Nutrition, Hygiene and Health Promotion Training: Training for Trainers Guide

April 2012
Acknowledgements

As a means to contribute to the child health and nutritional status of children in Somalia, this Facilitators Guide has been developed as part of Nutrition, Hygiene and Health Promotion package for use with Nutritional Treatment beneficiaries and caretakers.

The Nutrition, Hygiene and Health Promotion package includes:
- A Participant guide
- A 27 set of Information Education and Communication flip chart tools
- A Trainers guide.

The Nutrition, Hygiene and Health Promotion package builds on work done in various areas. This includes the UNICEF IYCF Counseling packages, The Somali Nutrition Treatment guidelines, The Hygiene Improvement Framework as well as the Global WASH cluster hygiene promotion training tools.

This training guide has been developed by UNICEF Somalia with support from a task force of Nutrition partners working within Somalia that include:
- Save the Children UK
- Concern Worldwide
- Somalia Relief Agency (SORA)
- Somali Young Doctors Association (SOYDA)
- COSV
- Oxfam Novib.
- Somali Relief Development Agency (SRDA)

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### Day 1

#### Session 1.1: Welcome and Introductions

**Aims:** The aim of the session is to welcome participants and facilitators into the 5 day training, review the training time table and ensure that the participants undertake the pre-training assessment.

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<thead>
<tr>
<th>Learning Objectives</th>
<th>Methodologies</th>
<th>Training Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome participants and facilitators to the training and identifying participants expectations</td>
<td>Buzz groups of 2: Participatory methodology by use of matching pictures game.</td>
<td>Set of three pile sorting cards</td>
</tr>
<tr>
<td>Comparing the participants expectations from the training and the training objectives and setting of ground rules</td>
<td>Question and answer</td>
<td></td>
</tr>
<tr>
<td>Reviewing of the training time table and Undertaking the pre-training assessment.</td>
<td>Non written pre-assessment through a use of hands participatory methodology</td>
<td>Print out of the pre-training assessment.</td>
</tr>
</tbody>
</table>

**Duration:** 60 minutes

**Prior preparation:**
- Print outs for the training time table
- Print outs for the pre-training assessment

**Learning objective 1:** welcoming participants and facilitators to the 5 day training and identifying the participant’s expectations from the training.

**Methodology:** participatory methodology- finding matching picture for provided set of 3 pile sorting cards

**Instructions for the activity**
- Facilitator introduces himself and welcomes the participants to the training
- Explain that this shall be a participatory training, and that to enhance discussions, all present need to know each other. Facilitator explains that training will not make use of a power point projector, but rather group work coupled with participatory methodologies.
- The sets of cut out pictures into 2 from the 3 pile sorting cards are shared out among the participants. Task is that each of the participant should look for the partner with whom the pictures match.
- When the participants have found their matching partners and are in pairs of twos. The task is that each finds out:
  - Each other’s names
  - Name of organisation/Name of the Nutrition treatment centre where one is working;
  - Experience in Nutrition work
  - Expectations from this training
- Each of the matched teams shares their findings to the rest of the team as the facilitator notes down the expectations on a flip chart paper.
- Discuss and summarise.
Learning objective 2: Comparing the participant’s expectations from the training with the set objectives for the training and setting of ground rules.
Methodology: plenary presentation by facilitator

Instructions for the activity
- Facilitator compares and reads out the expectations for the training from the participants with those outlined within the training guide.
- Then, through question and answer, the participants are involved in setting the ground rules that shall govern this training.
- Discuss and summarise.

Trainers Notes: Key Learning Points

Objectives of the training
- Build a common Nutrition, Hygiene and Health Promotion (public health approach) for the partners in the Somali Nutrition cluster
- To build capacity of the participants to prepare effective Nutrition, Hygiene and Health Promotion intervention within nutrition treatment centres.
- Advocate for means to reduce malnutrition cases within the target communities by addressing underlying causes to malnutrition: poor hand washing practices, poor human faecal management, safe water storage and treatment at the household level etc.

Ground rules for the training:
- Start on time, end on time.
- Turn mobile phones off or put them on silent mode/ do not use them in the learning space
- Respect for each other.
- Active participation expected from all
- One person speaks at a time
- Keep a sense of humour.
- Prayer times should be respected

Learning objective 3: Reviewing of the training time table and Undertaking the pre-training assessment.
Methodology: non written pre-assessment through a participatory methodology, guiding questions for the pre-assessment.

Instructions for the activity
- Facilitator takes the participants through the 5 days training time table
Pre-training assessment
- Facilitator explains that questions will be asked and that participants will be expected to do the following:
  ✓ Raise one hand with "open palm" if they think the answer is yes
  ✓ Raise one hand with "with closed fist" if they think the answer is No
  ✓ Raise one hand with "pointing fingers" if they do not know or are unsure of the answer.
- Ask participants to form a circle and sit so that their backs face the center.
- One of the facilitators will read the statements from the pre-assessment and another facilitator records and notes which topics if any present confusion.
### Trainers Guides: Key learning Points

<table>
<thead>
<tr>
<th>Day 1 Sunday</th>
<th>Day 2 Monday</th>
<th>Day 3 Tuesday</th>
<th>Day 4 Wednesday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>Review of day 1</td>
<td>Review of day 2</td>
<td>Review of day 3</td>
</tr>
<tr>
<td>60 minutes</td>
<td>30 minutes</td>
<td>30 minutes</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Introduction to Nutrition, Hygiene and Health Promotion for behavior change.</td>
<td>Conceptual framework of malnutrition, nutrition and different food sources and functions.</td>
<td>Diarrhea management and use of ORS and ZINC.: 45 minutes</td>
<td>Monitoring of the nutrition, hygiene and health promotion activities 45 minutes</td>
</tr>
<tr>
<td>60 minutes</td>
<td>45 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant and Young child feeding: - benefits of breastfeeding and exclusive breastfeeding - good attachment and positioning of the child to the breast 45 minutes</td>
<td>Hand washing at critical times: 3 pile sorting 45 minutes</td>
<td>Planning a training for Nutrition, hygiene and health promoter within our organizations 45 minutes</td>
<td></td>
</tr>
<tr>
<td>Break</td>
<td>Break</td>
<td>Break</td>
<td>Break</td>
</tr>
<tr>
<td>Roles and responsibilities of Nutrition, Hygiene and Health Promoters, selection criteria</td>
<td>Continuation of IYCF: - hand expression of breast milk, storage of breast milk and cup feeding - complementary feeding of 6-24 month old baby 45 minutes</td>
<td>Safe water handling, storage and treatment 40 minutes</td>
<td>Field visit to OTP site 90 minutes</td>
</tr>
<tr>
<td>30 minutes</td>
<td>45 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The systematics of implementation of Nutrition, hygiene and health promotion within the nutrition sites and at the community level 60 minutes</td>
<td>The contamination route: F diagram with special focus on human fecal matter management 45 minutes</td>
<td>Deworming 30 minutes</td>
<td></td>
</tr>
<tr>
<td>Break</td>
<td>Break</td>
<td>Break</td>
<td>Break</td>
</tr>
<tr>
<td>Interpersonal communication skills 60 minutes</td>
<td>Good and bad hygiene practices: 3 pile sorting 45 minutes</td>
<td>Malaria prevention 25 minutes</td>
<td>Discussions and feedback from field visit 30 minutes</td>
</tr>
<tr>
<td>60 minutes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participatory methodologies 75 minutes</td>
<td>Hygiene Promotion in AWD respond 45 minutes</td>
<td>Prevention of Acute respiratory infections 20 minutes</td>
<td>Action Planning from the training 45 minutes</td>
</tr>
<tr>
<td></td>
<td>Feeding of the sick child 45 minutes</td>
<td>Immunization and immunizable diseases 20 minutes</td>
<td>Final evaluation and certificates 20 minutes</td>
</tr>
<tr>
<td></td>
<td>Health seeking behavior 25 minutes</td>
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</tbody>
</table>

### Pre – Training Assessment

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>After 6 months, the food a baby is given to eat should have the consistency of breast milk so that the young baby can swallow easily.</td>
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<td></td>
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<tr>
<td>2</td>
<td>The mother of a sick baby should wait until a baby is well before giving the baby solid foods.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Washing hands with water only way of the most effective ways to prevent diarrhoea disease.</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td>A mother who is sick with acute watery diarrhoea or malaria should stop breastfeeding her baby</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>until she is well.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Working with the WASH, Health and Food Security team in Nutrition,</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Hygiene and Health Promotion work will be too time consuming and will not contribute to a</td>
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<td></td>
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<tr>
<td></td>
<td>reduction in childhood malnutrition.</td>
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<tr>
<td>6</td>
<td>One of the ways to encourage communication with the mothers is complete sentences and should</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>be practiced as much as is feasible.</td>
<td></td>
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</tr>
<tr>
<td>7</td>
<td>Water that is clear is always safe to drink.</td>
<td></td>
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<tr>
<td>8</td>
<td>There is nothing wrong with baby’s faecal matter. One does not have to wash hands after</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>changing baby’s diapers.</td>
<td></td>
<td></td>
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<tr>
<td>9</td>
<td>Non-food items such as soap, latrines, mosquito nets are important health enablers to</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>enhance behaviour change.</td>
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</tr>
<tr>
<td>10</td>
<td>One of the causes of malaria includes drinking brown dirty water.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>All children above one year should be dewormed at least once per year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>A child who is sick, disabled or malnourished should not be immunised because this action will</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>worsen the illness.</td>
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</tbody>
</table>

Enjoy the training!
Session 1.2 Introduction to Nutrition, Hygiene and Health Promotion for Behaviour change

**Aims:** This session is designed to ensure that participants have an overview of Nutrition, Hygiene and Health Promotion as part of the Emergency NUTRITION response.

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methodologies</th>
<th>Training Aids</th>
</tr>
</thead>
</table>
| Definitions of Health Promotion interventions | Buzz groups  
Plenary presentations | Sticky pads  
Scrap ball  
Felt pens |
| Theory on Health Promotion | Interactive presentations  
Buzz groups | Presentation on flip chart paper |
| Health Promotion for behaviour change | Brain storming  
Buzz groups | |
| Importance of an integrated approach in Nutrition, Hygiene and Health Promotion | Buzz groups/ stakeholder analysis  
PLA tool (circles/venn diagram) | Flip chart paper  
Felt pens |

**Duration:** 60 minutes

**Learning objective 1: definitions of Health Promotion**

**Methodology:** Buzz groups and plenary presentations

**Duration:** 10 minutes

**Instructions for the activity**
- Facilitator introduces the session by asking participants to name the common illnesses and diseases within the communities. In the meantime, the facilitator is listing the illnesses on a flip chart paper.
- The facilitator groups the illness to those that are WASH related, nutritional related, immunisation related etc.
- The facilitator then asks the participants to get into groups of 2.
- The facilitator distributes 2 sticky pads to each of the groups and states that the exercise will take 4 minutes; task is definition of the following words;
  - a) Health Promotion
  - b) Hygiene promotion
- Buzz groups plenary presentations.
- Discuss and summarise

**Materials:**
- flip chart paper, stand and felt pen makers
- Sticky writing pads

**Prior Preparation**
- Writing down the definitions of the key words on flip chart paper: key words- Health Promotion, health education and hygiene promotion.
What is Health Promotion?
Health Promotion entails empowering community members to take charge of their own health by raising awareness of the most prevalent diseases and building the necessary practical skills for prevention. Health Promotion is based on the premise of health education and hygiene promotion through participatory approaches. Health Promotion is all about prevention of diseases.

What is Hygiene promotion?
Hygiene promotion is a planned, systematic approach to enable people to take action to prevent and/or mitigate water, sanitation and hygiene-related diseases. It can also provide a practical way to facilitate community participation, accountability and monitoring in WASH programmes. Hygiene promotion should aim to draw on the affected population’s knowledge, practices and resources, as well as on the current WASH evidence base to determine how public health can best be protected. Hygiene promotion involves ensuring that people make the best use of the water, sanitation and hygiene-enabling facilities and services provided and includes the effective operation and maintenance of the facilities. The three key factors are:

1. A mutual sharing of information and knowledge
2. the mobilisation of affected communities
3. the provision of essential materials and facilities.

Community mobilisation is especially appropriate during emergencies as the emphasis must be on encouraging people to take action to protect their health. Promotional activities should include, where possible, interactive methods, rather than focusing exclusively on the mass dissemination of messages.

Hygiene promotion is vital to a successful intervention to prevent water, sanitation and hygiene related behaviours.

Learning objective 2: Precede/Proceed Theory on Health Promotion

Methodology: interactive presentations
Duration: 15 minutes

Instructions for the activity
- Introduce the session by summarising the definition of Health Promotion
- Through question and answer, using scrap paper ball to enhance participation, identify the importance of implementing interventions embodied on frameworks and theories.
- Facilitator then, using a pre-prepared flip chart paper on the precede/proceed model, illustrates and discusses the model.
- Facilitator, asks the participants to list, some of the health enablers, some of the reinforcing factors and sources of information known to them.
- In 4 buzz groups, the facilitator gives the following assignments: According to the Precede/Proceed model, issues required to be in place for the following projects to be successful , (time frame: 25 minutes)
  a) Hand washing campaign to reduce acute watery diarrhoea disease.
  b) Project aimed at reducing the prevalence of measles in children.
  c) Improvement of complementary feeding practices among children (7-24 months).
  d) Contribute to a reduction in anaemia prevalence among pregnant mothers in Banadir region.
- Discuss and summarise

Materials required for the training
- Flip chart paper
- Masking tape
- Scrap ball

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Prior preparation
- Illustration of the precede/proceed model on a big piece of the flip chart paper

Trainers Notes: Key learning points

The Precede/Procede Theory by Green and Kreuter 1999

This frame work recognises that stand alone Nutrition, Hygiene and Health Promotion projects (a good example is a health education project aimed at passing information on predisposing factors eg causes of diarrhoea) are unlikely to be effective if they are not supported by the presence of health enabling factors and health reinforcers.

According to this model, the 3 important factors for behaviour change are as follows:

a) Predisposing factors to the health issue
   - Knowledge
   - Attitudes
   - Values
   - Beliefs
   - Perceived needs/abilities

b) Enabling factors: this are environmental and other personal factors, which include and not limited to:
   - Resources that impact on accessibility, availability and affordability of programs and services
   - Skills
   - Money/time
   - Facilities

c) Reinforcing factors: this is either positive or negative feedback from
   - Peers
- Family
- Health care workers
- Law enforcers
- The media
- others

Learning objective 3: Public health promotion for behaviour change

Here focus on the following:
- Factors that support behaviour change
- Factors that facilitate maintenance of old behaviours.

Methodology: Brain storming and Buzz groups.
Duration: 15 minutes

Instructions for the activity

- Draw a big 3 on a flip chart and put it on the floor in the centre of the room. Ask someone from the North, South, East and West of the room what they see. Each person will see something different – one will see a 3, another will see a letter M, another, a letter W another, a letter E. Ask participants why people see or interpret different things when the 'image' or information is the same?

   Explain that a person’s view point comes about as a result of many things: their experience, their education, the influence of their parents, neighbours, religious leaders, where they live, the resources they have etc

- Facilitator asks the participants to identify some of the things/ incentives that people need to change behaviours and habits within our communities.

- Explain that some examples of incentives which may motivate a person to change their behaviour might include:
  - Wish to live in a clean and attractive atmosphere
  - Save money by spending less on medicine
  - Comfort
  - Aroma
  - In women: the desire to look good and be liked by men
  - In men: the desire to be strong and be loved by women
  - The desire to have healthy, attractive children living to adulthood and have their own families
  - Prosperity
  - Dignity and self-respect

- Facilitator then divides the participants into 4 buzz groups and asks them to identify motivating factors that may achieve the following:

Group 1: What are the factors in place that maintain people’s WASH behaviours at a household level?

Group 2: What are the factors that maintain people’s WASH practices at the community level?

Group 3: What are the factors that support WASH behaviour change at the community level?

Group 4: What are the factors that support WASH behaviour change at the household level?

Trainers Notes: Key Information:
Answers might include:
Group 1:

Habit
Not ready for change – new behaviour perceived as too difficult
No perceived benefit from behaviour change
Not a priority for the head of household, lack of material/ resources..

Group 2

Lack of support from community leaders
Insufficient resources
Local traditional beliefs
Gender roles
Lack of consensus in the community
Resistance to change

Group 3

Head of household recognizes importance of new behaviour and is supportive
Access to resources,
Previous access to behaviour change information – information not new
Direct experience of the benefits of the new behaviour – comfort, nice aroma, dignity
Family supports the behaviour change
Wish to live in an attractive and clean atmosphere
Desire to have healthy children

Group 4

Community leader is supportive
Strong community cohesiveness
Community beliefs and values are consistent with the new practice
Access to resources
Willingness to change

Note: remember that we shall need to incorporate some of this factors within the Nutrition, Hygiene and Health Promotion projects so as to enhance behaviour change.

| Learning objective 4: Importance of an integrated approach in Nutrition, Hygiene and Health Promotion |
| Methodology: Buzz groups, PLA tool- relationship (venn) diagram |
| Duration: 20 minutes |

Instructions for the activity
- The facilitator introduces the session by emphasizing the importance of working in coordination and integration with the rest of the sectors: WASH, food security and livelihoods and health. The Nutrition, Hygiene and Health Promoter within the nutrition team will not work in isolation.
- Divide the participants into 4 groups, and gives each of the groups a flip chart paper with a circle drawn in the middle of the paper to represent Nutrition, Hygiene and Health Promotion work.
- Tasks of the groups: drawing relationship circles (with the various sectors- WASH, food security livelihoods and health), the distance and size of the circle represent the strength of the relationship of the sector with the Nutrition,
Hygiene and Health Promotor.
- plenary presentations by each group
- discuss and summarise: stress the importance of integration between the sectors as health is a holistic /multi-dimensional issue.

Trainers guides: key information

Explain to the Nutrition, Hygiene and Health Promoters that the health, WASH and nutrition team can work effectively together as a team. Some of the things that would need to come out in the integration would include:

- Development of common team goals and objectives
- Develop joint work plans when realistic
- systematic sharing of information on public health issues
- Plan for joint field visits and training where possible
- Develop shared monitoring and reporting systems
- Conduct joint meetings

Key Learning Points:

- The aim of Nutrition, Hygiene and Health Promotion interventions is to contribute to improved child care practices so as to prevent childhood diseases, since majority of these diseases are preventable.
- The precede/proceed theory provides us with a frame work for behaviour change in public health programming. This has proven to have positive results in such interventions, and as such is the theory utilised in the hygiene improvement framework.
- emphasize the importance of enabling health practices and ensure that participants are aware that Nutrition, Hygiene and Health Promotion is not just about passing messages but rather enhancing appropriate behaviour change.
- Stress the importance of co-ordination between sectors to achieve impact on health especially on the incidence of diarrhoea, malnutrition. Immunizable diseases as well as other water and sanitation related diseases such as acute watery diarrhoea, cholera etc.
- Within the WASH sector, Engineers and hygiene promoters must work together to ensure that the maximum benefit from the intervention is achieved. Hygiene promoters must inform engineers of community feedback and engineers must be prepared to clarify and use this feedback to inform the design and siting of facilities etc.
Session 1.3: The role and responsibilities of Nutrition, Hygiene and Health Promoters.

The Aim of this session is to: Ensure that participants are clear about their role as Nutrition, Hygiene and Health Promoters in the project.

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methodologies</th>
<th>Training Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the roles and tasks expected of the Nutrition, Hygiene and Health Promoters.</td>
<td>Question and answer methodology on roles and responsibilities of Nutrition and Health promoters.</td>
<td></td>
</tr>
<tr>
<td>Identification of the important qualities of Nutrition, Hygiene and Health Promoters</td>
<td>Buzz groups and interactive presentations.</td>
<td></td>
</tr>
</tbody>
</table>

Duration: 30 minutes

Materials:
- Flip chart papers
- Masking tapes
- Felt pen makers
- 2 chairs

Learning objectives 1: identify the roles and tasks expected of the Nutrition, Hygiene and Health Promoters

Methodology: through question and answer, let the participants identify the roles and responsibilities of nutrition, hygiene and health promoters within the nutrition treatment programs.

Instructions for the Activity:
- The facilitator asks the participants to recap on the definition of Hygiene and Health Promotion.
- The facilitator then goes on, to explain that we now need to identify what are the roles and tasks of the Nutrition, Hygiene and Health Promoters. This shall be done through question and answer methodology.
- The facilitator then discusses and summarises the roles and responsibilities of the Nutrition, Hygiene and Health Promoter on a flip chart paper and sticks it within the walls of the venue.

