stop giving the ORS but continue giving the ZINC tablets until the completion of the dosage.
- If your child does not improve seek help from a trained health provider.
- Always ensure to observe good hygiene by washing hands with soap after changing the baby’s diapers, after using the latrine and before eating/handling any food and food items.

Notes:
- Refer all severely malnourished children with cholera to the CTC and continue to treat with ORS and ZINC. Do not treat with ReSomal.

Questions for discussion
1. What should you give your child if he or she is suffering from diarrhoea?
**Objective:** To encourage the mother to give to her baby ONLY breast milk from 0-6 months.

**Key Message:**
- Exclusive breastfeeding from 0 to 6 months is the best way to protect your child against diseases and ensure proper growth and development.
- During the first 6 months, your baby ONLY needs breast milk.
- Breast milk contains all the water and nutrients that a 0-6 months old baby needs to grow and be healthy.
- Breastfeeding on demand day and night helps the mother to produce sufficient milk for her baby.
- For babies 0-6 months, exclusive breastfeeding prevents cholera, so babies should ONLY be exclusively breastfed.
- Every mother can breastfeed even if she is malnourished or is on IV fluids.
- It is important that a mother drinks plenty of clean fluids while breastfeeding and receives nutritious foods to give her the strength to breast feed her baby.

**Discussion Question:**
1. What is exclusive breast feeding?
2. Why is it important to exclusively breastfeed the baby 0-6 months old?
Cup Expression of Breast milk

**Objective:** To encourage mothers to express milk from their breasts for the children when they have to be separated/away from the children.

**Key Message:**
- Make sure that your hands are clean by washing them with soap and running water
- Clean and boil the container you will use to collect breast milk
- Get comfortable. Stroke breasts with warm cloth to stimulate the flow of milk.
- Put thumb on the breast above the dark area around the nipple (areola) and the other fingers on the underside of the breast behind the areola.
- Collect the milk in the clean boiled container.
- Express one breast for 3-5 minutes until the flow slows and then express the other breast.
- Store the breast milk in the clean container covered for 6-8 hours, in a cool place.
- Pour just enough milk from the clean covered container into the feeding cup.
- Do not use bottles, they are difficult to wash and can easily be contaminated.

**Discussion Question:**
1. Why is it important to express breast milk for baby when mother is away?
Objective – To discourage bottle feeding and the use of breast milk substitutes (milk formulas).

Key Learning Points:
Breast Milk substitutes or formula poses great health risk to the growth and development of children and should be discouraged.

Some of the dangers associated with breast milk substitutes:

- Formula needs to be carefully mixed, otherwise if done wrongly, children may become malnourished or develop obesity.

- Formula is expensive to buy. Count how much it costs in Somali shilling and the number of tins a child uses in a month. It is far much cheaper for a mother to eat and then breastfeed the baby.

- Bottles used for feeding children are difficult to keep clean and require high hygiene standards. So as to keep the bottles clean, families constantly require soap for washing as well as boiling so as to keep the teats hygienically clean.

- Children on formula develop more diarrhea and other illnesses than children that are being breastfed.

Questions for discussion
1. What are the advantages of exclusive breastfeeding compared to formula feeding?
Objective – To encourage mothers and caregivers to include a variety of locally available fruits and vegetables for the entire family meals.

Key Learning Points:

The different classes of food include:

What are the different classes of food and their sources?

<table>
<thead>
<tr>
<th>Food type</th>
<th>Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbohydrates, fats and oils (energy giving foods)</td>
<td>Pasta, rice, maize, sweet potatoe, potatoe, wheat flour,</td>
</tr>
<tr>
<td>Protective foods (vitamins and minerals)</td>
<td>Fruits: Banana, apple, water melon, pineapple, fig, Mangoes, oranges, water melons, quavas etc</td>
</tr>
<tr>
<td></td>
<td>Vegetables: okra, kales, carrots, tomatoes, onions, spinach, guard, peppers etc</td>
</tr>
<tr>
<td>Proteins (Body building foods)</td>
<td>Meats, milk, kidney, liver, heart, beans, cow peas, green grams, black beans, chicken meat, yogurt, cheese, fish etc</td>
</tr>
<tr>
<td>Water</td>
<td>Treated water.</td>
</tr>
</tbody>
</table>

Questions for discussion

1. List the different types of foods available locally?

2. What is the importance of using fruits and vegetables within the family meals?

3. Offals such as the liver, the kidney and other internal organs: who consumes them in the home?
Objective – To encourage pregnant mothers to deworm themselves and their children.

Key Learning Points:

Majority of the People who are in contact with soil will get worms (especially children).

Worms are passed on from one person to another through contaminated water, food and soil.

Symptoms of worms:
- Major symptom of worms is itching round the anus or the vulva.
- Worms may also be seen in a child's feaces.

Dangers of worms
- Causes under nutrition, pain and disability in children.
- Accelerates anaemia and iron deficiency in pregnant women.

Prevention of worms:
- Improve sanitation by disposing human and children’s fecal matter in latrines.
- Wash hands with soap before handling food and food items as well as after latrine use.
- Wash all fruits before eating.

Action to take: NEVER DEWORM CHILDREN YOUNGER THAN 1 YEAR.
- All children older than 12 months should be dewormed at least 2 time in one year.
- 1-2 year olds should be given ½ tablet of deworming drugs and those above 2 years get 1 tablet (single dose).
- Pregnant women should deworm from the 2nd trimester with 1 tablet of albendazole (400mg) single dose.
Health seeking behavior.

Objective – To encourage mothers to seek help from a health worker when they notice this danger signs in children.

Key Learning Points:

• If your child has fever, diarrhea, vomiting, cough/problems breathing:
  • Do not wait for them to get better.
  • Take them to the nearest health post within 24 hours.
  • Continue treatment at home as advised by the health provider. If your child doesn’t get better after 48 hours, go to a health center immediately – do not wait.

