

COMMUNITY COMMUNICATION

MNCH e-MANUAL:

PARTICIPATORY HEALTH PROMOTION SESSIONS

Abuja, Nigeria

July 2014



Health Worker leading ANC participants in the Maternal Danger Signs Song



This material has been funded by UK aid from the UK government; however the views expressed do not necessarily reflect the UK government's official policies.

FOREWORD FOR THE e-MANUAL USERS

The *COMMUNITY COMMUNICATION MNCH e-MANUAL for PARTICIPATORY HEALTH PROMOTION SESSIONS* was developed for master trainers to train trainers who in turn train field implementers--health workers, health assistants, NGO communicators and community volunteers to lead facility and community-based health promotion. The *e-Manual* provides detailed instructions for implementation of innovative, participatory Community Communication tools to generate community ownership and decision-making about key health information. The *e-Manual* supports the master trainers to model health promotion activities designed for implementation by and for low and non-literate community members. The step down training process is based on modelling the activities and reflecting upon the benefits of the innovative communication tools. Some trainers find it useful to download the *e-Manual* as a reference to remind themselves of the appropriate steps to follow for each activity. The field implementers rely on the intensive practice modelling the activities during their training. To facilitate recall, each training workshop needs to be limited to four or at most five sessions. In addition Job Aids provide user-friendly reminders of the key activities.

Innovative, participatory communication tools assist participants as well as session leaders to remember key health decision-making information. These interactive sessions are appropriate during ANC and Routine Immunization (RI) when most of the clients are not distracted by illness. However, facility based sessions will not suffice to fill the widespread gaps in basic health knowledge and practices. Moreover, the health behaviours of mothers and caretakers are strongly influenced by their husbands, mothers and mothers-in-law as well as by the attitudes and practices of people in their social environment. To this end, the chapters are designed as a series of weekly participatory community-based sessions with small peer groups led by community volunteers.



The *e-Manual* is envisioned as an evolving “open source” document available to all in its present version as well as in future versions with new health topics and updated health information.

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Some sessions have been adapted and integrated into this *e-Manual* from earlier manuals developed by the authors: a manual for a USAID-Benin project, the *Curriculum de Formation en Communication pour le Changement de Comportement (The Behavioral Change Communication Curriculum)* and two manuals for UKaid projects, the *Community Discussion Guide for Maternal and Newborn Health Care and Immunization in Northern Nigeria*, and *Mobilising Access to Maternal Health Services in Zambia*.

Many organisations have supported this process over the years. MannionDaniels, Ltd along with the consortium leader, Abt Associates,¹ has led the institutionalisation of the health promotion sessions and innovative communication tools for this comprehensive *e-Manual*. The Johns Hopkins University Center for Communication Programs (JHUCCP), Health Partners International (HPI) and the Program for Appropriate Technology (PATH) led the development of earlier versions. Refer to the Sources section for a list of key reference documents. The *e-Manual* is conceived as an organic, evolving document. The content and any errors remain the responsibility of the authors. Please share with us (saradeon@yahoo.com) your comments and communication tools to expand and improve the effectiveness of the *e-Manual*.

Abuja, Nigeria
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¹ Abt Associates leads the PATHS2 consortium in association with Mannion Daniels Ltd., Options UK and the Axios Foundation.