Trainers Notes: Key learning points

The Job descriptions /roles and responsibilities of the Nutrition, Hygiene and Health Promoter should include at a minimum:
- Choosing the topics for the training depending on the prevailing health conditions
- Organising for the training by collecting and putting together all the necessary training and demonstration tools
- Organising the group of mothers for the public health sessions within the distribution sites
- Maintaining order and ensuring participatory discussions during the public health sessions.
- Carrying out relevant demonstrations during the public health sessions to the nutrition beneficiaries.
- Gives key messages on importance, use and maintenance of Non food items that are under distribution within the sites.
- Taking a proactive role to notice children who require additional attention for follow up into their homes. This would include children who fail to add weight, those that are losing weight, those with frequent bouts of diarrhoea etc.
- Working closely with the rest of the nutrition team, particularly on case by case nutrition related issues.

**Learning objectives 2:** Identification of the important qualities of a Nutrition, Hygiene and Health Promoter

**Methodology:** Buzz groups where the participants identify the key qualities of the Health promoters, followed by plenary presentations where they present their findings.

**Instructions for the Activity:**
- Ask buzz groups to identify the key qualities of health promoters.
- In large groups, let them share their findings
- Once completed, circle the qualities that emphasize communication, listening, observation and facilitation skills.
- Discuss and fill in the gaps.

**Trainees Notes: Key information**

**Important qualities of Nutrition, Hygiene and Health Promoters**
- Is a role model to the rest of the team and caretakers: well groomed, neat and organised.
- Some one that is accepted within the community.
- Is a good team player: plans and works well with the rest of the nutritional team.
- Plans and prepares for the public health sessions in advance.
- Collects and puts together all the materials required for the demonstrations prior to the health promotion sessions.
- Is a good team member and works together with the rest of the nutrition team to identify priority topics for the health promotion sessions.
- Some-one who listens to the mothers and does not dominate the sessions by talking all the time.
- Some one that demonstrates diplomacy, tact and negotiating skills.
- Gives the participants and mothers opportunity to ask questions.
- Is a role model: is clean, smart and orderly.
- Pays close attention to the mothers unspoken words presented through non-verbal signs during the interactive Nutrition, Hygiene and Health Promotion sessions.
- Ability to work well with demanding groups.

**Other important skills include:**
- Uses helpful non-verbal communication:
  a) Keeps the head level with the caregivers, possibly by sitting at the same level (on a mat)
  b) Pays attention to the caregivers (maintains eye contact).
  c) Removes barriers (does not take notes, does not use tables etc) during the Nutrition, Hygiene and Health Promotion sessions
  d) Takes time to listen.
  e) Uses appropriate touch.
- Asks open ended questions-questions that allows caregivers to give detailed information. Examples of open ended questions are those that begin with; why, how, tell me more about ….what do you think….. how does this make you feel etc
- Use responses and gestures that show interest.
- Listens to the mothers/caregivers concerns.
- Avoids using judging words.
Session 1.4: The systematics of implementation of Nutrition, Hygiene and Health Promotion within the Nutrition Treatment Centres.

Aim of this session is to: ensure that the participants understand the proposed recommendations for implementation of Nutrition, Hygiene and Health Promotion at nutrition sites.

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methodology</th>
<th>Training Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain the procedures for implementation of Nutrition, Hygiene and Health Promotion at the nutrition sites.</td>
<td>Buzz groups and plenary presentations</td>
<td></td>
</tr>
<tr>
<td>Describe the importance of passing key messages accompanying the distribution of non food items within the OTP .</td>
<td>Brain storming</td>
<td></td>
</tr>
</tbody>
</table>

Duration: 60 minutes

Learning objectives 1: Explaining the procedures for implementation of Nutrition, Hygiene and Health Promotion at the nutritional sites.

Methodology: Buzz groups where the participants outline the procedures for implementation of the Nutrition, Hygiene and Health Promotion within the nutritional treatment sites.

Instructions for the Activity:
- In groups of 4, ask each group to outline the procedures for the implementation of the Nutrition, Hygiene and Health Promotion within the nutritional treatment sites. Emphasize that the discussions within the groups on the procedures should include;
  a) The flow process of nutrition treatment within the nutritional sites(mainly OTP)
  b) At what stage of the distribution would the Nutrition, Hygiene and Health Promoter seat?
  c) How much time would each session of the Nutrition, Hygiene and Health Promotion take?
  d) How many mothers, would participate in each of the Nutrition, Hygiene and Health Promotion session?
- In large groups, let them share the findings
- Discuss and fill in the gaps.

Trainers guidance notes: key learning points

- The purpose of integration into the OTP treatment system, is that the nutrition and health promoter fits within the flow of the nutrition treatment site. Nutrition, Hygiene and Health Promotion would be the first activity within the flow. There would be need for co-ordination with the ground controller or such a person so that number of mothers who seat within each session are not interrupted or joined by additional mothers as the sessions is going on. Topics of discussion for the day would include the key messages accompanying the NFIs likely to be distributed.
- Focus on amount of time beneficiaries spend at the Nutrition, Hygiene and Health Promotion step (recommend an approximate of 7-10 minutes maximum). Pass key messages only, already have in place all demonstrations set up eg hand washing tippy taps set up, malaria prevention (nets, mats etc) set up, dish racks for food hygiene set up etc.
- Imperative that one staff or we have CHW dedicated to the Nutrition, Hygiene and Health Promotion session.
- Target a small group of mothers’ 10-15 mothers maximum.
- Encourage discussions with groups of mothers and leave room for questions, recommend observed positive behaviour change eg cleaner children, use of hanker chiefs, children you notice are gaining weight etc.
- The Staff who undertakes the Nutrition, Hygiene and Health Promotion sessions should preferably be a lady.
- The Nutrition, Hygiene and Health Promoter should seat at the same level with the rest of the caretakers. Possibly, mats could be available so that the mothers can calmly sit and pay required attention.
- Make use of IEC tools developed, when focussing on a given topic. As much as possible, use of visual aids is recommended. People remember most what they see than what they hear.
- Remember that the role of the crowd controller is to ensure that there is order within the OTP site. Always seek for his assistance whenever required.

Other pointers for discussion:

Nutrition, Hygiene and Health Promotion within the communities for a community based approach:

Take the participants in this session through a question and answer methodology:

- The role of the community based Nutrition, Hygiene and Health Promoter
- Characteristics of community based Nutrition, Hygiene and Health Promoter.

Key issues:

- For the community level approach- the Nutrition, Hygiene and Health Promoter should emphasize the link between the activities happening in the nutrition treatment sites and the role of the community approach in ensuring that the systems are functional and integrated.
- Some organisations have a community nutrition outreach structure. This maybe be the community hygiene promoters, community health volunteers, community health mobilizers etc
- The community health workers participate as vehicles that link the villages /communities with Nutrition, Hygiene and Health Promoters at the nutrition sites as well as the treatment activities happening in the nutrition sites.

Learning objectives 2: Describe the importance of passing key messages accompanying the distribution of non food items within the OTP.

Methodology: Brainstorming

Instructions for the Activity:
- Ask the participants to state some of the reasons why its important to accompany distribution of non food items with key messages.
- The facilitator requests one of the participants to come to the front of the class, and lists the points coming out of the brain storming on flip chart paper.
- Discuss and summarises the key points on this.
- The facilitator proceeds on to ask the participants to list some of the none food items distributed within the nutritional sites, that require key messages accompanying the distribution.
- Discuss and fill in the gaps.

Trainers Notes: Key Information to emphasize

Tips for improving the distribution of non-food items/ hygiene kits¹:

Before distribution
- Participatory identification of appropriate non-food items and hygiene items should be done with the community/beneficiaries if possible during the rapid assessment. The emphasis is on providing items that people are familiar with, especially where these may be important for cultural or religious reasons e.g. differences in containers for storing water (especially treated drinking water) and those used for anal cleansing.
- A clear, detailed description of the item is required when ordering, along with an indication of the item’s priority.
- NFIs should be packaged for ease of handling and transportation by beneficiaries.

¹ Adapted from UNICEF (December 2007). Best practice materials produced by the WASH Cluster Hygiene Promotion Project 2007
- A registration list of beneficiaries’ whose receive the items is required (indicating the number of children-male/female who receive this tools at the OTP sites as well as for those distributed per household: no. of households.
- Ideally, use existing registration lists e.g. ie the registration list from the OTP Program. Possibly, the registered beneficiaries/ households can be verified with the list with the nutritional registrar.
- A record of what was distributed needs to be kept – ideally by both the agency and each beneficiary
- A plan for distribution management, task allocation to various teams, flow management, recording, and security will also need to be drawn up. Other requirements may include: ink for thumb prints, pens for signatures etc

**During distribution**
- Ensure that beneficiaries understand the criteria for beneficiary selection, NFI content and use, in order to encourage transparency.
- Try to address queries or complaints as they arise and ensure that disruptions to the distribution are dealt with quickly and effectively.
- Where possible, ensure that the materials distributed are intact and functioning e.g. that buckets have lids and taps, and that water filters have all the component parts.

**After distribution**
- Monitor beneficiary satisfaction with the distribution process and the hygiene items, and observe the use of the items provided. This can be done by randomly selecting a percentage of households for interviews and/or through focus group discussions (a monitoring checklist is contained in the data collection guidance manual and toolkit).
- Monitoring may also highlight where items have been sold in order to purchase items that are considered more important e.g. sale of non-food items to purchase food highlights other unmet needs.
- Compile distribution reports of items distributed, the number of people receiving items and their level of satisfaction with the items received.
- Reconcile stock levels with broken or defective items etc. Document emerging issues and lessons learnt.

**Suggestions for improving NFI co-ordination**
Do the following:
- select appropriate items : according to community felt needs, locally available and can be replaced locally
- Information accompanying the non-food items should be simple and as relevant as possible.
- information/hygiene activities during or soon after distributions
- monitoring of use and acceptability of distributed items

---

**Session 1.5 : Inter personal Communication skills**

**The Aim of the session is** to familiarise participants with some of the key principles of interpersonal communication and observation.

Definition of interpersonal communication: the exchange of information between two or more people, verbal or non-verbal.

**By the end of the session participants will be able to:**

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methodologies</th>
<th>Training tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factors necessary for effective communication</td>
<td>Brain storming Buzz groups.</td>
<td>Fact sheet: listening skills Interpersonal communication checklist</td>
</tr>
<tr>
<td>Apply the principles of effective communication to their work as Nutrition, Hygiene and Health Promotion trainers</td>
<td>Team conversations Role play</td>
<td></td>
</tr>
</tbody>
</table>
Material needed: Flip chart paper and pens
Time frame: 60 minutes

Session Outline

Materials required:
- 4 mats
- Flip chart stand and flip chart paper and masking tape
- IEC pictorials
- Print out number = of participants of the listening fact sheet.
- Print outs number = of participants of the checklist on interpersonal communication skills.

Learning objectives 1: Factors necessary for effective communication

Methodology: Brainstorming and then group discussions in buzz groups

Instructions for the Activity:
- Facilitator introduces the session by writing the following statement on a flip chart paper and sticking it in the middle of the room: “if we were supposed to talk more than listen, we would have been given two mouths and one ear”. Mark Twain.
- The facilitator then explains that under interpersonal communication, we shall be focusing on observation techniques, communication techniques and listening techniques.

Observation techniques:
- The facilitator then asks the group of participants to close their eyes and asks them a couple of questions concerning the venue; the topics of the posters on the walls, the colour of the outside door or window frames, the colour of shoes that you are wearing. These are things that they have been looking at since they arrived at the venue but they have not observed.
- Explain that although people might look at something several times a day, they don’t always observe everything. Observation is a skill that has to be learned and the participants must consciously look for health related issues in their communities that the Nutrition, Hygiene and Health Promoters might need to address.
- The facilitator insists that the participants must remember that: THEIR WAY OF COMMUNICATION IS AS IMPORTANT AS WHAT THEY ARE SAYING.

Communication techniques:
- Then, the facilitator asks the participants to get into 4 groups. Within the groups, they are supposed to answer the following questions:
  a) 2 groups - Participants cite things that they can do to encourage communication
  b) Other 2 groups- participants cite things that discourage communication.
- Discuss and summarise.

Listening techniques:
- The facilitator shares out the fact sheet on listening skills with the participants.
- The participants are then requested to read the fact sheet, loudly according to the sitting arrangement as discussions move on.
- The facilitator draws a 2 column, 1 row table on flip chart paper.
- The facilitator labels one column, dos of effective communication and other column, donts of effective communication.
- The facilitator asks the participants to volunteer to fill in the table.
- The facilitator then summarises the outcomes from the table and concludes.

Trainers notes: key information

Some of the things that encourage and discourage communication:

Nutrition, Hygiene and Health Promotion Training: Training for Trainers Guide April 2012
## Positive | Negative
---|---
Smile and nod | Look away/ be distracted
Listen | Be at a different level physically
Lean forward | Interrupting
Ask open ended questions | Put barriers between you
Allow for pauses | 
Have an open posture | 

### FACT SHEET: Listening Techniques²

<table>
<thead>
<tr>
<th>Types of Listening</th>
<th>Purpose</th>
<th>Possible Responses</th>
</tr>
</thead>
</table>
| Clarifying | • To get at additional facts  
• To help the person explore all sides of a problem | ‘Can you clarify this?’  
‘Do you mean this?’  
‘Is this the problem as you see it now?’ |
| Restatement | • To check out meaning and interpretation with the other  
• To show you are listening and have understood what the other has said | ‘As I understand it your plan is…’  
‘Is this what you have decided to do….and the reasons are…’ |
| Neutral | • To convey that you are listening and interested  
• To encourage the person to continue talking | ‘I see’  
‘I understand’  
‘That is a good point’ |
| Reflective | • To show that you understand how the other feels about what s(h)e is saying  
• To help the other person to evaluate and temper his or her own feelings as expressed by someone else | ‘You feel that….’  
‘It was shocking as you saw it’  
‘You felt that you didn’t get a fair hearing’ |
| Summarising | • To bring all the discussion into focus in terms of a summary  
• To serve as a springboard to discussion of new aspects of the problem | ‘These are the key ideas you have expressed…’  
‘If I understand how you feel about the situation…..’ |
| Observations | Listening needs to be accompanied by observation  
• To observe the participants reactions and expressions ie. Bored! | ‘Hmm!’ |

### Do’s and Don’ts of Listening

<table>
<thead>
<tr>
<th>Do</th>
<th>Don’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Show Interest</td>
<td>Argue</td>
</tr>
<tr>
<td>Be understanding</td>
<td>Interrupt</td>
</tr>
<tr>
<td>Express empathy</td>
<td>Pass judgement too quickly or in advance</td>
</tr>
<tr>
<td>Listen for causes of the problem</td>
<td>Give advice unless it is requested</td>
</tr>
</tbody>
</table>


*Nutrition, Hygiene and Health Promotion Training: Training for Trainers Guide* April 2012
Help the speaker associate the problem with the cause |
Jump to conclusions

Encourage the speaker to develop competence and motivation to solve the problem | Let the speaker’s emotions react too directly on your own

Cultivate the ability to be silent where necessary | Feel you always have to say something

---

Learning objectives 2: Application of the principles of effective communication.
Methodology: team conversation and Role Play.

Instructions for the Activity: Role play 1: takes maximum 7 minutes
- The facilitator asks the participants, to count 1 and 2
- All the participants who counted 1- are requested to go out of the training venue while the 2s remain.
- While outside, the facilitator explains to the 1s, that they are to discuss an interesting topic with their partner 2s. The topic of choice could be on the weather conditions, security issues or other interesting issue of their choice.
- For the 2s left inside, the facilitator informs them that when the 1s arrive, the idea is to show distraction, to be talking to each other loudly or even reading from notes that have taken. But after about 2 minutes, the facilitator will clap twice, and from this time on, the 2s must begin to listen and have good conversations with the 1s.
- The facilitator then goes back outside and asks the 1s to go back into the training venue and to match with their 2s and begin to initiate the discussion.
- Facilitator then asks the participants to analyse this exercise.

Instructions for the Activity: Role play 5 minutes
- Number of participants: 3 persons per group.
- Facilitator shares out the checklist on interpersonal communication skills that the participants may use to evaluate the role play and the visual aids (IEC tools).
- Within each group, ask that one volunteer plays the role of nutrition, hygiene and health promoter, another is the caretaker mother and the 3rd person is the observer.
- Role play scenario:
  - The task of the role play is to explain simple procedures of water treatment to the caretakers.
  - The aim is to build the caretakers current level of knowledge and to use the visual aids: IEC pictorials
  - The caretaker may ask questions from the health promoter at any time.
  - After the role play is complete, the observer and the caretaker will have 2 minutes to give feedback to the health promoter (within the group), including what was done well and what could be improved.
  - Each of the observers within each of the groups then presents their observations to the entire team.
- Facilitator thanks the groups and opens the floor for discussion on some of the interpersonal communication skills that were applied.
- Summarise and discuss

Trainers Notes: Key information
Check list: Interpersonal Communication Checklist³

³ Source: The Hygiene Improvement Project
Nutrition, Hygiene and Health Promotion Training: Training for Trainers Guide  April 2012
Methods of communicating with different age groups:

<table>
<thead>
<tr>
<th>Different Learning Styles and Activities</th>
<th>Children 6 - 10</th>
<th>Youth 11 - 18</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methods of Communicating</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual aids</td>
<td>Discussions</td>
<td>In-depth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poster, Photos...</td>
<td>Visual aids:</td>
<td>Discussions</td>
<td></td>
<td>Visual aids:</td>
</tr>
<tr>
<td>Experiential:</td>
<td>Poster, Photos,</td>
<td></td>
<td></td>
<td>Poster, Photos,</td>
</tr>
<tr>
<td>games, Drawings, Drama, Role plays</td>
<td>maps</td>
<td></td>
<td></td>
<td>maps</td>
</tr>
<tr>
<td>Stories</td>
<td>Experimental:</td>
<td>Stories</td>
<td></td>
<td>Stories</td>
</tr>
<tr>
<td></td>
<td>games, drawings, Drama, Role plays, Stories</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Recap of key learning points on effective communication.

- Be respectful
- Look, listen, then talk
- Do not be judgemental or condescending
- Many people may be in shock or grieving and may not want to engage with the activities proposed. Nutrition and health promoters must show sensitivity and empathy when communicating with the population and look for support if they themselves are feeling overwhelmed.
- Listening is a key communication skill and public health promoters must always be thinking how they can ‘listen’ better
- Observation is important to give us information about peoples behaviour.
- Developing good communication skills cannot be learned in one 60 minute session and this issue should be addressed in subsequent meetings and trainings
Session 1.6 Participatory Methodologies: great for use with community based approach

Aims of this session are
To introduce the participants to participatory methods and how to use them.

Definition of participatory methodologies: this is a family of approaches, tools and attitudes and behaviours used to enable and empower people to present, share, analyse and enhance their knowledge on life issues.

Participatory tools seek the unheard voice. This is often a good way to get the opinions of the unheard voice, the hard to reach or hidden individuals or groups of care givers with given vulnerabilities.

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methodologies</th>
<th>Training Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss why participatory methods are appropriate tools for use in Nutrition, Hygiene and Health Promotion and compare this with a poorly conducted promotion session.</td>
<td>Interactive presentations, question and answer, role play</td>
<td>Chair, IEC tools depending on facilitators training topic.</td>
</tr>
<tr>
<td>Facilitate a variety of participatory methods including mapping exercises, time analysis tools, linkages and relationship tools, experiential tools etc</td>
<td>Group exercises</td>
<td>Sorting Cards detailing how to undertake chosen PLA activities</td>
</tr>
<tr>
<td>Linking different topics on Nutrition, Hygiene and Health Promotion with possible PLA tools we can adopt.</td>
<td>Brain storming</td>
<td></td>
</tr>
</tbody>
</table>

Time frame: 75 minutes.

Resources/Handouts (prior preparation):

- Picture sets for each activity
- Sorting cards with procedures for different PLA tools.

**Learning objectives 1:** Discuss why participatory methods are appropriate tools for use in Nutrition, Hygiene and Health Promotion.