• If your child has any of these danger signs, go immediately to the health center. The baby is too sick to be treated at home:
  • Unable to breastfeed
  • Vomiting
  • Diarrhea
  • Fever
  • Fast breathing
  • Convulsions

Discussion questions:

- What should you do if you wake up in the morning and your child has a fever?
Personal Hygiene: Keeping our children clean

Objective – To encourage mothers to keep their children clean.

Key Learning Points:
Cleanliness and good health, walk hand in hand.

Key messages:
- Wash the Childs hands every time, especially after using latrine, after playing and before eating.
- Keep the child nails cut short.
- Change babys nappy whenever soiled, wash the nappy with soap and water and discard the water in latrine.
- Bathe the Childs body every day, including the head and washing the hair.
- Change the childrens cloths after birth and whenever the clothes are soiled.
- Trim baby boys hair to a level that is easy to keep clean.
- Wash the children faces every morning when they wake up.
- Let the children brush their teeth after every meal and before sleeping.
- Clean the children feet thoroughly and try as much as possible to ensure they maintain shoes on.
Objective – To encourage mothers to ensure that they and their children sleep under insecticide treated nets.

Key Learning Points:
One of the best ways to prevent malaria is to always sleep under an insecticide treated mosquito net. Malaria is only spread through the bit of mosquitoes.

Key messages:
- Pregnant women and children under five years are the group that is most vulnerable to malaria.
- Ensure that you and your children sleep under an insecticide treated mosquito net every night.

Other ways to prevent malaria:
- Environmental conservation: clearing of bushes and water masses around living area.
- Use of mosquito repellants. This are mainly insecticide based repellants such as doom etc.
- Close windows, doors and other inlets to the house that may allow mosquitoes into the house.
- Wear and dress children in long sleeved clothing as well as those covering the feet so as to limit body areas exposed to mosquitoes.
Key Message –Plumpy’ nut is treatment for malnourished children. It should only be eaten by the malnourished child.

Key messages:

- Should be kept in a secure place and out of reach of children in the house. It should be kept away from the sun to preserve nutrients.

- Should be given soon after breastfeeding, if the child breastfeeds.

- Should always be given before any other family food and should be given to the child in small amounts and frequently. A balanced, nutritious meal can be given after the correct amount of Plumpy' Nut has been eaten

- After eating, the remaining amount in the sachet should be kept for the next feed. The top of the sachet should be rolled down for safety.

- May cause choking. Therefore, a generous amount of clean water must always be given to the child, at least 1 cup (100ml) of clean treated water for each dose of Plumpy'Nut. If choking persists the child should be taken to the nearest health facility.

- Empty sachets should be kept and presented at each bi-weekly visit to the health facility.
How to identify a child with oedema.

Objective – To encourage mothers and caregivers to identify oedema at household level and seek early treatment.

Key learning points: How to identify the community

Place the child’s two feet on your palms
Use the both thumbs one on each foot near the toes and press gently for three seconds (count 1001, 1002, 1003).
Release and then check for pitting.

Questions for discussion:

1. What are the causes of the condition above?
2. How can we manage this conditions?
How to take the Middle Upper Arm Circumference Measurement-MUAC

Objective – To remind Community workers the MUAC procedures

- Take the child’s left arm and unclothe it
- Fold it at right angle, placing the arm on the child’s belly
- Identify the tips of the upper arm on the shoulder and the elbow
- Measure the length of the upper arm using the MUAC tape.
- Identify the middle of the upper arm.
- Stretch the arm of the child.
- Measure the circumference of the mid upper arm ensuring the tape is at the right tension (not too tight or too loose).

Action to take:

For **Red MUAC**, refer child to OTP site;

For **Yellow MUAC**, refer child to SFP site

For **Green MUAC**, child is healthy, maintain good diet
Complementary feeding of the 6 month old child

Start complementary foods when the baby reaches 6 months.

Types of foods (Thickness/consistency)
Soft porridge/pap

How Often (Frequency)
2 to 3 meals each day plus frequent breastfeeds.

Amount of food an average child will usually eat at each meal (in addition to breast milk):
2 to 3 tablespoons at each meal
kubilow cunta sin markujiro lix bilood.
Complementary feeding of 6 up to 9 months

Feeding of the child 6 – 9 months

Types of foods (thickness, consistency)
Thick porridge/pap/ mashed/pureed family foods

How Often (frequency per day)
2 to 3 meals plus frequent breastfeeds
1 to 2 snacks may be offered

How much (Amount of food an average child will usually eat at each meal in addition to breast milk)
2 to 3 tablespoons per feed
Increase gradually to half (1/2) 250 ml cup/bow
laga bilaabo 6 bilood ilaa 9 bilood
Complementary feeding of 9 up to 12 months

Feeding of the child 9 – 12 months

Types of foods (thickness, consistency)
Finely chopped /pap/mashed
Pureed family foods

How Often (frequency per day)
3 to 4 meals plus breastfeeds
1 to 2 snacks maybe offered

How much (Amount of food an average child will usually eat at each meal in addition to breast milk)
Half (1/2) 250 ml cup/bowl
Laga bilaabo 9 bilood ila-12 months
Complementary feeding of 12 up to 24 months old

Feeding of the child 12 – 24 month old

Types of foods (thickness, consistency)
Sliced foods and family foods

How Often (frequency per day)
3 to 4 meals plus breastfeeds
1 to 2 snacks maybe offered

How much (Amount of food an average child will usually eat at each meal in addition to breast milk)
Three-quarters (3/4) to 1, 250 ml cup/bowl
Laga bilaabo 12 bilood ilaa- 24 months