ACRONYMS

ACT	Artemisinin-based Combination Therapy
ANC	Antenatal Care
C/BEmOC	Comprehensive/Basic Emergency Obstetrics Care
CHEWs	Community Health Extension Workers
DFID	Department for International Development
EmOC	Emergency Obstetric Care
ETS	Emergency Transport Scheme
FANC	Focused Antenatal Care
FCO	Facility Community Outreach
FHC	Facility Health Committee
FMoH	Federal Ministry of Health
HF	Health Facility
HoD	Head of Department
IMCI	Integrated Management of Childhood Illnesses
LAM	Lactation Amenorrhea
LGA	Local Government Area
LSS	Life Saving Skills
LLIN	Long Lasting Insecticidal Net
LO-ORS	Low Osmolarity ORS
MCH	Maternal and Child Health
MNCH	Maternal, Newborn, and Child Health
NGO	Non-Governmental Organization
NPHCDA	National Primary Healthcare Development Agency
OIC	Officer in Charge
ORS	Oral Rehydration Solution
PATHS2	Partnership for Transforming Health Systems II
PHC	Primary Health Care or Primary Health Centre
PRRINN	Partnership for Reviving Routine Immunisation in Northern Nigeria
RAR	Rapid Awareness Raising
RI	Routine Immunization
RIP	Rapid Imitation Practice
SBA	Skilled Birth Attendant
SBCC	Social and Behaviour Change Communication
SMID	Safe Motherhood Initiative Demand-Side
SMoH	State Ministry of Health
SSS	Salt Sugar Solution
TBA	Traditional Birth Attendant
UK aid	United Kingdom Department for International Development programmes
UNICEF	United Nations Children's Fund
VH	Vaccination Hand
VfM	Value for Money
WHO	World Health Organisation

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CHAPTER 0: COMMUNITY COMMUNICATION

0.1 TOWARDS HEALTHIER NORMS

Introduction

The *Community Communication MNCH e-Manual for Participatory Health Promotion Sessions* provides step by step instructions for interactive health promotion sessions to reach people in groups using innovative maternal, newborn and child health communication tools. These user friendly communication tools make it easier for low and non-literate clients and community members as well as educated individuals to learn and share decision-making health information. During a series of three to five health promotion sessions per topic, participants learn basic health information well enough so that they can easily recall the information and share it with friends and relatives. Moreover during each session, participants discuss the new health information moving towards common sense decisions about the benefits of adopting healthier behaviours. Significantly, the sessions are often led by trained, community volunteers who organize small discussion groups (8-12) of their neighborhood peers. Unlike dialogues that require more educated facilitators trained to persuade people to adopt healthier behaviors, the sessions focus on ownership and sharing of the new health information. After each session, the participants are asked to share at home and then at the beginning of the next session they share what they discussed at home. Thus, the participants become community communicators, informal health promoters who increase communication within the community. This community communication generates social approval for healthier norms making it easier for each individual to act on his/her new health knowledge.

These participatory Community Communication tools and sessions can be easily integrated into existing health promotion activities and have also formed the core of the Community Communication strategy. Donor and government health programmes for diverse cultures and beneficiaries including, but not limited to, adolescents, youth, women, men, elders, migrants and refugees as well as health facility clients will find that the tools and sessions improve the effectiveness of their communication with the ultimate beneficiaries. The sessions efficiently provide the content for diverse interventions as demonstrated by their use in multiple donor projects: Partnership for Transforming Health Systems (PATHS) and Programme for Reviving Routine Immunization in Northern Nigeria-Maternal Newborn Child Health (PRRINN-MNCH) and PATHS2 in Nigeria, Mobilising Access to Maternal Health Services in Zambia (MAMAZ) and the Health Pooled Fund for the Kapoeta Civil Hospital in South Sudan. The public health evidence base has been established for the Community Communication Emergency Referral strategy for averting maternal deaths implemented during the four year PRRINN-MNCH program covering 9.5 million people in four Northern Nigerian states (See Aradeon and Doctor 2016).

The power of the Community Communication (CC) methodology

The *Community Communication MNCH e-Manual for Participatory Health Promotion Sessions* uses innovative social and behavior change communication (SBCC) techniques **to provide citizens with decision-making information, rather than messages. The objective of Community Communication (CC) is to catalyze changes in social norms around service utilization and healthier home care rather than to incrementally increase the number of health service users.**

CC is based on three basic premises. First, the responsibility of SBCC practitioners is to make it easier for people to change their behaviours. Second, citizens have a right to basic health decision-making information to protect themselves and their families. Third, within low resource collectivist societies, the crucial barrier to adopting new health behaviors is fear of disapproval from people within one's own social environment.