**Methodology:** Interactive presentations, questions and answer and role play.

**Instructions for the Activity:** time for activity- 15 minutes
- Facilitator introduces the session by asking the participants to explain their understanding of participatory activities.
- Through question and answer, facilitator then asks how adults learn and remember best.
  - How adults learn and remember best:
    - 20% remember what they hear
    - 40% remember what they see and hear
    - 80% remember what they hear, see and do
- These findings justify the need to use participatory methodologies when implementing the Nutrition, Hygiene and Health Promotion activities.
- Facilitator then conducts a role play of a poorly conducted nutrition, hygiene and a health promotion session. Ask participants to look closely at the facilitation style and think about what they do well and what you would do differently.
- Discuss and summarise the findings.
The principles of participatory methodologies:
- participatory methods are those that value local knowledge,
- involves actively working with people and valuing their experiences
- empowerment
- group analysis
- planning
- use of visual aids
- actively seeking the unheard voice
- Encouraging use of right attitudes.

Other factors that need to come out about participatory activities:
- Allows for more interaction and discussion
- More fun than learning facts or being lectured at
- Group more likely to keep to task
- Less likely to get bored
- Can make the discussion specific to situation
- Use of pictures helps people to visualise the problem and analyse it better

Qualities of good participatory learning facilitators:
- **Active listening:**
  This means more than just listening. It means helping people feel that they are being heard and being understood. Active listening encourages the participation of people and a more open communication of experiences, thoughts and feelings. In active listening, the person listening:
  a) uses body language to show interest and understanding; in most cultures this will include nodding the head and turning the body to face the person speaking.
  b) uses facial expression to show interest and reflect on what is being said; this may include looking directly at the person speaking, although in some cultures such direct eye contact may not be appropriate until some trust has been established.
  c) Listens to how things are said by paying attention to a speaker’s body language and tone of voice.
  d) Asks questions to show a desire to understand.
  e) Summarizes and rephrases the discussions to check on an understanding.

- **Effective questioning skills:**
  Effective questioning increases people’s participation in group discussions and encourages their involvement in problem-solving. In effective questioning, the person asking questions:
  a) Asks open-ended questions – for example using the six key ‘helper’ questions (Why? What? When? Where? Who and How?)
  b) Asks probing questions by following up people’s answers with further questions that look deeper into the issue; continually asking, ‘But why…?’
  c) Asks clarifying questions to ensure they have understood, which can be done by rewording a previous question
  d) Asks questions about personal points of view by asking how people feel and not just about what they know.

- Has knowledge on public health issues.
- Trusts people
- Builds trust
- Sits at the same level with the participants
- Involves everybody in the participatory exercises.
### Learning objectives 2:
Facilitate a variety of participatory methodologies.

**Methodology:** interactive presentation and discussions in buzz groups.

**Materials:** sorting cards on various listed participatory tools

### Instructions for the Activity:
- Facilitator splits the participants into 4 groups
- Facilitator shares out the sorting cards detailing the different participatory tools with the participants.
- Each buzz group identifies the participatory tool that they are going to practice.
- Groups are given 5 minutes to come up with meaningful participatory activity.
- Buzz group presentations (each group has 4 minutes to make presentation).
- Discuss and summarise.

### Guidance cards for Activities utilising Participatory Methodologies.

Some participatory learning tools we may consider to use during the training sessions with the OTP beneficiaries:

<table>
<thead>
<tr>
<th>Type of Tools</th>
<th>Detailing of the tools procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Body Mapping</strong></td>
<td>Body mapping is the representation of the picture of a human body on a flip chart paper, to show different parts of the body and different analyses. For example: areas of the body of the child that benefits from breastfeeding, effects of immunisation on the body, areas where signs and symptoms of disease such as malnutrition are seen on Childs body etc</td>
</tr>
<tr>
<td><strong>Community mapping</strong></td>
<td>Community mapping are maps showing important places/facilities within the community that are beneficial to the participants. This offers a none threatening way to begin discussions on sensitive issues. This maps show all areas that participants think are important eg nutritional treatment centers, hospitals, water points, latrines etc. This kind of maps help to bring out discussions on what we want to focus on: Eg discussions on the activities that take place at the nutritional treatment programme and the value of the project/activities to the children’s health.</td>
</tr>
</tbody>
</table>

**Procedure of conducting the body mapping exercise:**
- Ask participants (one of the mothers) to draw an outline of the body of a child on the ground or on a flip chart paper. This could be done by drawing around a child lying on a flip chart paper or around their shadow.
- Agree what to show on the map depending on the focus of discussion eg symptoms of malnutrition, parts of the Childs body that could benefit from exclusive breastfeeding etc
- Discuss the map and clarify misunderstandings and myths of the topic of choice.

With what topics can we use this method:
- Exclusive breastfeeding, benefits of immunisation, signs and symptoms of malnutrition etc

**Procedure of conducting community mapping exercises:**
- The facilitator shares a flip chart paper with the group of mothers
- Asks the participants to illustrate areas/places within the community that are beneficial to the child health. Probe until your topic of interest is brought out eg watering points if your topic of interest is to discuss safe water handling/water treatment and storage etc
- Discuss further – this services, gaps, strengths and ways to improve access to the service etc.

What topics can we use this method:
### Safe water handling, disposal of faecal matter (use of latrines) etc

#### Health Facility Mapping

**Health facility mapping**

This is mapping of all health services available within the community. Health facilities include a range of traditional services eg traditional birth attendants, informal services eg family support as well as formal services such as clinics etc. The aims of the health facility mapping are to:

- Identify services that exist within the community.
- Find out what beneficiaries know about different health services eg illnesses they treat
- Explore why mothers don’t access health facilities for some health conditions eg in case of malnutrition etc
- Understand what treatment services communities consider effective and for what health conditions.
- Discuss and summarise.

**Procedure for conducting health facility mapping**

- Explain the purpose of the tool to the participants
- Ask participants to draw the health facilities available, their locations ensuring that all traditional, formal and informal health facilities are considered
- Probe until the nature of health facility/service you are seeking for is identified
- Let this form the basis for discussion.
- Ask what is good, bad and effective for the health facility in question.

#### Household mapping

This is a mapping tool of the household that explores areas/places in the home where family members can put in measures to prevent various childhood diseases.

**Procedure for conducting household mapping**

- Explain the purpose of the household mapping with the participants
- Ask the participants to draw a model of a typical home in the community
- Let the participants show areas where various diseases are transmitted/contracted
- Let the participants then identify means, In which some of this diseases can be prevented
- Discuss strategies for preventing such disease.

**Topics with which we can use this tool:**

- Malaria prevention - how malaria is transmitted in the household/prevention: use of mosquito nets
- Diarrhoea prevention - poor faecal disposal methods within the home, prevention through construction of latrines, their usage and hand washing

#### Life line tool

This is a tool that shows events and experiences in the lives of people, which are important to them.

**Procedure for conducting lifeline tools**

- Explain the tools and the purpose to the mothers
- Agree whose life line to show: for example the life of a healthy 5 year old
- Show important events or experiences along the life line of this child such as immunization, initiation of the child to the breast within 30 minutes after birth, exclusive breastfeeding, appropriate complementary feeding etc.
- Discuss and identify reasons why such important events are not taking place within the children life.
- Use this response to build on the important on appropriate practices among the gaps
<table>
<thead>
<tr>
<th>Topics with which we can use this tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Exclusive breastfeeding, important of immunization, appropriate complementary feeding etc.</td>
</tr>
</tbody>
</table>

### Seasonal health and disease calendars

Seasonal health and disease calendars, show seasonal patterns of health and illness. This diagram shows when different illnesses are most common.

**Procedure for conducting seasonal health calendars:**
- Draw a horizontal line and mark seasonal landmarks that are used locally.
- Identify changes in environment that are likely to happen due to the seasonal variations.
- Let this variations help identify disease that are most prevalent during this season.
- Using these variations, identify preventive measures that will need to be put in place to prevent the foreseen upcoming health conditions.
- Also discuss what people do when they become ill.
- Discuss and summarise

**Topics with which we can use this tool.**
- Malaria prevention
- Prevention of respiratory infections
- Acute watery diarrhoea prevention etc.

### Road Blocks

Participants here identify the barriers (road blocks) to issues and identify the solutions to the most important barriers.

**Procedure for conducting road blocks**
- Select a subject in relation to child health: which might present barriers. For example, ability to sustain exclusive breastfeeding for 6 completed months.
- Ask participants to identify the different barriers to that subject.
- Ask participants to then work on solutions to those barriers
- Discuss and summarise

**Topics with which we can use this tool**
- Barriers to exclusive breastfeeding
- Barriers to appropriate complementary feeding etc

### Stories that elicit discussions (Agony Aunt stories)

This tool involves participants looking at a letter from a person, discussing the problems that the letter describes and identifying how to help with the problems identified.

**Procedure for conducting the stories that elicit discussions**
- Explain the purpose of the tool to the participants
- Before the activity, prepare the following
  - A problem letter from a typical caregiver, for example it might be from a young mother, whose is struggling to maintain exclusive breastfeeding (be creative on the mothers feelings here)
  - List four to six questions to help the participants to discuss the letter and compose a joint respond to the mother in need.
  - Examples of questions might include: what is the problem that the person is experiencing, what type of emotions is the person feeling and why? what options and possible solutions are there for the mother?
- When the activity is complete, encourage the participants to discuss what the activity has shown? For example, do other community members have similar problems?
- Ways we can solve this problems

**Topics with which we can use this tool**
Childhood diseases: Malnutrition, diarrhoea, fever, child spacing etc
Day 2

Session 2.1 Revision of Day 1

Aims of this session: Provide an overview of day 1 and an assessment of participants’ knowledge level and understanding
Duration for the session: 30 minutes

By the end of the session participants will be able to:
List some of the key learning points from the previous day

Welcome participants back for day 2 of the Nutrition, Hygiene and Health Promoter TOT course.

Explain the purpose of the session and the importance of reviewing information and learning. The more that the participants practise new skills and review the knowledge they have gained, the easier it will become when working with other community members.

Let one of the participants lead the team doing a recap of the previous day: including what went well and what could be improved during the remaining days of the training.

Session 2.2 The Nutrition and the Conceptual framework of malnutrition

The participants should be able to understand that malnutrition is a serious disease and can become more complicated/severe if appropriate care is not given to the malnourished child on time.

Time frame: 45 minutes

Objectives
At the end of the session the participants should be able to understand the following objectives:

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methodologies</th>
<th>Training Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>The conceptual frame work of malnutrition</td>
<td>Buzz group discussions: question and answers</td>
<td>IEC pictorials</td>
</tr>
<tr>
<td>Nutrition and different food sources and functions</td>
<td>Buzz group activities and brainstorming.</td>
<td>Food samples and Pictorials of foods</td>
</tr>
<tr>
<td>Signs of malnutrition, Identification of malnourished children and action to take when malnutrition arises.</td>
<td>Group discussions, presentations/demonstrations</td>
<td>MUAC tapes, body mapping guidance cards.</td>
</tr>
</tbody>
</table>

Materials:
- Flip chart papers, stand, felt pen makers and masking tape.
- IEC pictorials of a well-nourished family, mother giving complementary food to child, breastfeeding mother surrounded by the family, couple taking their child to the health facility and picture of appropriate water and sanitation issues.
- Sticky pads, in three different colour
- Print outs on the signs of malnutrition.

**Learning objectives 1:** Definition of nutrition and the conceptual framework of malnutrition.

**Methodology:** Interactive presentation and Buzz groups

**Materials** : IEC pictorials of a healthy nourished child, mother giving child complementary food, breastfeeding mother surrounded by family, couple taking child to health facility and picture of appropriate water and sanitation practices.

**Instructions for the Activities:**

a) Activity 1: defining adequate nutrition.
   - Facilitator sticks an illustration of a healthy, well-nourished child in the middle of the front wall of the learning room.
   - Asks volunteers to identify those factors that would result to such a healthy child within the community and lists them down on a flip chart paper.
   - Facilitator asks volunteers to pick out the IEC pictorials that match with the identified factors above and sticks them below the child.
   - Facilitator then draws arrows from the IEC pictorials to the healthy well-nourished child.
   - Discusses and summarises.

b) Activity 2: The conceptual framework of malnutrition
   - Facilitator introduces the conceptual frame work of malnutrition. Essence is to look at factors that lead to malnutrition and how they are interrelated.
   - Participants are divided into 3 groups.
   - Each group is given a task: and should write each factor on a separate sticky note.
     i) To identify the basic factors that result to malnutrition
     ii) To identify underlying factors within the community that lead to malnutrition
     iii) To identify the immediate factors within the community that lead to malnutrition
   - Findings are then stuck on the wall, and through question and answer, a volunteer works with the team to come up with the conceptual frame work of malnutrition.
   - Facilitator recognises all the inputs, corrects errors and or fills in gaps.
   - Discuss and summarise.

**Trainers Notes: key Information**

**What is nutrition?**
Nutrition is the study of food nutrients and the process by which food is taken into the body and used to: produce **energy**, **build** the body, **protect** body from disease and help **chemical processes** take place in the body. It also includes how people obtain their food and everything that influence it.

In relation to food scarcity and famine, nutrition is concerned with the processes leading to hunger and malnutrition as well as the state of being malnourished itself.

**What’s malnutrition**

- According to UNICEF, malnutrition is a broad term commonly used as an alternative to under nutrition but technically, it also refers to over nutrition. People get malnourished if their diet does not provide adequate calories, proteins and other micro nutrients for proper growth and maintenance or they are unable to fully utilize the food
they eat due to illness (under nutrition). They are also malnourished if they consume too many calories (over nutrition) which results into obesity.

- Under nutrition is caused primarily by an inadequate dietary intake, resulting into deficiency of required/essential nutrients. This results into stunting, wasting, micro nutrient deficiencies etc. Different forms of under nutrition may co-exist within the same individual.
- In times of food scarcity and famine, there tends to be growth failure in children usually as a result of protein energy malnutrition [PEM], as well as effects of specific micronutrient (vitamins and minerals) deficiency diseases. Other physical functions that may be affected include resistance to disease, the ability to work, pregnancy and lactation. Malnutrition refers to a syndrome that results from the interaction between poor diet and disease and leads to anthropometric deficits.
- In most developing countries and for the context of this training, we are particularly concerned with nutritional inadequacy and a syndrome called Acute Malnutrition.

Ways of ensuring good nutrition in a household

- If possible, provide enough food for all the family members throughout the year.
- Ensuring optimal young child feeding practices, including exclusive breastfeeding for 6 months and well onto 2 years with appropriate complementary feeding.
- Allow for enough time to prepare, cook and serve food.
- Make meal times pleasant occasions when the family can enjoy each other’s company.
- Allocation of enough time to care for children properly and enough time to feed them well.
- Provision of a safe supply of water and at least a latrine.
- Some knowledge on general child care and appropriate feeding practices.
- Ensure all the family members have access to basic health care including immunization, diarrhoea treatment and monitoring of children’s growth using the growth chart monitoring tools which help to detect early signs of malnutrition and stunting.

The conceptual frame work of malnutrition: Causes of malnutrition

UNICEF Integrated Framework of Malnutrition: showing the Immediate, Underlying and Basic Causes of Mortality and Malnutrition

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Learning objectives 2: Nutrition, different foods sources and functions.

Methodology: Buzz group activities, question and answers

Materials: Different types of foods locally available.

Instructions for the Activities:

Activity 1: Different food sources:
- Introduce the session
- Divide participants into 3 groups
- Give each of the groups the following tasks
  - **Group 1:** Identify locally available plants/plant products that are eaten as food. Also indicate the nutritive value in each of this foods.
  - **Group 2:** Identify locally available animal parts/products that are eaten as food. Indicate the
Trainers Notes: Key information:

FOOD SOURCES AND FUNCTIONS

Food is anything eaten or drunk to supply the body with nutrients. These nutrients make our bodies strong and grow well. However the amount and type of nutrients available in the food depends on: the type of food, the method of cooking, and the processing methods. The type of food consumed depends on its origin. Foods could be obtained from plants (shrubs, cultivated crops and trees), from animals (cows, camel, goats, sheep, chicken and fish) and from insects (ants, grass hopper, and termites).

Plants provide foods, such as, vegetable, cereals, legumes, fruits and roots. Different parts of plants and animals store different types and amounts of nutrients.

Eaten parts/products of a plant

- **Fruits** (vitamins, minerals and water)
- **Grains** (starch, oil, vitamin, minerals)
- **Leaves** (vitamins, water, minerals)
- **Stems** (vitamins, fiber, carbohydrates, minerals)
- **Roots** (carbohydrates, vitamin)
- **Legumes and nuts** (proteins, carbohydrates, fat)
Eaten parts of an animal/bird/fish

**Meat** (beef, poultry, Fish) protein, vitamins, fat, and minerals

**Eggs** (protein, vitamin, fat)

**Fat/oil** (Fat, fat soluble vitamins)

**Milk** (camel, cow and goat) protein, vitamin, mineral, fat, water

**Offal** (liver, kidneys, intestines) fat, minerals

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

**Body building foods**
These are foods that are rich in protein and sometimes referred to as body building foods, examples are meat, beans, fish, chicken, milk, and eggs. These foods are responsible for building and repairing our bodies. Building of the body is done in a similar manner in which bricks are used to build houses.

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

**Protective foods**
The nutrients that protect the body against infections and fight diseases are called vitamins and minerals. Examples of foods sources include green vegetables and fruits.

**Fluid giving foods**
Many foods are good sources of fluids, for example vegetables and fruits contain large quantities of water. The body requires water to transport nutrients to its various parts. Water is useful in making blood, saliva, tears, it’s also useful for enabling body processes to take place such as digestion. It is needed to keep the mouth and lungs moist, and to keep the skin moist and cool. It is also required in production of breast milk, which is an equate source of water for children below six months.

The table below shows the different sources of nutrients available in a nutritious meal

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Function</th>
<th>Source Food group</th>
<th>Local source Food items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbohydrates</td>
<td>Provide energy</td>
<td>-Cereal grains</td>
<td>-Maize, Sorghum, Millet, Wheat, Rice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Tubers &amp; roots</td>
<td>-Potatoes, yams, sweet potatoes, Arrowroots</td>
</tr>
</tbody>
</table>
### Proteins
- Build and repair body
- Legumes and oilseeds
- Animal products
- Beans, lentils, green grams, peas
- Groundnuts, soya, simsim
- Meat, milk, fish, chicken, eggs

### Vitamins and minerals
- Regulate & protect body
- Vegetables
- Fruits
- Cabbage, carrots, kales, spinach, kunde, sukuma wiki
- Oranges, guavas, mangoes, pawpaws

**Learning objectives 3:** signs of malnutrition, identification of malnourished children and action to take when children are malnourished.

**Methodology:** Buzz groups, PLA methodology-body mapping, MUAC and Oedema demonstrations, question and answer.

**Materials:** Print outs on signs of malnutrition, MUAC tapes, IEC pictorials on Oedema demonstration.

**Instructions for the Activities:**

a) **Activity 1:** Signs of malnutrition.
   - Participants get into groups of 4
   - They sketch picture of a child of a flip chart paper
   - Identification of signs of malnutrition by illustrating, parts of body that will show malnutrition
   - Each buzz group presents its findings
   - Facilitate distributes the print outs on the signs of malnutrition.
   - Discuss and summarise.

b) **Activity 2:** Identification of malnourished children.
   - Participants get into groups of 2
   - They practice taking MUAC measurements on each other
   - Also practice assessing for oedema on each other
   - Volunteer group demonstrates to the rest of the class how to correctly assess for oedema and do the MUAC measurements.
   - Facilitator appraises and updates any incorrect procedures.
   - Discuss and summarise.

c) **Action to take when child is malnourished**
   - Ask participants the actions that caregivers should take when their children are malnourished.
   - Facilitator fills in gaps from the key information
   - Discuss and summarise.

**Trainers Notes: Key Information:**

Signs of malnutrition and how to identify a malnourished child

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Means to identify malnutrition within the community: Nutritional Mobilisation
- Middle Upper Arm Circumference Measurements: done using band around the mid point of the left arm of the patient
- Bilateral Oedema: bilateral pitting oedema, kwashiorkor and marasmic kwashiorkor.
- Severe Wasting: the clinical signs of severe acute malnutrition as indicated in the pictorials above and its complications.

The groups that are more likely to be affected by malnutrition are young children, pregnant and lactating women, old and sick people.

Session 2.3 Infant and Young child feeding Practices

The participants should be able to understand that feeding of infants and young children is an important contributor to the health and wellbeing of the child, all the way to adult hood.

Objectives
At the end of the session the participants should be able to understand the following objectives:

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methodologies</th>
<th>Training Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits of breastfeeding (including exclusive breastfeeding), to the child, the mother, the family and community.</td>
<td>Group work and rotation of flip charts</td>
<td>Print outs on benefits of breastfeeding and dangers of artificial feeding.</td>
</tr>
<tr>
<td>Participants demonstrate good positioning and explain proper attachment of the child to the breast</td>
<td>Buzz groups using letters that elicit discussions</td>
<td>Draft letter. 4 Dolls IYCF pictorials on good attachment and positioning.</td>
</tr>
<tr>
<td>Hand expression of breast milk and storage of breast milk and cup feeding</td>
<td>Demonstrations and analysis of IYCF pictorials</td>
<td>Breast model IYCF pictorials on hand expressing breast milk.</td>
</tr>
<tr>
<td>Common breast feeding difficulties</td>
<td>Questions and answers and demonstrations using pictorials</td>
<td>IYCF pictorials on common breastfeeding problems</td>
</tr>
<tr>
<td>Complementary feeding of the 7-24 month old baby</td>
<td>Buzz groups</td>
<td>IYCF pictorials</td>
</tr>
</tbody>
</table>

**Materials:**
- Flip chart papers and stands, masking tapes and felt pen makers.
- 4 Small cups.
- IEC pictorials on locally available foods.
- Print outs on food density for children.

**Prior preparation**
- Draft sample letter of mother experiencing breastfeeding difficulties due to cracked sore nipples.
- Making of breast model from socks
- Making of the 4 dolls.

**Duration:**
135 minutes

**Learning objectives 1:** Benefits of breastfeeding (including exclusive breastfeeding) to the child, the mother, the family and the community.

**Methodology:** Question and Answer, Buzz groups and flip chart rotation.

**Instructions for the Activities:**
- Through question and answer, define exclusive breastfeeding and recommended duration for breastfeeding with complementary feeding.
- Divide the participants into 4 groups: 4 flip charts are set up throughout the room with the following titles:
  - Importance of breastfeeding for the infant
  - Importance of breastfeeding for the mother
  - Importance of breastfeeding for the family
  - Importance of breastfeeding for the community and nation.
- Each group has 3 minutes at each flip chart to write as many points as they can think of (without repeating those already listed), then the group rotates to the next flip chart and repeats the exercise.
- Discuss and summarise in large group from the trainers notes (key information)
Trainers Notes: Key Information:
Note: the younger the infant is, the greater the risk.

<table>
<thead>
<tr>
<th>Importance of breastfeeding for the infant and young child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breast milk:</strong></td>
</tr>
<tr>
<td>- Saves infants' lives.</td>
</tr>
<tr>
<td>- Human breast milk perfectly meets the needs of human infants</td>
</tr>
<tr>
<td>- Is a whole food for the infant, and covers all babies’ needs for the first 6 months.</td>
</tr>
<tr>
<td>- Promotes adequate growth and development, thus helping to prevent stunting.</td>
</tr>
<tr>
<td>- Is always clean.</td>
</tr>
<tr>
<td>- Contains antibodies that protect against diseases, especially against diarrhoea and respiratory infections.</td>
</tr>
<tr>
<td>- Is always ready and at the right temperature.</td>
</tr>
<tr>
<td>- Is easy to digest. Nutrients are well absorbed.</td>
</tr>
<tr>
<td>- Contains enough water for the baby’s needs.</td>
</tr>
<tr>
<td>- Helps jaw and teeth development; suckling develops facial and jaw structure.</td>
</tr>
<tr>
<td>- Frequent skin-to-skin contact between mother and infant leads to bonding, better psychomotor, affective and social development of the infant.</td>
</tr>
<tr>
<td>- The infant benefits from the colostrum, which protects him/her from diseases (Colostrum is the yellow or golden [first] milk the baby receives in his or her first few days of life. It has high concentrations of nutrients and protects against illness. Colostrum is small in quantity. The colostrum acts as a laxative, cleaning the infant's stomach).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Importance of breastfeeding for the mother.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Breastfeeding is more than 98% effective as a contraceptive method during the first 6 months if the mother is exclusively breastfeeding, day and night and if her menses/periods has not returned.</td>
</tr>
<tr>
<td>- Putting the baby to the breast immediately after birth facilitates the expulsion of placenta because the baby’s suckling stimulates uterine contractions.</td>
</tr>
<tr>
<td>- Breastfeeding reduces the risk of bleeding after delivery.</td>
</tr>
<tr>
<td>- When the baby is immediately breastfed after birth, breast milk production is stimulated.</td>
</tr>
<tr>
<td>- Immediate and frequent suckling prevents breast engorgement.</td>
</tr>
<tr>
<td>- Breastfeeding reduces the mother’s workload (no time is involved in going to buy the formula, boiling water, gathering fuel, or preparing formula).</td>
</tr>
<tr>
<td>- Breast milk is available at anytime and anywhere, is always clean, nutritious and at the right temperature.</td>
</tr>
<tr>
<td>- Breastfeeding is economical: formula costs a lot of money, and the non-breastfed baby or mixed-fed baby is sick much more often, which increases costs for health care.</td>
</tr>
<tr>
<td>- Breastfeeding stimulates a close bond between mother and baby.</td>
</tr>
<tr>
<td>- Breastfeeding reduces risks of breast and ovarian cancer.</td>
</tr>
</tbody>
</table>
Importance of breastfeeding for the community or nation

- Healthy babies make a healthy nation.
- Savings are made in health care delivery because the number of childhood illnesses are reduced, leading to decreased expenses.
- Improves child survival because breastfeeding reduces child morbidity and mortality.
- Protects the environment (trees are not used for firewood to boil water, milk and utensils, and there is no waste from tins and cartons of breast milk substitutes). Breast milk is a natural renewable resource.

Risks of Artificial feeding (Artificially fed- babies)

**Note: the younger the infant is, the greater these risks are:**

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

Risks of mixed feeding (mixed fed babies in the first 6 months of life)

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

**Learning objectives 2:** Participants demonstrate good positioning and explain proper attachment of the child to the breast.
**Methodology:** Buzz groups, letters that elicit discussions, demonstrations on good attachment and analysis of IYCF pictorials on positioning and attachment.

Learning materials: pictorials of the common breastfeeding problems

**Instructions for the Activity:** participants demonstrate good positioning and proper attachment of the child to the breast.

- Divide the participants into 4 groups. Tasks of the groups is to reply to an agony letter written by a mother who is facing challenges in breastfeeding.
- Sample agony letter of mother facing challenges in sustaining exclusive breastfeeding.

*Dear Nutrition, Hygiene and Health Promoter:*

*Am a 16 year old mother. My problem is this: I Just gave birth to my first born son, who I have been exclusively breastfeeding. He is only 3 weeks old. Breastfeeding is extremely painful. I just had a look at my right breast this morning, the nipple has a big cut. If I have to continue breastfeeding, it is going to cut off. Please help.*

**Questions:**

a) Do you think a lot of mothers go through this situation within the community?

b) Do you think that if she continues breastfeeding from this breast, her nipple will cut off?

c) What advise would you give to prevent this condition?

d) How does she continue to exclusively breastfeed her child?

e) How can this condition be treated?

- The group identifies the possible solutions to the challenges that the mother is facing, bringing out the benefits of good attachment and positioning.
- Through discussions, help the groups to also identify the common breastfeeding problems.
- Volunteers, possibly mothers demonstrates good positioning using a doll.
- Through question and answer, participants identify characteristics of good attachment using the IYCF pictorials.
- Facilitator discusses and summarise, making use of the IYCF pictorials.

**Trainers Notes: Key Information**

**Correct attachment of the child to the breast**

The four signs of good attachment are as follows:

1. The baby should be close to the breast, (tucked right in to mother so that baby’s nose is lifted clear of breast) with a **wide open mouth**, so that he or she can take in plenty of the areola and not just the nipple.

2. The **chin should touch the breast** (this helps to ensure that the baby’s tongue is under the areola so that he or she can press out the milk from below).

3. You should see **more areola above the baby’s mouth than below**; and

4. You may be able to see that the **baby’s lower lip is turned outwards** (but it may be difficult to see if the chin is close to the breast – do not move the breast away to see as this will pull the breast from the baby).

**How a mother should help a baby attach to the breast**

- touch the baby’s lip with her nipple
- wait until the baby’s mouth is wide open
- Move her baby quickly into the breast, aiming his lower lip below the nipple.

**Other Pointers that baby is correctly attached to the breast:**

- Baby has taken much of the areola and the underlying tissues into the mouth.

- Baby has stretched the breast tissue out to form a long “teat”

- The nipple forms only about one third of the teat
- The baby is suckling from the breast, not the nipple
- The position of the baby’s tongue: forward, over the lower gums and beneath the areola. The tongue is in fact cupped around the “teat” of breast tissue.
- A wave goes along the baby’s tongue from the front to the back. The wave presses the ‘teat’ of breast tissue against the baby’s hard palate. This presses milk out of the milk ducts into the baby's mouth to be swallowed - Suckling Action.

**Good and poor attachment**

**What differences do you see?**

![Attachment (outside appearance)](image)

**Attachment (outside appearance)**

**What differences do you see?**

1st child in both pictures Indicates good attachment of the baby to the breast.

**Factors that indicate good Positioning of the baby to the breast**
- baby’s head and body are in line
- baby is held close to the mothers body
- baby whole body is supported
- baby approaches breast, nose to nipple (thus mother does not bend towards the baby but baby approaches breast)

**Learning objectives 3**: Hand expression of breast milk, storage of breast milk, and cup feeding.

**Methodology**: Demonstrations, Buzz groups

<table>
<thead>
<tr>
<th>Instructions for the Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) <strong>Activity 1: hand expression of breast milk</strong></td>
</tr>
<tr>
<td>- Facilitator asks participants to list reasons why mother might need to express her breast milk and list on a flip chart paper</td>
</tr>
<tr>
<td>- Facilitator demonstrates milk expression technique using a breast model</td>
</tr>
<tr>
<td>- Participants get into 4 groups and using the breast model, they practice how to express breast milk.</td>
</tr>
<tr>
<td>b) <strong>Activity 2: demonstration of cup feeding using a doll</strong></td>
</tr>
<tr>
<td>- Participants practice cup feeding using a doll</td>
</tr>
<tr>
<td>c) <strong>Activity 3: storage of breast milk</strong></td>
</tr>
<tr>
<td>- Facilitator then leads a question and answer session on storage of the expressed breast milk.</td>
</tr>
<tr>
<td>- Discuss and summarise.</td>
</tr>
</tbody>
</table>

**Trainers Notes: Key Information**

**Reasons why a breast feeding mother would need to express her breast milk.**
- Baby is too weak or small to suckle effectively
- Baby is taking longer than usual to learn to suckle, for example if the mother has inverted nipples,
- Feeding of a low birth weight baby who has difficulty breastfeeding.
- Feeding of a sick baby
- To keep the milk supply when the mother or baby is ill.
- To relieve engorgement or blocked duct
- Mother has to be away from her baby for some hours.

**How to hand express breast milk.**
- Mother should wash her hands with soap and running water.
- Then clean and boil the container she will use to collect the breast milk.
- Get comfortable.
- It is sometimes helpful to gently stroke the breasts. A warm cloth may help stimulate the flow of milk.
- Put your 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.
- With your thumb and first 2 fingers press a little bit in towards chest wall and then press gently towards the dark area (areola).
- Milk may start to flow in drops, or sometimes in fine streams. Collect the milk in the clean container.
- Avoid rubbing the skin, which can cause bruising, or squeezing the nipple, which stops the flow of milk.
- Rotate the thumb and finger positions and press/compress and release all around the areola.
- Express one breast for at least 3 to 5 minutes until the flow slows, then express the other breast, then repeat both sides again (20 to 30 minutes total).
Storage of breast milk

- Store breast milk in a clean, covered container. Milk can be stored 6 to 8 hours in a cool place.
- Possibly store breast milk in quantities to be used in one feeding portions.
- Breast milk cups should be washed in soap and water and rinsed properly in clean water and then boiled to ensure they are as hygienic as possible
- In case one has a refrigerator, breast milk can be stored for up to 72 hours in the back of the refrigerator.

How to feed baby on expressed breast milk.

- Give baby expressed breast milk from a cup. Bring cup to the baby’s lower lip and allow baby to take small amounts of milk, lapping the milk with his or her tongue.
- Do not pour the milk into baby’s mouth.
- Pour just enough breast milk from the clean covered container into the feeding cup.
- Bottles are unsafe to use because they are difficult to wash and can be potential routes for contamination.

How to make a doll

To make a doll using simple materials, roll paper into a ball for the head. Then fill a small bottle with water for the drunk of the doll or one can use a towel without a bottle. Get a simple piece of material and wrap the doll, using rubber bands to help define the neck, arms and legs. One can dress the doll in typical baby clothes if available, and a cloth or blanket to cover the doll.

Learning objectives 4: common breastfeeding problems.

Methodology: Question and answer, demonstrations using IYCF pictorials

Instructions for the Activities

a) Activity 1: common breastfeeding difficulties.
- Through question and answer methodology, the facilitator asks the participants to identify the common breastfeeding problems.
- Then, using the IYCF pictorials on common breastfeeding problems, the facilitator explains the problems and possible preventive measures as well as collective measures when a mother is faced with this problems.
- Discuss and summarise.

Trainers Note: key Learning Points

<table>
<thead>
<tr>
<th>Problem</th>
<th>Symptoms</th>
<th>Prevention and management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast engorgement</td>
<td>- Occurs on both breasts</td>
<td>- Put the baby skin to skin with mother after birth</td>
</tr>
<tr>
<td></td>
<td>- Causes swelling</td>
<td>- Start breastfeeding within the 1st hour of birth</td>
</tr>
<tr>
<td></td>
<td>- Breast tenderness</td>
<td>- Ensure good attachment of the child to the breast.</td>
</tr>
<tr>
<td></td>
<td>- Warmth on the breast</td>
<td>- Breastfeed frequently on demand.</td>
</tr>
<tr>
<td></td>
<td>- Slight redness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Pain</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Skin may look shiny and tight</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- It often occurs 3rd-5th day after birth</td>
<td></td>
</tr>
<tr>
<td>Sore or cracked nipples</td>
<td>- Breast or nipple pain</td>
<td>- Good attachment</td>
</tr>
</tbody>
</table>

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### Nutrition, Hygiene and Health Promotion Training: Training for Trainers Guide

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#### Plugged ducts and mastitis

<table>
<thead>
<tr>
<th><strong>Plugged ducts</strong></th>
<th><strong>Plugged ducts: symptoms</strong></th>
<th><strong>Mastitis symptoms</strong></th>
<th><strong>Prevention and management</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Presence of a lump</td>
<td>Tenderness</td>
<td>Redness</td>
<td>Ensure good attachment</td>
</tr>
<tr>
<td>Tenderness</td>
<td>Localized</td>
<td>Feels well</td>
<td>Don't stop breastfeeding</td>
</tr>
<tr>
<td>Redness</td>
<td></td>
<td>No fever</td>
<td>Apply warmth (water and hot towel)</td>
</tr>
<tr>
<td>Feels well</td>
<td></td>
<td></td>
<td>For plugged ducts: apply gentle pressure to breasts with flat of hand, rolling fingers towards nipple then express milk or let baby feed every 2-3 hours day and night.</td>
</tr>
<tr>
<td>No fever</td>
<td></td>
<td></td>
<td>Mother should take enough rest</td>
</tr>
</tbody>
</table>

**Mastitis symptoms**
- Hard swelling
- Severe pain
- Redness in one area
- Generally not feeling well
- Fever
- Sometimes a baby refuses to feed as milk tastes more salty

**Prevention and management**
- Ensure good attachment
- Don't stop breastfeeding
- Apply warmth (water and hot towel)
- For plugged ducts: apply gentle pressure to breasts with flat of hand, rolling fingers towards nipple then express milk or let baby feed every 2-3 hours day and night.
- Mother should take enough rest
- Mother should try to drink more fluids
- If there is no improvement in 24 hours, seek medical attention.

---

**Learning objectives 5:** complementary feeding of the 6-24 month old baby.

**Methodology:** Buzz groups, discussions

**Materials:** print outs of food consistency, manila paper cut outs, on them written the complementary food options per age group, flip chart paper pre-prepared on the different complementary feeding options per age group.

**Instructions for the Activities**

a) **Activity 1:** buzz group discussions of the signs that a child is ready to wean and characteristics of complementary feeding

- In groups of 4, participants discuss the following issues:
  - Signs that demonstrate that children are ready to be weaned
  - Dangers of Starting complementary feeding of the baby too late.
  - Characteristics of complementary feeding.

- Each group presents its outcomes
- Facilitator discusses and summarises.

b) **Activity 2:** identification of the appropriate complementary foods for one of the following age groups:

- Get the participants in groups of 2 and let them discuss and develop the complementary feeding chart for the
following age groups:
- At 6 months old
- From 6- 9 months old
- From 9– 12 months old
- From 12- 24 months old

- Ask each group to show and explain the appropriate complementary food to the entire group, discussing age appropriate characteristics of complementary feeding:
  - Frequency
  - Thickness/consistency
  - Amount
  - Variety
  - Active/responsive feeding
  - Hygiene

- Each group presents its outcomes
- Facilitator discusses and summarises, also using the IEC pictorials developed on diversified diet.

**Trainers Notes: Key Information**

**Complementary feeding of the 6- 24 months old baby.**
Ensure that breastfeeding is continued.

**Signs that show baby is ready to consume other foods.**
- Baby shows interest in other people eating and reaching for food
- Likes to put things in their mouth
- Can control their tongue better to move food around their mouth
- Starts to make up and down munching movements with their jaws

**Dangers of introducing weaning foods late to the child.**
- The baby does not receive extra food for energy to meet their growing needs
- The baby grows and develops more slowly
- The baby might not receive the correct nutrients to avoid malnutrition and deficiencies such as anaemia from lack of iron

**Characteristics of complementary feeding:**
Important pointers that one must bear in mind when feeding children:
- Frequency of the foods: this is the number of times a child should be fed in a day
- Amounts of food- quantity of the food
- Texture of the food- thickness and consistency of the foods
- Variety of the foods- diversified diet. These are foods that fill the child’s energy, iron and other micro nutrient gaps for the growing child.
- Active feeding: refers to responsive feeding of children. Children should never be beaten or forced to eat. Care giver should offer child food in its own plate so as to know how much child has eaten.
- Hygiene: cleanliness in the handling of the food and food items.

**Some locally available foods that would meet the nutritional needs of the child**

<table>
<thead>
<tr>
<th>Food groups</th>
<th>Possible Types of foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staples</td>
<td>Maize, wheat, rice, sorghum, roots, tubers, cassava and potatoes</td>
</tr>
<tr>
<td>Fruits and vegetables</td>
<td>Mango, papaya, passion fruit, oranges, dark green leafy vegetables, yellow sweet potatoes, bananas, pine apples, egg plant, cabbages etc</td>
</tr>
<tr>
<td>Animal source foods</td>
<td>Meats, chicken, fish, liver, eggs, milk, and milk products such as yogurt, etc</td>
</tr>
<tr>
<td>Age</td>
<td>Frequency</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------------------------------</td>
</tr>
</tbody>
</table>
| **Start complementary foods when baby reaches 6 months** | 2 to 3 meals plus frequent breastfeeds | Start with 2 to 3 tablespoons  
Start with ‘tastes’ and gradually increase amount | Thick porridge/pap  
Breastfeeding  
(Breastfeed as often as the child wants)  
+  
Animal foods (local examples)  
+  
Staples (porridge, other local examples) |  
| From 6 up to 9 months     | 2 to 3 meals plus frequent breastfeeds  
1 to 2 snacks may be offered | 2 to 3 table spoonfuls per feed  
Increase gradually to half (½) 250 ml cup/bowl | Thick porridge/pap Mashed/ pureed family foods  
+  
Legumes (local examples)  
+  
Fruits/ Vegetables (local examples) |  
| From 9 up to 12 months    | 3 to 4 meals plus breastfeeds  
1 to 2 snacks may be offered | Half (½)  
250 ml cup/bowl | Finely chopped family foods  
Finger foods  
Sliced foods |  
| From 12 up to 24 months   | 3 to 4 meals plus breastfeeds  
1 to 2 snacks may be offered | Three-quarters (¾) to 1  
250 ml cup/bowl | Sliced foods  
Family foods |  

**Texture of weaning foods: consistency of weaning foods**
- Foods that are too watery and flow easily from the spoon are not the correct consistency for the child and should be discouraged.

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6 Adapted form WHO Infant and Young Child Feeding counselling: An integrated course (2006)
Session 2.4 The Contamination Chain: F diagram with special focus on human fecal matter management

Ensure that participants understand the different ways through which diarrhoea is spread through unsafe hygiene practices.

Objectives
At the end of the session the participants should be able to understand the following objectives:

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methodologies</th>
<th>Training Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure that participants understand the different routes through which diarrhoea is spread and how we can block the contamination routes</td>
<td>Buzz groups, Interactive presentation</td>
<td>F diagram</td>
</tr>
<tr>
<td>Participants explain the different options available for management of human faecal matter (adult and children’s faeces).</td>
<td>HP sorting cards: matching game.</td>
<td>Hygiene promotion sorting cards on sanitation ladder</td>
</tr>
</tbody>
</table>

Duration of the session: 45 minutes.

Materials needed:
- Print outs of the different items on the F-diagram (4 sets).
- Flip chart paper
- Masking tape per group
- Felt pens per groups.
- Print outs of the sanitation ladder (from the PHAST tool kit).

**Learning objectives 1:** Participants understand the different routes through which diarrhea is spread and how we can block the contamination routes.

**Methodology:** Question and answer, Buzz groups- interactive presentations

**Materials:** print outs from the F- diagram
Instructions for the activities.

Activity 1: Identification of the different routes through which diarrhea is spread
- Participants are asked, through question and answer to define the term diarrhea
- After, participants participate in identifying the different routes through which diarrhea is spread
- Facilitator discusses and summarise.

Activity 2: discussion of how to block diarrhoea contamination routes
- Participants are asked to get into groups of 4
- Each group is given a set of the items on the F-diagram print outs
- Instruction is to create the F-diagram (pasting the items of F-diagram on a flip chart and indicating the flow): and ensuring to explain what activities would need to be implemented to block the contamination diarrhea routes.
- Each group presents its diagram.
- Facilitator discusses and summarises.

Trainers Notes: key Information

Definition of diarrhoea; passing of three or more watery stools (bowel movements) in a day.

How diarrhoea is spread and means to prevent it:
Diarrhoeal infections can be spread through:
- soil
- Dirty hands
- Contaminated food
- Contaminated water
- Direct contact with human faecal matter

Different ways to prevent diarrhoea:
- Drinking Safe treated Water
- Hand washing at critical times (after using latrine and before eating/handling food items) preferably with soap and safe water
- Disposing of excreta safely (Latrine use or bury excreta)
- Cook food well, eat it hot, keep it covered, and wash and peel fruits and vegetables.

How to block the contamination route of diarrhoea

The F-diagram: Source the PHAST hand book

---

7 WHO- Definition of Diarrhea disease.
**Learning objectives 2:** Participants explain the different options available for management of human fecal matter (both adult and children faecal matter).

**Methodology:** Buzz groups, interactive presentation, question and answer

**Materials:** 4 sets of print outs of the sanitation ladder

**Instructions for the activities:**

**Activity 1: participants explain the different options available for management of human fecal matter.**
- Through question and answer, discuss the importance of latrines.
- Get the participants into groups of 4
- Share out the print outs on the sanitation ladder (a set per group) and let each group arrange them in order.
- Let each group agree of what level they feel the community is at, what actions would be possible within the community to move into the next level.
- Plenary presentations (let the participants have an agreement on what level they are at).

**Activity 2: discussion points on key issues to consider when setting up latrines**
- Through question and answer, ask participants some of the factors to consider when setting up latrines.
- Discuss and summarise.

**Trainers Guides: key Learning Points**

**HANDLING OF HUMAN FECAL MATTER (ADULTS AND CHILDRENS FECAL MATTER).**

Ways to manage human fecal matter includes:
- Use of a latrines, toilets etc
- Where, there are no latrines, burying the fecal matter under the soil (referred to as the cat method)

**TYPES OF LATRINES**
The types of latrines are defined in terms of use—so generally they are either public or private latrines. And in terms of design, they are traditional latrines, sanitation platforms and ventilation improved latrine etc.

For this training, you will focus on public latrine and the private or the household latrine. Public latrines are designed and built, maintained and cleaned by an agency (government or non-governmental) on behalf of the users while family latrines are built by the users with or without materials provided for by an agency and usually without payment for the construction work. Family latrines or household latrines are used by a defined group of people and not by everybody as are public latrines.

A compromise between the family and the public latrine is the communal latrine which is managed by the community as a shared resource, perhaps a latrine managed by a market committee or by a latrine committee or in schools managed by the school authorities and parents.

Household latrines are the preferred options for long term solutions. They are confined to limited group of users and thus easy to keep clean thus reducing the chances of cross contamination. They are also good because enabling people to build their own latrines gives them much greater control over this very important area of their lives.

**Things to bear in mind if we are emphasizing on family latrines:**
If users are to build family latrines, they should have the following:
1. They should be easy for the users to understand, build and use and look after with minimum outside support.
2. They should be appropriate in terms of culture and practices, though the users should have more control on the design of these structures.
3. Designed and built in materials that do not involve the users in a lot of recurrent work and expense.
4. Hygienic, safe and attractive to use for the whole family.

**The construction aspect & the proper use of Latrine**

**When is a latrine properly built?**
1. It is downhill and more than 100 ft away from the water supply (well, river, borehole, spring, pond)
2. It is at least 30 ft away from the house
3. It has a pit at least 1 metre deep
4. It has a slab (cover) over the pit made of concrete (best) or wood; the slab has a hole through which faeces and urine can drop. The hole should be small enough so that children too can use the latrine (or a smaller potty can be used by children but this should be emptied into the main latrine pit) but it should be large enough for faeces and urine to fall through it. The hole should have a slab cover.
5. It has walls and a roof made of materials that are easy to get and cheap to buy and repair.
6. It is kept clean (A separate broom and water bucket should be kept for cleaning the latrine.)
7. Water for washing or leaves or paper for anal cleansing should also be kept in the latrine
8. A hand washing facility with soap is required to be maintained and conveniently placed close to the latrine
9. A latrine with a san plat provided with a tight fitting cover has a minimal smell, is fly-proof, inexpensive, safe and attractive to use for all categories especially children.
10. In public places, such as markets and distribution centers, there should be separate latrines for men and women so as to encourage privacy in utilisation.

**When is a latrine properly used and maintained?**
1. Everyone in the household uses it
2. The faeces is placed in the hole
3. It is kept clean and swept and the floor and the slab are washed often if not daily
4. The latrine floor is disinfected, with ashes if it cannot be cleaned with disinfecting materials.
5. Clean latrine surrounding frequently and sweep daily
6. The pit is kept covered when the latrine is not being used to prevent flies and smells
7. Materials for personal cleaning are always available (water, leaves, paper)
8. The latrine floor is kept dry to stop mosquitoes breeding
9. The latrine is smoked or dry cow dung added when there is a bad odour or there are too many flies
10. The pit is emptied or a new one is dug when the pit is full
11. The roof should be leak proof
12. When it has a hand washing facility next to it with soap or ash provided for hand washing
13. When a new pit is dug, the latrine is moved to the new site. The earth from the new pit is used to cover the old one, but the same slab is used to keep the new pit covered.

Always Remember!
1. Block the contamination route of diseases such as cholera and diarrhoea which are transmitted through feaces by defecating in a latrine.
2. When there are no latrines, people may defecate in a hole far (cat method) away from the house and from the water supply (village, well, river, spring or pond). Cover the hole with earth after defecating.
3. Always wash hands with soap and water after defecating and changing baby diapers.
4. Diarrhoea is generally caused by eating food or drinking water that is contaminated with human faeces
5. Babies and infants may suffer from diarrhoea after being fed by someone with dirty hands or having put dirty objects into their mouths.
6. The F diagram hand out shows the ways that diarrhoea germs mainly reach people including via fingers, flies, fields and fluids, food or directly into the mouth.

Session 2.5 Three pile sorting: Good, bad and questionable hygiene practices

The aim of the session: Ensure that participants know how to identify good and bad hygiene practices using the three pile sorting exercise.

By the end of the session participants will be able to:

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methodologies</th>
<th>Training Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>List at least 8 hygiene practices that can help to prevent diarrhoea and at least 5 bad hygiene practices.</td>
<td>Interactive group discussions</td>
<td>3 pile sorting cards</td>
</tr>
<tr>
<td>Describe how they would use the three pile sorting exercise with a community group</td>
<td>Plenary presentations</td>
<td></td>
</tr>
</tbody>
</table>

Duration: 45 minutes


Prior preparation: Printing of 4 sets of the 3 pile sorting cards.
Learning objectives 1: Participants are able to identify hygiene practices that prevent diarrhoea, those that are in between and those that encourage the spread of diarrhoea.

Methodology: Buzz groups, interactive plenary presentations

Materials: 4 sets of 3 pile sorting cards

Instructions for the activity:
- Facilitator explains what the three pile sorting participatory methodology is.
- Facilitator places two large pictures of the sick and healthy children on the board/wall and ask the group what they see.
- Facilitator explains that babies and children are vulnerable to sickness and so every effort must be made to try and protect their health.
- Facilitator explains to participants that this activity includes a game related to contamination about “positive water, sanitation and hygiene practices” (which can protect one against diarrhoea) and “negative water, sanitation and hygiene practices” (Actions which can put one at risk of getting diarrhoea) and “uncertain water sanitation and hygiene actions” (those that we are not clear can result into diarrhoea).
- In groups of four, the participants are asked to discuss and categorise what they see in each image, separate the piles of good, bad and neither good or bad hygiene behaviours.
- All group members stick their sorting cards, as per category in the middle of the wall:
- Discuss on how realistic it would be to adopt the good practices. And how to avoid the bad practices
- Facilitator summarises.

Learning objectives 2: Describing how to use the three pile sorting cards with community groups.

Methodology: Question and Answer

Instructions for the activity:
Ask participants how they could use these tools (chain contamination and good and bad practices) with small community groups.
- Ask participants how they could use these three pile sorting cards with small community groups?
- Ask participants to think of one practice that they, themselves could change as a result of what they have learned?
- What one thing they would do differently when they go home?
- Facilitator Discusses and summarises.

Trainers Notes: Key Information
Procedure for carrying out the three pile sorting:

Materials used

A set of 12-16 cards showing activities related to hygiene and sanitation should be used. We already have a set of cards available developed for use with partners in Somalia by the WASH cluster.

The exact content of the pictures will depend on local issues, the aims of the discussion, and available resources. It may be a good idea to give each card a number, so you can refer to the number when writing down people's comments.

Procedure

The following guidelines may be helpful to the facilitator.

- Introduce yourself and why the meeting is taking place
- Explain things clearly in the local language
- If it is useful (e.g. to enable participants to talk more freely, or to find out opinions of different sections of the community), divide participants into smaller groups, for example according to gender, or age
- Hand out the cards and ask participants to pass them around, taking time to look at them closely
- Ask participants to discuss whether the pictures show familiar scenes and whether the practices shown are good or bad
- Ask the group to decide which category each card fits into: good, bad or in-between. Remind them that they can choose the 'in-between' option if the picture is unclear, or the group is not sure whether the practice is good or bad
- Take notes on what people say (including the final decision and how many people attended), but do not interfere with the discussion

Assessing the results

Write up your notes, by describing the participants and summarizing what each group said about the cards. Point out any common issues that came up in the discussion, areas of disagreement, and unexpected ideas that were suggested.

This information will indicate what participants think is good and bad hygiene behavior. It can be a starting point to conduct more investigation using a variety of other methods such as direct observation and informal interviewing. The mixture of participatory and more conventional research methods will ensure that the information collected is more balanced and reliable.

Session 2.6 Hygiene Promotion in Acute Watery Diarrhoea response

Aims: This session is designed to: Ensure that participants are familiar with the basic information required to communicated in an outbreak of cholera/acute watery diarrhea episode.

Outcomes: By the end of the session participants will be able to:

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methodologies</th>
<th>Teaching Aids</th>
</tr>
</thead>
</table>
Explain the transmission route of acute watery diarrhoea, what to do for a child with acute watery diarrhoea and why to prevent the condition

**Individual quiz, interactive discussions**

**Acute watery diarrhoea fact sheet**
**Acute watery diarrhoea quiz**

Duration: 45 minutes

**Prior preparations**
- Print outs of the acute watery diarrhoea quiz
- Print outs of the acute water diarrhoea fact sheet

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**Learning objectives 1:** Explain the transmission route of acute watery diarrhoea, what to do for a child with acute watery diarrhoea and why to prevent the condition

**Methodology:** Acute Watery Diarrhoea Quiz

---

**Instructions for the activity:**
- Explain the aims of the session
- Distribute the acute watery diarrhoea quiz and ask the participants to fill out
- This quiz is expected to stimulate discussions
- Let participants exchange the answered sheets and mark with provided answer sheet
- Discuss and summarise

---

**Trainers guides: key Information**

<table>
<thead>
<tr>
<th>Acute Watery Diarrhoea Quiz</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Acute Watery diarrhoea is a severe intestinal infection spread by the faecal-oral route</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>The most effective measures to prevent transmission of acute watery diarrhea are provision of safe (chlorinated) water; safe water storage; appropriate disposal of feces; and hand washing with soap after caring for patients, toileting, or before preparing, serving, or eating food.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Most children infected with acute watery diarrhoea become severely ill</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>If adults are present with acute watery diarrhoea, they should not be tested for cholera.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Symptoms usually include diarrhoea and vomiting</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Acute watery diarrhoea can lead to severe dehydration and death very quickly if treatment is not sought promptly.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Treatment of severe cases includes rehydration using intravenous fluids and ORS. Unlike most other diarrhoeas, antibiotics are also used.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>As with any emergency, collaboration and co-ordination are not of importance</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Rainy season is likely to enhance transmission of acute watery diarrhea, these measures should be strengthened immediately, particularly in settlements for displaced persons</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Acute watery diarrhea prevention, does not include washing hands with soap after changing babies nappy.</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>All community members should be informed about the disease using every</td>
<td></td>
</tr>
</tbody>
</table>
possible media. and means to protect one self and the family

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Women should stop breast feeding if they have acute watery diarrhea to protect their baby</td>
</tr>
</tbody>
</table>

**Answers and discussion points:**

<table>
<thead>
<tr>
<th>Acute Watery Diarrhea Quiz</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Acute Watery diarrhoea is a severe intestinal infection spread by the faeco-oral route</td>
<td>✔</td>
</tr>
<tr>
<td>2</td>
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<td>✔</td>
</tr>
<tr>
<td>3</td>
<td>Most children infected with acute watery diarrhoea become severely ill</td>
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<tr>
<td>10</td>
<td>Acute watery diarrhoea prevention, does not include washing hands with soap after changing babies nappy.</td>
<td>✔</td>
</tr>
<tr>
<td>11</td>
<td>All community members should be informed about the disease using every possible media. and means to protect one self and the family</td>
<td>✔</td>
</tr>
<tr>
<td>12</td>
<td>Women should stop breast feeding if they have acute watery diarrhoea to protect their baby</td>
<td>✔</td>
</tr>
</tbody>
</table>

**Acute Watery Diarrhoea Fact sheet**

What is Acute Watery disease?

- Acute Watery diarrhoea disease causes a lot of watery loss through diarrhoea and vomiting.
- Diarrhoea can look like cloudy rice water.
- Acute watery diarrhoea can cause death from dehydration (the loss of water and salts from the body) of a child if left untreated.

How is Acute Watery Diarrhoea spread?

- The germs that cause acute watery diarrhoea are found in the faeces (poop) of infected people.
- Diarrhoea is spread when feces (poop) from an infected person gets into the water people drink or the food people eat.
**Nutrition, Hygiene and Health Promotion Training: Training for Trainers Guide**

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• diarrhea does not spread directly from one person to another.

Protect yourself and your family from acute waterly diarrhea and other diarrheal diseases:

• Drink and use safe water. Safe water is water that is bottled with an unbroken seal, has been boiled, has been treated with a chlorine product or approved filter system.

• Wash hands often with soap and safe water. If no soap is available, scrub hands often with ash or sand and rinse with safe water.

• Use latrines or bury your faeces (poop), do **not** defecate in any body of water.

• Cook food well (especially seafood), eat it hot, keep it covered, and peel fruits and vegetables.

• Clean up safely—in the kitchen and in places where your family bathes and washes clothes.

**What to do if you or your family are ill with diarrhoea:**

• If you have oral rehydration solution (ORS), start taking it now; it can save your life.

• Go immediately to the nearest health facility, acute waterly diarrhea treatment centre, or community health worker, if you can.

  Continue to drink ORS at home and while you travel to get treatment. Also ensure that ZINC tablets are included in the diarrhea treatment regime. When diarrhea has stopped, discontinue the ORS but take the ZINC tablets for 10-14 days.

• Continue to breastfeed your baby if they have watery diarrhoea, even when traveling to get treatment.

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Where can I find out more? WHO website: [http://www.who.int/topics/cholera/en/](http://www.who.int/topics/cholera/en/)

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**Session 2. 7 Feeding of the sick child**

This session is designed to: Ensure that participants are familiar with the basic information required to communicate to caregivers on feeding of their children during illness.

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methodologies</th>
<th>Teaching Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship between feeding and illness</td>
<td>Brainstorming and interactive presentation</td>
<td></td>
</tr>
<tr>
<td>Participants understand that breast milk is the safest water and food for babies and young children during illness, moreso during acute waterly diarrhea outbreak</td>
<td>Interactive presentation</td>
<td></td>
</tr>
</tbody>
</table>

Duration: 45 minutes

**Learning objectives 1:** Relationship between illness, recovery and feeding.

**Materials:** Brainstorming, interactive presentation.

**Instructions for the activity:**
- Ask participants the relationship between feeding and illness
- Compare the answers with the relationship between feeding and illness described here
- Ask participants what the sick child feeding practices are like in the community
- Discuss and summarise

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**Trainers Guides: key Learning information**

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Relationship between illness and feeding

A sick child- with diarrhoea, measles, fever usually does not feel like feeding
But during illness, the child needs even more strength to fight sickness
Strength comes from the food he or she eats
If the child does not eat or breast feed during illness, he or she will take more time to recover
The child is likely to suffer long term illness and malnutrition and may result in physical or intellectual disability. The child takes more time to recover, or the Childs condition may worsen, or he/she might even die
Its is extremely important to encourage child to continue feeding during illness, to breastfeed, drink fluids and eat even more during recuperation in order to regain strength.

Learning objectives 2: participants understand that breast milk is the safest water and food for babies and young children during illness, moreso during acute watery diarrhea outbreak.

Methodology: individual presentations on supplied questions and answer.

Materials: single cards printed with the various questions.

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Unicef(2010) Community IYCF Counselling Package: facilitators guide
Instructions for the activity:
- Divide the participants into groups of 2.
- Share out the printed cards, with the various questions to the participants.
- Allow the participants 7-10 minutes to think carefully over the questions and write down the answer.
- Each team of two presents the answer to each question.
- Facilitator discusses and summarises after every presentation.

Trainers guides: key information

Questions for teams of two:

a) is acute watery diarrhea spread through breast milk
b) what is the safest food and water for babies during acute watery diarrhea outbreak
c) If a mother is infected with cholera or other illness such as malaria or pneumonia, should she still breastfeed?
d) What should be done if the baby has acute watery diarrhea or is dehydrated?
e) How is it possible to tell if a baby is dehydrated?
f) What are the risks of not breastfeeding?
g) Should the mother and baby be separated if the mother has cholera?
h) If a mother has severe dehydration or is malnourished, should she still breastfeed?
i) discuss some of the hygiene issues that one needs to take into consideration when preparing complementary feeding for children aged 6 months and above?

Key messages:
- Very few diseases are spread through breast milk (Hepatitis A and HIV). Diarrhea is not spread through breast milk.
- Breast milk is the safest water and food for babies and young children when there is acute watery diarrhea outbreak.
- A mother with cholera and acute diarrhea should continue to breastfeed as long as she is conscious, even while receiving intravenous fluids. Baby and mother should remain together.
- Hygienic preparation of complementary foods for children aged 6 months and above is essential to reduce the risk of cholera and diarrhea infection.
- Babies who cannot breastfeed are highly vulnerable and should be prioritized for special attention and care to reduce the risks of artificial feeding.

Q: Is acute watery diarrhea spread through breast milk?
A: Acute watery diarrhea is not transmitted through breast milk. AWD is contracted by drinking contaminated water or eating contaminated food. AWD is also caused by poor sanitation and hygiene practices, including a lack of hand washing with soap.

Q: What is the safest water and food for babies and young children when there is AWD?
A: Breast milk is the safest water and food for babies and young children at all times, including when there is AWD. Babies should be exclusively breastfed for the first 6 months, meaning they should be given breast milk and no other food or fluids, not even water. Breast milk provides all the food and fluids that a baby needs for the first 6 months of life. Exclusive breastfeeding is the best way to prevent cholera in babies aged less than 6 months because breast milk is clean and protects against infections. From
the age of 6 months, babies need a variety of additional foods that are hygienically prepared, and breastfeeding should continue for as long as possible, preferably until the child is at least 2 years old.

**Q:** If a mother is infected with cholera or other illness such as malaria or pneumonia, should she still breastfeed?

**A:** A mother who is sick, unless advised otherwise by the doctor or health care practitioner, she should continue breastfeeding as long as she is conscious, even while receiving intravenous fluids. It is important that the mother receives rehydration with intravenous fluids and/or ORS. Antibiotics should be given only to the infected mother, not to an uninfected healthy baby. It is important that she washes her hands with soap before breast feeding.

**Q:** If a mother has severe dehydration or is malnourished, should she still breastfeed?

**A:** Severe dehydration in the mother can reduce breast milk volume. Re-hydrating the mother with intravenous fluids and/or ORS can correct this quickly (within an hour). Once the mother is improving, she can continue breastfeeding, even while receiving intravenous fluids.

**Q:** Should the mother and baby be separated if the mother has cholera?

**A:** Both the mother and the baby should remain together if the mother has cholera. Keeping the mother and baby together means that the mother can continue to breastfeed her baby and helps maintain the emotional bond between the mother and baby. It is very important that the mother washes her hands and breasts with soap and water or chlorine water. If baby refuses to suckle because of taste of soap/chlorine, clean the nipples and surrounding area with small amount of breast milk. Where possible, someone who is not sick can care for the baby between each breastfeed. If possible, wrap the baby in a clean cloth for each feed and wash the cloth thoroughly after each feed.

**Q:** What are the risks of not breastfeeding?

**A:** Studies have shown that babies and young children who are not breastfed are 6-25 times more likely to die in hygienic conditions than breastfed babies. Artificial feeding with infant formula or powdered milk is dangerous at all times but especially when there is cholera. The water and utensils used to prepare the milk may be a source of infection for the child. Artificial feeding also reduces the production of breast milk by the mother, has no properties to protect against infection, and disrupts the bonding between mother and baby. Because of the dangers of artificial feeding, infant formula and powdered milk must never be distributed for the general population. Health authorities and relief organisations should not request or accept free donations of formula or powdered milk. Donations are easily misused and could damage good breastfeeding practices leading to illness and death of babies and young children.

**Q:** How is it possible to tell if a baby is dehydrated?

**A:** Dehydration may occur if the breastfeeding mother is severely dehydrated or if the child has cholera or another type of diarrhoea. A child may be dehydrated if he/she is urinating less than 6 times a day. Signs of severe dehydration include sunken eyes and no tears, unable to drink or drinks poorly, skin pinch is slower than 2 seconds, lethargic or unconscious. Signs of moderate dehydration include sunken eyes but some tears, drinks eagerly or is thirsty, skin pinch goes back in 2 seconds, alert.

**Q:** What should be done if the baby has acute waterly diarrhea or is dehydrated?

**Child with severe dehydration:**
- Immediately refer to hospital and treat with intravenous (IV) fluids. Within one hour of giving IV fluids, give ORS and zinc, if the child is able to tolerate. The child should breastfeed as soon as he/she is strong enough to suckle. If child has cholera, treat according to national guidelines.

**Child with moderate dehydration:**
- Children aged less than 6 months: breastfeed exclusively, frequently and longer at each feed.
• Children aged 6 months and over: breastfeed frequently and longer at each feed. The child should be given ORS (or other fluids if ORS is not available) using a cup and spoon or dropper. Also give zinc.

Screen for severe acute malnutrition (SAM) using MUAC tapes and visible signs (including bilateral oedema) and refer children with SAM for treatment.

**Q:** discuss some of the hygiene issues that one needs to take into consideration when preparing complementary food for children aged 6 months and above?

**A:** Hygienic preparation of complementary foods is essential to reduce the risk of diarrhoea disease infection. Wash hands at ALL critical moments (before eating, handling food or feeding a child, after visiting the toilet and after handling baby faeces). Ensure that all food is cooked thoroughly. If food has been cooked but has then been left to stand or has cooled down, then it must be thoroughly reheated. Remember that children should also be breastfed until they are at least 2 years.

**Day 3**

**Session 3.1 Revision of Day 2**

**Aims of this session:** Provide an overview of day 2 and an assessment of participants’ knowledge level and understanding

**Duration of the training:** 30 minutes

**By the end of the session participants will be able to:**
List some of the key learning points from the previous day

Welcome participants back for day 3 of the Nutrition, Hygiene and Health Promoter TOT course.

Explain the purpose of the session and the importance of reviewing information and learning. The more that the participants practise new skills and review the knowledge they have gained, the easier it will become when working with other community members.

Let one of the participants lead the team doing a recap of the previous day: including what went well and what could be improved during the remaining days of the training.

**Session 3.2 Diarrhoea Management: Use of Oral Rehydration Therapy and ZINC**

**Aim of the session:** Ensure that participants know how to manage diarrhoea, including how to prepare and use oral rehydration solution and ZINC.

**By the end of the session participants will be able to:**

9 MUAC = mid-upper arm circumference. In children aged 6-59 months, SAM is indicated by MUAC <115 mm (11.5 cm) and/or bilateral oedema. In children aged less than 6 months SAM is indicated by signs of visible wasting and/or bilateral oedema.
Learning Objectives

<table>
<thead>
<tr>
<th>Description</th>
<th>Methodologies</th>
<th>Training Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe how to identify the danger signs of dehydration in children.</td>
<td>Interactive discussions</td>
<td></td>
</tr>
<tr>
<td>Correctly demonstrate how to prepare and administer oral rehydration</td>
<td>Group demonstrations</td>
<td>ORS fact sheet</td>
</tr>
<tr>
<td>solution made from oral rehydration sachets and sugar and salt.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understand the importance of ZINC tablets in diarrhea Management</td>
<td>Group demonstrations</td>
<td>Sample of ZINC tablets</td>
</tr>
</tbody>
</table>

Duration: 45 minutes

Materials required
ORS sachets, clean treated water, sugar, salt, steel glasses, spoons, soap for hand washing.
Sample of ZINC blister pack (tablets)

Learning objectives 1: Identification of dehydration in children...

Methodology: Interactive discussions...

Instructions for the activity:
- Facilitator introduces the session by defining diarrhea and asking participants to list its causes.
- Ask participants to discuss their experience of diarrhea and how they dealt with it.
- Through question and answer, participants discuss the symptoms of dehydration.
- Facilitator fills in gaps and summarises the discussions.

Trainers Notes: Key Information:

Symptoms of dehydration include:

- thirst is often a first, early sign of dehydration
- little or no urine; the urine is dark yellow
- sudden weight loss
- dry mouth
- lethargy or irritability, dizziness in an older child
- sunken, tearless eyes
- sagging in of the ‘soft spot’ on the top of infant’s heads
- loss of elasticity or stretchiness of the skin - Lift the skin between two fingers, if the skin fold does not fall right back to normal, the child is dehydrated.

It is important that everyone—especially mothers—know the signs of dehydration and how to prevent and treat it.

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DIARRHEA AND DEHYDRATION: FACT SHEET

- Diarrhoea is defined as the passage of three or more watery stools in 24 hours. Rice water diarrhoea and vomiting clear fluid are signs of Cholera.
- Most of the children who die from diarrhoea die because they do not have enough water left inside their bodies. This lack of water is known as dehydration and can be especially serious in children, the elderly and those who are malnourished.

The signs of dehydration are:

- thirst, little or no urine which may be dark yellow, sudden weight loss,
- dry mouth, sunken tearless eyes, sagging of the ‘soft spot’ on a child’s head and loss of elasticity or stretchiness of the skin

- The most important treatment is rehydration, to replace lost body fluids and salts. Early rehydration saves lives. Give more liquids than normal; Breast milk, Coconut water, soup, ORS or unsweetened fresh fruit juice. Increase breastfeeding. Adults and older children with watery diarrhoea should eat little and often.

For children under 2, increase breast feeding.
- Foods with a lot of sugar can worsen diarrhoea DO NOT GIVE Soft drinks, Sweetened tea, Sweetened fruit drinks, Coffee.
- Seek medical help where a small child has diarrhoea for more than a day, if there is blood or mucus in the diarrhoea or if there are signs of dehydration.
- For a child, administer the solution in small amounts (a teaspoon at a time) every 5 minutes, and continue even if they are vomiting.
- Zinc can decrease the duration and severity of acute diarrhoea:
  Babies under six months old, give 10 mg Zinc a day for 10 days.
  Children over six months and adults, give 20 mg Zinc a day for 10 days.
  You can get Zinc tablets at the clinic – they can be dissolved in ORS or in breast milk.
- Diarrhoea can be prevented by following good hygiene practices including the use of latrine or burying stools, hand washing with soap, by drinking safe water, keeping the compound clean from animals and faeces, eating well cooked and clean food and breastfeeding babies and small children, eliminating fly breeding areas within the compound
- Songs about making oral rehydration fluid using oral rehydration salts are useful ways to help people remember the quantities.

Learning objectives 2: preparation of ORS (commercial and home-made ORS)

Methodology: Demonstrations.

Prior preparations: setting up of materials required for ORS demonstrations (both commercial and the home made ORS)

Instructions for the activities
Activity 1: preparation of the commercial ORS
- Facilitator introduces the session by asking participants to define the terms ORS
- Through demonstrations, facilitator asks two volunteers to lead the team in preparing the commercial ORS.
- Facilitator discusses and summarises the activity.

Activity 2: preparation of the home made ORS
- Through demonstrations, facilitator asks 2 participants to volunteer to lead the team in preparing home made ORS
**PREPARATION OF COMMERCIAL ORS**

**What is ORS?**
ORS (oral rehydration salts) is a special combination of dry salts that, when properly mixed with safe water, can help rehydrate the body when a lot of fluid has been lost due to diarrhoea.

In Somalia, ORS packets are available from health centres, pharmacies, markets and shops.

**How to prepare ORS**

1. Get a sachet of ORS. ORS sachets are usually available from health centres, and pharmacies.

2. Wash your hands with soap and water.

3. Put the contents of the sachet into a clean container.

4. Add 1 litre (¼ gallon) of safe water (water that has been treated or boiled). You can measure a litre with 1 litre bottle of water or 4 steel glasses of water.

*Use only water. Do not add ORS to milk, soup, fruit juice or soft drinks. Do not add sugar.*

5. You can use this mixture for up to 24 hours after you have made it. After this any unused mixture must be thrown away.

Encourage the sick person to sip ORS frequently, if he/she vomits continue to give small sips of ORS. Give children under 2-years-old, approximately 50-100ml (¼ large cups) of fluid after each loose stool and continue to breastfeed. Give older children ½ to 1 large cup. Older children and adults should drink as much as they want and keep eating.

**PREPARATION OF HOME MADE ORS**

**Ingredients required:**

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11 Source: The rehydration project (2010)

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### Preparation Method:

Wash hands with soap and water  
Put the ingredients (sugar, salt and water ) in a jug  
Stir the mixture till the salt and sugar dissolve.  

Note: the mixture is now ready to drink

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### Learning objectives 3: importance of ZINC in management of diarrhea.

**Methodology:** question and answer.

### Instructions for the activities

**Activity 1: importance of ZINC in management of diarrhea**

- Through questions and answer , the facilitator asks the participants to discuss the importance of zinc in diarrhea management.
- Sample of zinc tablets are shared across the training venue for the participants to see.
- Facilitator summarises and discusses (include the treatment regime for the <6 months olds and > 6 months old and duration for the treatment.

### Trainers guide : Key learning Points

#### Importance of ZINC in diarrhea management\(^{12}\)

Research has shown that the use of zinc during diarrhea episodes for 10-14 days reduces the duration and severity of diarrhea episodes, and may prevent new episodes for up to 3 months.

**Dosage of ZINC for use:**
- \(< 6 \text{ months} = \frac{1}{2} \text{ tablet (10mg) zinc for 10-14 days}\)
- \(> 6 \text{ months} = 1 \text{ tablet (20 mg) zinc for 10-14 days}\)

Note: when diarrhea has stopped, continue giving the child the zinc treatment but discontinue with the ORS.

#### Recap of Key Learning Points\(^{13}\):

- Watery Diarrhoea causes a rapid loss of water and salts from your body (dehydration) which can be fatal. Diarrhoea usually cures itself in a few days.
- It is important to understand that ORS will not stop or cure diarrhoea, but will replace the lost fluid and could save someone’s life.

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\(^{12}\) Ibid  
\(^{13}\) Ibid.
- Give ORS immediately to people with watery diarrhoea
- Continue breastfeeding a baby and feeding someone with diarrhoea. Give extra fluids
- Children with diarrhoea should be given 20mg of zinc (1 tablet) supplementation for 10-14 days (10mg per day (1/2 tablet) for infants under six months old).
Session 3.3 Hand washing

Aim of the session: Ensure that participants are aware of the importance of hand washing and can correctly demonstrate the correct way to wash hands

By the end of the session participants will be able to:

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>methodologies</th>
<th>Training Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain why hand washing is important and the critical times to wash hands.</td>
<td>Interactive presentation</td>
<td>Glitters, spices, powder that sticks to hands, 2 jerry cans full of water, a basin, soap, water, towel, 5 liter jerican, nails</td>
</tr>
<tr>
<td>Demonstrate the correct way to wash hands</td>
<td>Demonstrations in buzz group</td>
<td></td>
</tr>
</tbody>
</table>

Duration: 30 minutes

**Learning objectives 1:** importance of hand washing and critical times to wash hands.

**Methodology:** demonstrations, question and answer, discussions

**Materials:** curry powder

Instructions for the activities

**Activity 1:** importance of hand washing and critical times for hand washing

- Facilitator moves around the training venue shaking people’s hands. The facilitator then explain that he/she went to the toilet and forgot to wash your hands and have spread your germs to the people you have touched. (Bacteria and viruses are too small to be seen so using powder helps to visualise the transfer of germs.).

- Ask the group: studies have shown that washing hands properly with soap can reduce the risk of diarrhea by how much? (more than 40% and can save the lives of thousands of children every year).

- Ask the group to imagine that they are just about to eat and they need to judge how clean their hands are. Remember that even when hands look clean, they may be harbouring germs. Ask them to think what they have been doing since they last washed their hands with soap and to think how this might have contaminated their hands. In pairs ask the participants to talk through how their hands might have become contaminated.

- Ask participants to discuss when are the key moments that hands need to be washed, how should hands be washed, and what to do if there’s no soap.

**Trainers Notes: key Information**

It is very important to wash hands:

- Before eating and preparing food
- After defecation
- After cleaning the faeces of a child
- After taking care of some one with diarrhea
- Before breastfeeding and feeding the children
- After handling animals

**Learning objectives 2: hand washing demonstrations.**

**Methodology:** demonstrations

**Materials:** soap, water, 5 liter jerican, nail, strong thread.

**Instructions for the activities**

**Activity 1: preparation of a leaking container for hand washing demonstrations**
- Get a 5 liter jerican and make a hole using a nail on the lower corner of the jerican.
- Fill the 5 liter jerican with water and hang it to some appropriate place eg window, tree etc. have the nail in place to stop the water from spilling out. Nail or piece of stick acts as a valve.
- Explain to the participants that the importance of using a leaking container is to save water especially among the community members who have limited access to water.

**Note:** if the water is less in the container, open the lid to increase the pressure.

**Activity 2: demonstrations on hand washing**
- Ask volunteers to come forth and demonstrate how to correctly wash hands
- Facilitator appraises correct practice and corrects wrong practice
- Discuss and summarise.

**Trainers Notes: Key Learning Points**

**Hand washing demonstration**

The method for washing their hands is very important because the soap alone is not enough to kill germs (bacteria and other germs). It is the combination of soap, rubbing, rinsing and drying that gets rid of germs. Do not wash your hands with water only, but also with soap or an abrasive substance.

**The six steps of hand washing**

**Step 1.** Wet hands with running water
**Step 2.** Apply soap
**Step 3.** Rub your hands vigorously to produce foam. Do not forget to rub the backs of hands, between fingers, under fingernails and wrists.
**Step 4.** Do not forget to clean nails
**Step 5.** Rinse away all soap
**Step 6.** Dry hands completely

It’s a good idea to make up a hand washing song, at least 20 seconds long that people can sing while they thoroughly wash their hands.
Recap of key learning points

- Hand washing with soap and safe water is one of the most effective ways to reduce your risk of diarrhoea.
- People can help protect themselves and their family from getting diarrhoea by washing their hands at key moments.

Session 3. 4 Household water treatment and storage

The aim of the session: Participants understand how water becomes contaminated and are able to demonstrate the correct way to treat water for drinking.

By the end of the session participants will be able to:

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methodologies</th>
<th>Training Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain how water can be contaminated</td>
<td>Interactive</td>
<td>WASH visual aids</td>
</tr>
<tr>
<td></td>
<td>presentations</td>
<td></td>
</tr>
<tr>
<td>Demonstrate 3 methods of household water treatment and appropriate storage</td>
<td>group discussions</td>
<td>Materials needed below</td>
</tr>
</tbody>
</table>

Duration: 40 minutes
**Materials needed:** Aqua tabs, salt, small bottles of water, jerry can, soap, water, buckets, jerry cans, cotton cloth for filtering, paper towels, – (enough for several small groups), different types of water containers; a bucket, a bucket with a lid, a jerry can..

<table>
<thead>
<tr>
<th>Learning objectives 1: How water gets contaminated.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Methodology:</strong> Buzz groups, question and answer, discussions</td>
</tr>
<tr>
<td><strong>Materials:</strong> WASH visual Aids</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Instructions for the activity: How water gets contaminated</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Three flip chart papers, marked the following:</td>
</tr>
<tr>
<td>a) At source</td>
</tr>
<tr>
<td>b) During transportation</td>
</tr>
<tr>
<td>c) During storage</td>
</tr>
<tr>
<td>- Each group is tasked with role (maximum 3 minutes at each flip chart) to list some of the practices that may contaminate water at the different phases. Note that each of the groups should write in a different colour so as to make difference on which group wrote what.</td>
</tr>
<tr>
<td>- Facilitator discusses and summarises, making use of the WASH visual aids</td>
</tr>
</tbody>
</table>

**Trainers Notes: Key learning Points**

**How water gets contaminated:**

Water may get contaminated during the following stages:

**Water sources:** piped water, earth pan, boreholes and wells, underground tank, river etc

↓

**Transportation:** by rolling on the ground, on the carrier’s back (mostly women), on the head, by donkey barrel (cart), by wheelbarrow etc

↓

**Storage at home:** in 20L jerry cans, drums, etc

↓

**Drinking water:** plastic jerry cans (including 20L jerry cans)

Water contamination can take place at any of the above stages in the water cycle. For instance:

- Water sources: if the source is not protected (animals can go in, people go into the water body with their feet / shoes), the catchment is not fenced or people are just defecating and that end up in the earth pan / tank / river

- During transportation- the carrier can introduce diseases causing pathogens into the water. The jerry cans rolled on the ground and of course we know the all kind of dirt on the ground i.e sputum, faeces of both animals and human and so on. And if its donkey cart, the barrel and its lid can be such good source of contamination
- At household storage level, the cleanliness of the storage container, the lid and the method of drawing water from it are the potential source of water contamination

- At the drinking stage—the cup or the glass used, the storage container, depending on whether it has a lid or not, and how wide is the lid will contribute a lot to water getting contaminated.

General ways through which water gets contaminated includes the following:
1. People Defecating in or around the water source/catchment of the water source.
2. Urinating in or around the water source
3. Dumping of rubbish in or around the water source
4. Dirty water containers
5. Sharing water with animals eg chickens and goats
6. Constructing latrines close to the water source or sinking the pits upstream (a latrine should be 30 fts from the homestead and at least 100 fts from the water point)
7. Poor management of the water point
8. Grazing animals near the water point
9. Brick burning near the water point
10. Washing children (especially faeces on their bottoms), legs, dirty clothes at the water point

**Learning objectives 2: Demonstrate at least three methods of water treatment and storage.**

**Methodology:** Buzz groups, demonstrations

**Materials:** WASH visual Aids
Other materials required for water treatment: 20 liter jericans, aquatabs, 4 buckets or sufurias, clear water, brown water, PUR sachets, 4 clear 1 liter bottles (those used for mineral water) etc

**Instructions for the activity: water treatment methodologies**
- Identify the 3 most feasible water treatment methodologies that the community members can adopt (aquatabs, sodis and use of PUR). Remember that Boiling is very good method, but we shall not practise it in this demonstrations.
- Facilitator leads the group in practising treatment water methodologies available.
- Discuss the procedure for each identified method.
- Through question and answer, discuss issues to consider when storing treated water.
- Discuss and summarise.

**Trainers Notes: key learning points**

There are different methods of water treatment. This includes:

• Decanting – 3 pot method system
• Filtration – if water is turbid water needs to be filtered before treating
• Boiling – a rolling boil for at least 1 minute
• Disinfection – aqua tabs, PUR (for turbid water), chlorine, local alternatives such as alum and chlorine/aquatabs.

**Demonstrations:**
**Aqua tabs: (Water Purification Tablets).**

Aqua tabs come in different strengths, to treat different amounts of water so it is important to be sure of the strength of aqua tab you are using.

<table>
<thead>
<tr>
<th>Aqua tabs</th>
<th>Litres of clear water that can be treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yellow packet</td>
<td>8.5mg</td>
</tr>
<tr>
<td></td>
<td>1 Litre</td>
</tr>
<tr>
<td>Green Packet</td>
<td>33mg</td>
</tr>
<tr>
<td></td>
<td>4-5 Litres</td>
</tr>
<tr>
<td>Blue packet</td>
<td>67mg</td>
</tr>
<tr>
<td></td>
<td>10 Litres</td>
</tr>
<tr>
<td>Red Packet</td>
<td>167mg</td>
</tr>
<tr>
<td></td>
<td>20-25 Litres</td>
</tr>
</tbody>
</table>

Dosage is in accordance with published specifications for emergency use at 5 mg chlorine per litre.  
Aqua tabs can only be used in clear water. If the water is turbid, filtration is necessary before adding the tablets.

**How to treat water with Aqua tabs**

1. Put the Aqua tab in water in a clean container (the table above shows the amount of water that can be treated by each type of aqua tab. Insert the correct number of tablets and amount of water based on the size of container that you are using.)

2. Stir with a clean utensil; do not touch the water with your hand.

3. Cover the container

4. Leave for 30 minutes. If there is a smell of chlorine the water is safe to drink. If there is no smell add another tablet and wait another half an hour.

5. The water is safe to drink for 24 hours

**IMPORTANT: DO NOT SWALLOW TABLETS.** Keep the tablets out of reach of children.

Some people do not like the chlorine taste of water treated with Aqua tabs, it is important to explain that the benefits of drinking treated water are important.

The more sediment and/or organic matter within the water to be treated, the more chances that bacteria, viruses and cysts will be able to “hide” from the chlorine disinfectant. All water to be treated with AQUATABS® should be clear of turbidity and colour or staining. Generally, filtering suspect water through a t-shirt or coffee filter is more than sufficient.

---

14 The Sphere Project Handbook 2011 states: For water supplies at times of risk of diarrhoeal epidemics, undertake water treatment with disinfectant so that there is a chlorine residual of 0.5mg/l and turbidity is below 5 NTU at the tap. In the case of specific diarrhoeal epidemics, ensure that there is residual chlorine of above 1mg/l

PUR is for use with turbid water. PUR is a water treatment product that is a flocculent (separates the particles and makes the water clear) and also treats the water.

How to use PUR

1. Carefully open a sachet of PUR.
2. Add the contents of the sachet to a clean container containing 10 litres of water.
3. Stir vigorously for 5 minutes. Then, let the water stand until it goes clear.
4. After adding the powder to the water, the water will become coloured. This shows that the PUR is working. When the process is finished, the water will become clear.
5. Once the water looks clear, and the particles are at the bottom of the bucket, filter the water through a clean cloth filter into another clean storage container and cover it with a lid.
6. Wait 20 minutes before drinking the water.
7. Do not drink water if it is coloured or cloudy after treatment.
8. The treated water should be consumed within 24 hours.
9. ALWAYS dispense the water from the storage container into another container, such as a cup or glass for drinking.
**SODIS**

**What is SODIS?**

SODIS is a water treatment method which uses the sun and means **solar water disinfection**. For SODIS you need a transparent PET-bottle, e.g. clear juice bottles or the bluish mineral water bottles (max 2 Litres). After filling this bottle with water you place it in the sun for at least 6 hours. UV-light and heat from the sun inactivate the bacteria and germs which cause diarrhoea.

**How to use SODIS**

1. Choose a bottle that is transparent, whole and clean.

![Image of transparent and non-transparent bottles]

Bottles that cannot be used for SODIS: Coloured bottles (blue, green, brown etc), damaged bottles, heavily scratched bottles, PVC bottles. Large bottles cannot be used (UV-A radiation gets reduced after a water depth of 10 cm.)

2. Wash the bottle thoroughly before you use it for the first time.

3. Use the cleanest water that you can find. If the water is dirty (turbid), leave it in the bucket until the particles have settled on the bottom of the bucket. Use a clean cup to fill your SODIS-bottle and leave the residue at the bottom.

4. Fill the bottle ¾ full with water

5. Shake the bottle for 20 seconds.

6. Fill up your SODIS-bottle completely with water and close it. Only a small air bubble should be seen after turning around the bottle.

7. Lay down your SODIS-bottle in the sun, e.g. on your roof. **Bottles have to be exposed to the sun for the whole day.** It is important to find an open place that is not shaded after some time. It is an advantage if bottles are exposed on places that are protected from the hands of children and animals. In many cases the roof is an excellent place to leave bottles, or a bottle stand can be constructed in front of the house.

8. Leave your SODIS-bottle for at least 6 hours from morning till evening in the sun. If it cloudy, expose your SODIS-bottle at least 2 days to the sun. 9. The water is now ready for drinking. **Source:** [http://www.sodis.ch/index_EN](http://www.sodis.ch/index_EN)
Session 3.5 Safe food handling and preparation

The aim of the session: Participants understand how food gets contaminated and are able to explain factors that need to be taken into consideration to discourage food contamination.

By the end of the session participants will be able to:

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methodologies</th>
<th>Training Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain how food can get contaminated and identify means</td>
<td>Question and answer</td>
<td>WASH visual aids</td>
</tr>
<tr>
<td>that would be put in place to reduce risk of food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>contamination</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Duration: 30 minutes

Learning objectives 1: How food gets contaminated and how to block contamination routes.

Methodology: Buzz groups, question and answer, discussions

Materials: WASH visual Aids

Instructions for the activity:
- Get the participants into 2 groups.
- The participants are tasked with the following responsibilities
  
  **Group 1: How food gets contaminated**
  - for group 1, get 3 flip chart papers marked the following:
    a) During preparation
    b) During eating
    c) During storage
  - The group is tasked with role (maximum 3 minutes at each flip chart) to list some of the practices that may contaminate food at the different phases.

  **Group 2: How to block contamination routes**
  - Participants in this group are tasked to identify different means through which we can block the contamination routes of foods during the 3 stages:
    a) During preparation
    b) During eating
    c) During storage.
  - Each group makes plenary presentations.
  - Facilitator discusses and summarises, making use of the WASH visual aids
Trainers Guides: Key Learning points
Foods get contaminated in various ways. Properly handling and preparing food greatly reduces the risks of getting food borne diseases.

Food sources that easily get contaminated and cause food poisoning.
All foods can get contaminated. But foods that have higher risk of contamination and spreading disease include the following:
- Red meats
- Poultry
- Eggs
- Raw fish
- Raw vegetables
- Raw fruits

At what stages of food consumption does food get contaminated
During preparation - poorly washed raw foods and vegetables, cross contamination during preparation, use of dirty contaminated water to wash fruits and vegetables that are eaten raw, dirty hands, flies resting on fruits and vegetables that don't require cooking.
During eating - dirty hands, role of flies (that are contaminated by human feaces), use of dirty and contaminated utensils etc
During storage - when food is left un covered( role of flies and rodents)

How to block contamination route of foods;
- Wash your hands thoroughly with soap before and after handling any food.
- Wash your hands thoroughly with soap after using the bathroom or changing diapers.
- Wash your hands with soap after touching animals.
- Ensure that all human fecal matter – including those of children and adults are disposed safely.
- Wash all cutting boards and utensils with hot water and soap after preparing each food item and before moving on to the next food item.
- Wear gloves or avoid preparing food if your hands have any cuts or sores.
- Avoid cross-contaminating food items -- separate meat, poultry, and seafood from other foods and always wash your hands, utensils, and cutting boards after they come into contact with these products.
- Cook to proper temperatures. Cook eggs until both the white and yolk are firm. Fish should be opaque and flake easily. Red meats and poultry should reach an internal temperature of 160 and 180 degrees, respectively.
- Leftovers must be reheated to a boil before eating.
- Refrigerate promptly -- some items such as meat and poultry must be frozen if they are not used within 1 - 2 days. Leftovers should be refrigerated within 2 hours. Keep frozen foods in the freezer until they are ready to be thawed and cooked.
- Foods can also be contaminated before they are purchased. Watch for and do not use outdated food, packaged food with a broken seal, and cans that have a bulge.
- Do not use foods that have an unusual odor or a spoiled taste.

Session 3.6 Deworming

The aim of the session: Participants understand the importance of deworming.
By the end of the session participants will be able to:

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methodologies</th>
<th>Training Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits of deworming, prevention of worms and different dosage of deworming for different age groups.</td>
<td>Group discussions, body mapping PLA tool</td>
<td></td>
</tr>
</tbody>
</table>

**Duration:** 30 minutes  
**Materials required:** samples of deworming tablets

**Learning objectives 1:** Benefits of deworming, prevention of worms and different dosage of deworming for different age groups.

**Methodology:** Buzz groups, body mapping PLA tool

Participants are asked to get into 3 groups:

**Group 1: parts of the body that are affected by worms and side effects of worms**
- Using the body mapping PLA tool, the group members are asked to draw the picture of a body and indicate parts of the body that would be affected by worms.
- Participants are also expected to write down a summary of the side effects of worms

**Group 2: transmission routes of worms**
- This group is expected to discuss the transmission route of worms and list them on flip chart paper.
- They should also identify the different prevention means of worms.

**Group 3: deworming dosage for different age groups**
- This group has the tasks to discuss the deworming dosage for the 0-12 month old, 1 year- 2 year olds and for the pregnant women.

Each of the groups then makes a plenary presentation of their findings. Facilitator discusses and summarises.

**Trainers notes: Key information**

**What are worms?**
Intestinal helminths, also commonly referred to as worms include hook worms, round worms, whip worms and schistosomiasis. They infect majority of people who are in contact with soil. Worms are passed from one person to another through fecal matter, as one consumes raw fruits and vegetables, through drinking water, through poor disposal of human fecal matter and through dirty hands.

**Side effects of worms**
- May cause iron deficiency anaemia
- Protein energy malnutrition
- Abdominal pains
- Schistosomiasis have shown to have severe side effects /causing the enlargement of the liver and the spleen

**Importance of deworming**
Research has shown that, low cost single dose of deworming can kill worms, reducing hookworms, round worms and schistosomiasis by 99%.\(^\text{16}\) Note that deworming tablets are moderately effective against severe whip worm.

**How to prevent 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
- Deworm self and family members at least one time per year.

**Deworming**
All children above 1 year (12 months) should be given deworming tablets at least one time per year.
Recommended deworming dosage should be as follows:
- 0-12 months- DON’T DEWORM
- 1 year- 24 months _½ tablet deworming medicine (200mg)
- 24 months – 1 tablet deworming medicine- 400mg (single dose)
- Pregnant women- from 2nd trimester – 1 tablet 400 mg (single dose)

**Note:** Deworming is not recommended for lactating women because someone could be pregnant in their first trimester.

**Possible side effects of deworming tablets**\(^\text{17}\)
There are known side effects of deworming tablets:
- Stomach ache
- Diarrhea
- Dizziness
- Vomiting

---

**Session 3.7 Malaria prevention**

**The aim of the session:** Participants understand the importance of malaria prevention.

**By the end of the session participants will be able to:**

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methodologies</th>
<th>Training Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>How malaria is transmitted, signs and symptoms of malaria</td>
<td>Question and answer</td>
<td></td>
</tr>
<tr>
<td>Prevention of malaria</td>
<td>Demonstrations</td>
<td>IEC pictorials</td>
</tr>
</tbody>
</table>

**Duration:** 25 minutes

**Materials required:** mosquito nets, mats, hanging threads etc.


\(^{17}\) WHO (19992)
Learning objectives 1: How malaria is transmitted and symptoms of malaria.

Methodology: Buzz groups, body mapping PLA tool

Instructions for the activity: malaria transmission and ways to prevent malaria.
- Facilitator introduces the malaria session
- Through question and answer, asks participants to list different transmission routes of malaria and symptoms of malaria.
- Discuss and summarise

Trainers Notes: Key Learning Points

Causes and transmission route of malaria

- Caused by Malaria parasite called *Plasmodium falciparum* (80%)
- It is transmitted through the bite of infected female *Anopheles* mosquito
- The mosquito get infected from the blood meal of infected person after it feeds on

Signs and symptoms

- Common clinical expressions
  - Headache
  - Fever
  - Joint pains
  - Back pain
  - General weakness
  - Sweating
  - Nausea
  - Vomiting
  - Diarrhoea
  - Chills

- Severe clinical expressions
  - Prostration
  - Coma
  - Convulsions
  - Severe anaemia
  - Respiratory distress
  - Circulatory collapse
  - Jaundice
  - Bleeding
  - Haemoglobonuria

Malaria burden

- It is more expensive to prevent malaria than to treat. The average cost of a mosquito net is 2 US dollars compared to treatment at more than 10 US dollars not taking into account the quality of life lost when one is sick as well as the productive time spent when caring for the sick child.
• High costs of malaria treatment contributes to poverty/low saving
• Affected age groups vulnerable to economic uncertainties
• If not detected & treated early leads to
  o Swelling of the liver.
  o Dysfunction of vital organs, i.e liver, kidneys, lungs, intestines and brain
• Repeated attacks leads to incapacitated body and mind
• Leads to deaths if not detected and treated early

Learning objectives 2: prevention of malaria.

Methodology: Buzz groups, demonstrations

Materials: mosquito nets, 2 mats, pieces of leaves.

Instructions for the activity: malaria prevention.
- Facilitator asks for 3 volunteers to participate in the mosquito net demonstration
- One mosquito net is hang, and a mat is spread under the net and another mat is spread on the floor.
- One volunteer participant is asked to lie on the mat under the net while the volunteer lies on mat not under a net.
- Other volunteer pours the leaves (say leaves represent mosquitoes) on both persons:
  - Discuss and summarise

Trainers Notes: Key Learning Points

Prevention methods

Mosquito lifecycle

Prevention

The prevention strategy can be applied to each stages of the lifecycle of a mosquito;

• Environmental management (breaking the eggs, larvae and pupa stages of the life cycle of a mosquito):
  - clearing bushes, grasses in the living areas
  - filling/covering barrow pits that can be potential breading sites
gather & burn rubbish in garbage pits
manage incincombustibles well i.e. burying is possible option

- Adequate lighting in living houses
- Proper use of bed net treated mosquito nets (prevents mosquito bites from the adult mosquito).
- Treat bed nets regularly—at least twice in a year depending on the formulation used
- Use repellents at evening hours & before going to bed
- Spray living & working areas regularly
- Drain stagnant water
- Cover water storage containers when not in use
- Smoke houses at evening hours to drive adult mosquitoes away—neem tree
- Seek prompt treatment if you suspect malaria
- Go for regular malaria screening / check up even if you feel fine.

### Session 3.8 Prevention of Respiratory Infections

**The aim of the session:** Participants understand how to prevent respiratory infections.

**By the end of the session participants will be able to:**

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methodologies</th>
<th>Training Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain how respiratory infections are transmitted, their signs and symptoms</td>
<td>Buzz groups, PLA tool—seasonal health and disease calendars</td>
<td></td>
</tr>
<tr>
<td>Discuss means to prevent respiratory infections</td>
<td>Question and answer</td>
<td></td>
</tr>
</tbody>
</table>

**Duration:** 20 minutes

**Materials required:**

**Learning objectives 1:** How respiratory infections are transmitted, signs and symptoms.

**Methodology:** question and answer methodology.

**Instructions for the activity:** how respiratory infections are transmitted, signs and symptoms

- Facilitator introduces the respiratory infections sessions
- Through question and answer methodology, facilitator leads the discussion on the transmission routes, signs and symptoms.
- Discuss and summarise.

**Trainers notes: key learning points**

**What is an Upper Respiratory Infection (URI)?**
A URI is any type of infection of the nose and chest that is caused by a viruses and bacteria. It can affect your nose, throat, sinuses and ears. It could also affect the tube that connects your middle ear and throat, and your windpipe, voice box and airways.

**How Does it Occur?**

This is through the attack of viruses and bacteria. Viruses are germs that cause infections. Over 200 viruses can cause URIs. The infection is spread when viruses are passed to others by sneezing, coughing, or personal contact. You may also become infected by handling objects that were touched by someone with an URI.

**You are more likely to get a URI if:**

- You are emotionally or physically stressed.
- You are tired.
- You are not eating enough healthy food.
- You are a smoker.
- You are living or working in crowded conditions.
- You are in dusty conditions.

**What are the Symptoms of URI?**

Symptoms may include but not limited to:

- Scratchy or sore throat
- Sneezing, runny nose, and nasal congestion
- Cough
- Watery eyes
- Ear congestion
- Slight fever (99 to 100°F or 37.2 to 37.8°C)
- Fatigue
- Headache
- Loss of appetite

**How Long will a URI Last?**

URIs usually last one to two weeks.

**How can I take care of myself when infected by URI?**

- Drink lots of fluids (*water, fruit juice, tea, clear soup broths and non-caffeinated carbonated beverages*).
- Inhale warm moist air.
- Keep yourself warm throughout.
- Continue breastfeeding the child and increase the breastfeeding times.

**When should I see a health care provider?**

See a health care provider when you have any of the following symptoms:

- High fever in children
- Shaking chills
- Difficulty breathing/wheezing
- Chest pain
- Skin rash
- Worsening sore throat
- White or yellow spots on your tonsils or throat
- A cough that gets worse or becomes painful
- Severe headache
- Mental confusion
- Worsening earache

**Learning objectives 2: prevention of acute respiratory infections.**

**Methodology:** question and answer

**Instructions for the activity: prevention of acute respiratory infections**

- Through question and answer, facilitator identifies ways to prevent respiratory infections
- Discuss and summarise

**Trainers guides: Key Learning Points**

**How do I prevent URI transmission?**

- Keep breastfeeding children and increase the breastfeeding times.
- Turn away from others and use protective clothing such as handkerchief when you cough or sneeze.
- Wash your hands with soap after coughing, sneezing or blowing your nose.
- Wash your hands with soap before touching food, dishes, glasses, silverware or napkins
- Clean all utensils before using, especially those cups used by someone with a cough or a flu.
- Avoid close contact with others for the first two to four days.
- Keep your hands away from your nose and mouth.
- Eat healthy foods, especially fruits with vitamin C, such as oranges.
- Get plenty of rest.
- Take plenty of warm fluids
- Do not smoke.
- keep yourself or the baby warm

---

**Session 3. 9 Immunization and immunizable diseases**

**The aim of the session:** Participants understand importance of immunization and diseases that can be prevented through immunisation.

**By the end of the session participants will be able to:**

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methodologies</th>
<th>Training Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits of immunization and immunisable diseases.</td>
<td>Buzz groups, PLA tool- life line tool</td>
<td></td>
</tr>
<tr>
<td>The immunisation schedule</td>
<td>Interactive presentation</td>
<td></td>
</tr>
</tbody>
</table>

**Duration:** 20 minutes
Materials required:

Learning objectives 1: Identify benefits of immunization and immunizable diseases.

Methodology: Buzz groups, PLA tool - life line tool

Instructions for the activity: benefits of immunisation and immunisable diseases.
- explain the tool: life line tool and purpose of the tools
- divide the participants into 4 groups
- agree to show the life line of a healthy 5 year old baby (draw a straight line from the day of birth to 5 years)
- show important events or experiences that should take place along a child's life line.
- discuss and identify reasons why this events may not take place
- discuss and summarise.

Trainers notes: key learning points

What is immunization?

Immunization is the process whereby a person is made immune or resistant to an infection, typically by the administration of a vaccine or immunization through injection. Vaccines stimulate the body’s own immune system to protect the person against subsequent infection.

All children including those who are disabled need to be vaccinated. The vaccines are given either through injection like the BCG or through the mouth like the polio vaccines.

Why is it necessary to immunize my child?

- Immunization is urgent and your child need that immunization in the first year of his life.
- Half of all deaths from whooping cough cases, a third of all deaths from polio cases and a quarter of all deaths from measles occur in children less than one year of age.
- To save the life of your child, it is important to immunize the child at the ages specified or close to that.
- Immunization protects against several dangerous illnesses and include Tuberculosis, polio, whooping cough, measles and diphtheria.
- A child who is not immunized is more likely to suffer illnesses, become permanently disabled, or become malnourished and dies.

Which are the immunizable diseases?

These are most dangerous diseases of childhood and prior immunizations are the protections recommended

- Tuberculosis
- Whooping cough
- Tentanus
- Diphtheria
Is it safe to immunize a child who has a minor illness, or disability or who is a malnourished?

It is safe to immunize child who has a minor illness, disability or malnutrition and any other illness.

One of the main reasons why parents do not bring a child for immunization is that the child has a fever, cold, diarrhea or some other illnesses on the day the child is to be immunized. This is wrong. Its safe to immunize a child with minor illness, who is disabled or malnourished

After the injection the child may cry or develop a fever. A minor rash or a small sore. This is normal. Continue breastfeeding, give plenty of liquids and foods. If the child has an abnormally high fever, then take them to health center but that should not be a reason to deny him or her the immunization.

Learning objectives 2: immunization schedule.

Methodology: Interactive presentations

Instructions for the activity: immunization schedule.
- Facilitator makes a presentation on the immunisation schedule for children.
- Through question and answer, ask the participant the recommended immunisation schedule for women during pregnancy
- Discuss and summarise.

Trainers guides: key learning points

Immunization schedule for infants

<table>
<thead>
<tr>
<th>Ages</th>
<th>Immunization to be given</th>
</tr>
</thead>
<tbody>
<tr>
<td>At birth</td>
<td>BCG, Polio at birth</td>
</tr>
<tr>
<td>At 6 weeks</td>
<td>PENTA 1, POLIO 1,</td>
</tr>
<tr>
<td>At 10 weeks</td>
<td>PENTA 2, POLIO 2,</td>
</tr>
<tr>
<td>At 14 weeks</td>
<td>PENTA 3, POLIO 3,</td>
</tr>
<tr>
<td>At 6 months</td>
<td>Yellow fever, vitamin A</td>
</tr>
<tr>
<td>At 9 months</td>
<td>Measles</td>
</tr>
</tbody>
</table>

Pregnant women immunization is important for the audience as this touches them directly.

All pregnant women need to be protected from tetanus and that is done by immunization. Even if she was immunized earlier, for the current pregnancy she is to be immunized to give additional tetanus toxoid vaccinations. This vaccination also protects the newborn baby.

Immunization schedule for the pregnant women
<table>
<thead>
<tr>
<th><strong>Dose</strong></th>
<th><strong>When to be given</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>First dose</td>
<td>2nd trimester during pregnant</td>
</tr>
<tr>
<td>Second dose</td>
<td>One month after the 1st dose and not later than 2 weeks before her due date</td>
</tr>
<tr>
<td>Third dose</td>
<td>6 to 12 months after the 2nd dose or during the next pregnancy</td>
</tr>
<tr>
<td>Fourth dose</td>
<td>One year after the 3rd dose or during a subsequent pregnancy</td>
</tr>
<tr>
<td>Fifth dose</td>
<td>One year after the 4th dose or during a subsequent pregnancy</td>
</tr>
</tbody>
</table>

If a girl or a woman has been vaccinated with 5 properly spaced doses, she is protected for her lifetime. Her children are also protected for the first few weeks of life.

Who else is to be immunized?

- Pregnant women
- International travelers
- Every one during an out break of infectious disease
- Hospital staff
- People who are exposed to hazards / risks

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**Session 3. 10 Health Seeking Behaviour**

The aim of the session: Participants understand importance of seeking health care early.

By the end of the session participants will be able to:

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methodologies</th>
<th>Training Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants know the danger signs to look out for in children and during pregnancy</td>
<td>Buzz groups, PLA-health journey tool, interactive presentation</td>
<td>IEC tools</td>
</tr>
<tr>
<td>Participants know the importance of seeking health care treatment early enough.</td>
<td>Question and answer.</td>
<td></td>
</tr>
</tbody>
</table>

Duration: 25 minutes

Materials required: IEC tools.

**Learning objectives 1:** Participants know the danger signs to look out for in children and during pregnancy and the action to take.

**Methodology:** buzz groups, PLA-health journey tool, interactive presentations

**Instructions for the groups**

**Group 1: danger signs in children**

- Ask participants in group 1 to identify at least 5 danger signs to look at for in children from birth to 5 years
- Let the group make a plenary presentation of its findings
- Using the IEC pictorials, Discuss and summarise
Group 2: dangers signs to look out for during pregnancy

- Let the participants in group 2 draw a line which indicates the pregnancy journey of a woman. Within this journey, let the participants mark the following:
  
a) To identify issues faced by pregnant women during the 1st trimester, 2nd trimester and 3rd trimester
b) Identify a list of activities and measures that mothers should take during the 3 different trimesters to enhance their health and that of the baby
- Facilitator Discusses and summarises.

Trainee Notes: Key Learning Points

Danger signs to look out for in children and action to take:

- Refusal to breastfeeding
- Vomiting
- Diarrhea
- Fever
- If the umbilical cord becomes sore and water is oozing
- Fast breathing
- Loss of breathing

Danger signs to look out for during pregnancy:

- Vaginal Bleeding
- Severe frequent headaches and blurred vision
- Convulsions
- Swelling of hands and face
- Gush /fluid from the vagina
- Severe pains in the lower part of the abdomen.
- Reduced / no fetal movements

Some of the care and special attention that pregnant women need:

- begin to take folic acid and iron tablets or multiple micro nutrients immediately a mother discovers she is pregnant, all through the pregnancy
- visit the health facility for pre-natal care at least four times during the pregnancy
- take deworming tablets after the second trimester
- pregnant women should reduce their work load- ask for additional help to assist with the household chores and other chores within the home.
- Take the tetanus immunization during pregnancy.

Learning objectives 2: Participants know the importance of seeking health care treatment early enough.

Methodology: Question and answer

Instructions for the activity: benefits of seeking health care treatment early.

- Ask participants why its important to seek health care treatment early, when the above danger signs are experienced
- List the responses on a flip chart paper
Day 4

Session 4.1: Revision of Day 3

Aims of this session: Provide an overview of day 3 and an assessment of participants' knowledge level and understanding.

Duration of the session: 30 minutes

By the end of the session participants will be able to:
List some of the key learning points from the previous day.

Welcome participants back for day 4 of the Nutrition, Hygiene and Health Promoter TOT course.

Explain the purpose of the session and the importance of reviewing information and learning. The more that the participants practise new skills and review the knowledge they have gained, the easier it will become when working with other community members.

Let one of the participants lead the team in doing a recap of the previous day: including what went well and what could be improved during the remaining days of the training.

Session 4.2 Monitoring of the Nutrition, Hygiene and Health Promotion activities

The aim of the session: Participants understand the importance of monitoring the Nutrition, Hygiene and Health Promotion activities and different monitoring tools to use.

Nutrition, Hygiene and Health Promotion Training: Training for Trainers Guide April 2012
By the end of the session participants will be able to:

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methodologies</th>
<th>Training Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants understand the benefits of monitoring public health activities</td>
<td>Rotational group exercise</td>
<td></td>
</tr>
<tr>
<td>Essential practices that require monitoring</td>
<td>Question and answer</td>
<td></td>
</tr>
<tr>
<td>Different monitoring tools to use</td>
<td>Interactive presentation</td>
<td></td>
</tr>
</tbody>
</table>

**Duration:** 45 minutes

**Materials required:**

---

**Learning objectives 1:** Importance of monitoring and evaluation.

**Methodology:** Buzz groups, interactive presentations

**Instructions for the activities: Defining monitoring and evaluation**

- Facilitator writes on two different flip chart papers the terms: monitoring and evaluation.
- In groups of two, participants go to each flip chart paper in turns and define the two terms, not repeating any given definition that has already been written down.
- Facilitator, circles all the statements that define the two terms
- Discuss and summarise.

**Activity 2: Benefits of monitoring and evaluation**

- Facilitator writes down the terms monitoring and evaluation on different flip chart papers
- In the same groups again, the participants write down the benefits of each of the activities and not repeating terms that have already been defined.
- Facilitator, pulls out the benefits of the two activities.
- Discusses and summarise.

---

**Learning objectives 2:** Essential practices that require monitoring in Nutrition, Hygiene and Health Promotion implementation.

**Methodology:** Question and answer,

**Instructions for the activities: Practices that require monitoring**

- Through question and answer, ask the participants which are some of the practices that would require monitoring in Nutrition, Hygiene and Health Promotion.
- Discuss and summarise.

---

**Trainers Guiding Notes: Key Learning Points**

**Essential practices that require monitoring in Nutrition, Hygiene and Health Promotion**

Some of the practices and activities that require monitoring in Nutrition, Hygiene and Health Promotion includes:
- The actual number of Nutrition, Hygiene and Health Promotion sessions held includes the topic of discussion, venue/location for the training, number of participants, etc.
- Total number of house to house visits. This will include but not limited to:
  - Hand washing stations in place and in use
  - Number of households using soap
  - Number of households with latrines/fecal disposal structures in place
- Total number of Non Food Items distributed: this should include the type of none food item, date, the pieces distributed, to who(beneficiary), no. of persons in household/family etc.

**Learning objectives 1:** Monitoring tools for use.

**Methodology:** Interactive presentation.

**Instructions for the activities: Different monitoring tools for use**
- Through interactive presentation, develop together with the participants some monitoring tools that we can use for the 4 practices identified that would require to be monitored.
- Discuss and summarise
Trainers Notes: Guiding Key Information
Sample Monitoring Form 1: Non Food Item Distribution Form

Village/ Nutrition Centre _____________________________    Date:____________________________________________
Name of person completing the form ____________________________________

<table>
<thead>
<tr>
<th>Name of person receiving kit</th>
<th>ID number</th>
<th>Total Number of people in family</th>
<th>Details of family members of beneficiary</th>
<th>Items received</th>
<th>Signature/ fingerprint</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Number of children under 5</td>
<td>Number of pregnant women</td>
<td>Number of people over 60</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18 Somalia WASH cluster sample monitoring tools
Sample Monitoring Form 2: Nutrition, Hygiene and Health Promotion Activities

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic of discussion</th>
<th>Number of Participants</th>
<th>Results</th>
<th>Observation/ Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Men</td>
<td>Women</td>
<td>Children under 15 yr</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td></td>
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<td></td>
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<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19 ibid

Nutrition, Hygiene and Health Promotion Training: Training for Trainers Guide   April 2012
### Sample Monitoring Form 3. House to House Visits

**Name of camp/Bulla/Village**

**Nutrition, Hygiene and Health Promoters Name**

**Week beginning**

---

<table>
<thead>
<tr>
<th>House Number</th>
<th>Number of people in HH</th>
<th>Capacity and number of water containers (litres)</th>
<th>Water Container clean</th>
<th>Container covered</th>
<th>Soap available for hand washing</th>
<th>Water treated</th>
<th>Access to a latrine</th>
<th>Can cite 3 ways to prevent diarrhoea</th>
<th>Topic discussed, advice given, observations made</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20 10 5 Other</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Other</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>4</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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20 ibid

_Nutrition, Hygiene and Health Promotion Training: Training for Trainers Guide  April 2012_
Session 4. 3 Planning a training for Nutrition, Hygiene and Health Promoters within your organisation

The aim of the session: Participants understand the procedures that they shall have to take into consideration when planning a Nutrition, Hygiene and Health Promoters training within their organisations.

By the end of the session participants will be able to:

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methodologies</th>
<th>Training Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants understand some of the key requirements: to be able to successfully plan a Nutrition, Hygiene and Health Promoter training.</td>
<td>Interactive discussions</td>
<td></td>
</tr>
</tbody>
</table>

Duration: 45 minutes
Materials required:

**Learning objectives 1:** planning for a Nutrition, Hygiene and Health Promoter training

**Methodology:** Interactive discussion.

**Instructions for the activities: planning for a Nutrition, Hygiene and Health Promoter training.**
- Through interactive presentation, answer the 7 Ws for successful training
  - Who
  - Why
  - When
  - Where
  - What
  - What for
  - How
- Discuss and summarise

**Trainers Guiding notes: key learning points**

a) **Who:** when planning for a training: think of:
   - Learners in the training: think about their skills, their needs and resources. This helps you to decide on who to train.
   - Facilitators: are they sufficiently trained (yes, have participated in this training)

b) **Why:** what is the objective of this training and justify why it is needed

c) **When:** refers to the appropriate time for the training:
   - Think of the learning hours and breaks
- Starting time and finishing time of each session
- Starting time and finishing time of each day

d) **Where**: this is the location of the training. Also includes
   - Details of available resources: time is issue to consider (don't plan when there is an emergency)
   - Available equipment's
   - Availability of the venue and how the venue will be arranged. Venue should be conveniently accessible to majority of the participants.
   - Arranging for practicum sessions if required

e) **What**: this refers to the skills, knowledge and attitudes that learners are expected to learn – the content of the training, ie the training guide.

f) **What for**: the improvements in performance after the training, ie what participants will be expected to be able to do after the training

g) **How**: these are the learning tasks or activities that will enable participants to be able to implement what they learn from the training.  

Note: after training of the Nutrition, Hygiene and Health Promoters, you will need to conduct a practicum into the field.

Some of the things you need to consider when considering a practicum include:

- have no more than five seven participants for the practicum
- provide for sufficient time for transport to and from the field visits
- programme time for debriefing and discussion of site visits
- be aware of the schedules of the sites you are visiting.

**Additional tips to consider when conducting training’s:**

**During the training:**

Welcome participants, introduce participants and yourself
Make sure everyone understands the purpose of the training

Make everyone feel comfortable and feel that what they say is valued

Use positive body language: By using body language to show warmth and acceptance, you encourage others to relax and respond. Do not cross your arms, they form a barrier.

Dress tidily and modestly

Listen closely and observe how people are communicating, reacting.

Encourage participation - Some participants are talkative, others are quiet. You need to give everyone an opportunity to participate. Encourage quieter group members to open up.

Use open-ended questions; questions people can’t answer with a yes or no. Questions beginning with when, what, or how encourage people to give detailed answers.

---

Divide participants into small groups for discussions, speaking to large groups intimidates some participants. Spend time in small discussion groups and then ask them to report back to the whole group.

Use visual aids: Most people process information better if they see it, and demonstrate where possible. Use energisers to pick up energy levels.

Try to stay on schedule.

To prevent and manage conflict, use team-building activities, set ground rules and importantly agree to disagree. It is not always possible to resolve all conflicts. Encourage participants to treat each other with respect even when they disagree.

Before finishing, thank people for their active participation; explain the next steps, and the reporting after the meeting. Evaluate the meeting and finish on a positive note so people feel good when they leave.

---

**Session 4.4 Field Visit to an OTP site**

**The aim of the session:** participants familiarise themselves with the routine activities happening with the OTP site and actually evaluate the feasibility of implementing participatory Nutrition, Hygiene and Health Promotion to a groups of 10-15 mothers for about 7-10 minutes.

**By the end of the session, participants will be able to:**

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methodologies</th>
<th>Training Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participate in the implementation of Nutrition, Hygiene and Health Promotion session within an OTP site</td>
<td>Actual demonstrations in the field.</td>
<td></td>
</tr>
<tr>
<td>Review of the field visit</td>
<td>Discussions</td>
<td></td>
</tr>
</tbody>
</table>

**Prior preparation:**
- 3 participants volunteer to facilitate the public health sessions in the field (within the OTP site)
- Each of the participants prepare the topic of choice for discussion and required materials for demonstrations
- Arrange for transport to the field
- Have prior arrangements with the OTP site, so that the mothers and workers within the site are aware in advance for the session and plan for it.
- Upon arrival to the OTP site, ensure that participants not facilitating the public health sessions, do not cause overcrowding of the Nutrition, Hygiene and Health Promotion session.

**Materials required**
- Demonstration materials depending on topic of discussion
- Mats for mothers to sit on.

**Feedback from the field visit**
Session 4.5 Action Plan from the training

**The aim of the session**: participants develop an action plan that details “what to do after the public health ToTs training”

By the end of the session participants will be able to:

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methodologies</th>
<th>Training Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants develop a realistic and feasible action plan from the training</td>
<td>Interactive discussions</td>
<td></td>
</tr>
</tbody>
</table>

**Duration**: 45 minutes

**Materials required**: 

**Learning objectives 1: development of a realistic and feasible action plan from the training**

**Methodology**: Interactive discussion.

Instructions for the activity: development of action plan from training.

- Facilitator explains, through question and answer, the importance of action planning
- Facilitator leads the team in development of action plan from the training
- Discuss and summarise

**Trainers Guiding notes: Key learning points**

Sample guiding action plan:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Resources</th>
<th>By who</th>
<th>To who</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training of Nutrition, Hygiene and Health Promoters</td>
<td>Trained Tot</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

etc
Session 4.6 Final Evaluation of training

The aim of the session: Assess the participants overall understanding and acquisition of the skills over the past 5 days training

By the end of the session participants will be able to:

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Methodologies</th>
<th>Training Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post assessment: Assess the participants overall understanding of the 5 day ToT training.</td>
<td>Interactive discussions</td>
<td></td>
</tr>
</tbody>
</table>

Duration: 45 minutes
Materials required:

**Learning objectives 1: Assessing the participants overall understanding of the 5 day ToT training.**

**Methodology:** Post training evaluation.

**Instructions for the activity.**
Pre-training assessment
- Explain that questions will be asked and that participants will be expected to do the following:
  - Raise one hand with “open palm” if they think the answer is yes
  - ✓ Raise one hand with “with closed fist” if they think the answer is No
  - ✓ Raise one hand with “pointing fingers” if they do not know or are unsure of the answer.
- Ask participants to form a circle and sit so that their backs face the center.
- One of the facilitators will read the statements from the pre-assessment and another facilitator records and notes which topics if any present that still present confusion.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>At about six months, the first food a baby takes should have the consistency of breast milk so that the young baby can swallow easily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>The mother of a sick baby should wait until a baby is well before giving the baby solid foods.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>washing hands with water only is adequate way to prevent diarrhoea disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>A mother who is sick with acute waterly diarrhea or malaria should stop breastfeeding her baby until she is well</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Working with the WASH, Health and Food Security team in Nutrition, Hygiene and Health Promotion work will be too time consuming and will not contribute to a reduction in childhood malnutrition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Finishing sentences for the beneficiaries is a good way to encourage communication with the mothers and should be practiced as much as feasible.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Water that is clear is not always safe to drink and should be treated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>There is nothing wrong with babys fecal matter. One does not have to</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
wash hands after changing babys diapers.

9 Non food items such as soap, latrines, mosquito nets are important health enablers to enhance behaviour change

10 One of the causes of malaria includes drinking brown dirty water

11 All children above one year should be dewormed at least once per year

12 A child who is sick, disabled or malnourished should not be immunised because this action will worsen the illness.

Appendix 1: List of Materials for Training of Trainers

Training Room setup
- Wall space for hanging all the written up flip chart materials
- 5-6 tables arranged within the walls of the training venue for group works and for facilitators preparations.
- Participants and facilitators seated in a circle (without tables)

General training materials
- Flip chart paper
- Flip chart stands
- Masking tapes
- Felt pen makers
- Sticky writing pads
- Scrap balls 2 pieces
- Masking tapes
- Writing pens
- Cello tape
- 4 pieces of mats

Technical materials
- MUAC tapes
- Samples of locally available foods
- 4 small cups
- Materials for making 4 dolls
  - 4 bottles
  - Piece of cloth
  - 4 plastic bands
- Sample of commercial ORS
- Materials for making home-made ORS
  - Salt
  - Sugar
  - Steel glass
  - teaspoon
- Sample of ZINC tablets
- Materials required for hand washing demonstration
  - Soap
  - Nails
  - 5 Liter jericans
  - Strong threads
- Materials for water treatment demonstrations

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- 20 liter jericans
- Aquatabs
- 4 buckets or sufurias
- 20 liter jerican clear water
- 20 liter jerican brown water
- Wooden stick
- Aquatabs
- PUR
- 4 (1 liter) clear bottles

**Print Outs**

- Copies of the training time table
- Fact sheet on listening techniques
- Fact sheet on interpersonal communication skills
- Sorting cards for participatory activities
- Copies on Signs of malnutrition
- Print out of healthy nourished child, mother giving complementary food to child, a breastfeeding mother surrounded by family, couple taking child to hospital, appropriate water and sanitation practice.
- Food density recommended for children
- Print out of the letter of mother experiencing breastfeeding problems
- Acute watery diarrhoea quiz
- Single cards/printed with questions on breastfeeding during illness.
- WASH visual aids on the following topics:
  - 3 pile sorting (4 sets)
  - Sanitation ladder (4 sets)
  - 4 sets of the different items on the F diagram