These underlying premises guide the CC strategy. **CC reaches people in groups making it easier for individuals to adopt healthier behaviours by empowering them to generate social approval and pressure for new behaviour norms.** The health sessions provide decision-making information using methods that enable community members to **easily understand, recall and then talk about** the new health information and behaviours with the people in their social environment. The group sessions catalyse communication within communities among family members, friends and neighbours. This informal interpersonal communication generates social approval for adoption of healthier behaviours. Without social approval and, in the case of resistant behaviours without social pressure, most women and families in modified-traditional societies will be inhibited by fears of disapproval and by inertia from actually adopting the health practices even if they have become informed citizens.



Norm change requires reaching deep into the community among the majority who are low or non-literate with minimal education or outside exposure. Acceptance of new health information is easier for community members if trusted community members are the messengers. Adoption of new attitudes and practices is easier if community members participate in their development.

Informed discussions among peers provide the space for community members to explore and confirm new attitudes while home visits become follow-up activities. To this end, low and non-literate female and male volunteers are trained to lead small, information-based discussion groups among their peers. Each group with 8-12 participants meets weekly for four-five weeks per topic. Participants are encouraged to share their new knowledge and attitudes at home and report back to their group. With multiple (8-12) groups holding sessions during the same period, everyone is talking and thinking about the new healthier behaviors. Large communities hold a second series of discussions to increase coverage.

The development and trialling of new communication tools and training methods were essential to empower both the community volunteers and the community members to become community communicators. These equitable tools can be used just as easily by poor, non-literate women as by educated, donor-funded male field workers. They also function as a form of Rapid Entertainment Education providing pleasurable and memorable activities performed by the participants (See Aradeon, Abdullahi and Hussaini, 2016). An innovative training methodology, Rapid Imitation Practice (RIP), rapidly transfers ownership of these mnemonic tools to health workers and front line workers and volunteers as well as to community members.

The innovative, memorable CC tools go beyond mere awareness-raising by promoting knowledge and attitude sharing within communities. The communication tools were developed for societies with low levels of health awareness where individuals adopting new health behaviours risk people talking about them behind their backs: *Who does she think she is delivering at the facility? I delivered at home without causing anyone any trouble and look at my fine children.* The tools are based on the premise that if everyone or almost everyone within one's social environment agrees on the benefits of adopting healthier behaviours, it will be easier for each person to change his or her behaviour.

The Community Communication methods are actually a set of equitable, easy to implement, and enjoyable rote learning techniques and narrated mimes for teaching citizens the very basic health decision-making information that every individual has a right to know regardless of education, gender, status or wealth. The ditty, *If you don't talk about it* (Figure 1), encapsulates the conceptual basis for the Community Communication approach, recognizing that people need to discuss the benefits of new behaviors in order to assure themselves that the behaviors make sense for themselves and that people in their social environment will support their decision to change.

Figure 1:

IF YOU DON'T TALK ABOUT IT

*If you don't talk about it,
You won't think about it.
If you don't think about it,
You won't do anything about it.*

*If you don't talk about it,
You won't know what others think about it.
If you don't know that others agree about it,
You won't do anything about it.*

*If you can't recall it, you won't share it.
If you don't share it, no one will think about it.
If no one thinks about it, no one will do anything
about it*

Innovative Community Communication tools

Innovative communication body tools reinforce the health content helping highly educated facilitators as well as illiterate group leaders to stay on track and enabling the participants to recall the content. Community Communication methods are participatory in the sense that the participants participate in communicating the content during the health sessions in the facilities



and communities and, more important, they participate in communicating the content to people within their own social environment. The communication body tools have the advantage that they are easy and fun to learn, in the language of the community members and always available. Unlike the costly flip charts, counselling cards and brochures that are kept with the health promoters, communication body tools remain with the participants. Moreover, the body tools eliminate the time and effort needed for community members to understand the illustrations that the health promoters use as teaching tools.

These body tools provide more value for money than print materials. After a front line worker leads a CC activity, participants are left the memorable body tools whereas most programmes lack behavior change communication budgets large enough to provide print materials for each community member.

The **SAY & DO communication body tools function as a *People's PowerPoint***. Like PowerPoint, the communication body tools facilitate complete, accurate recall for the presenter and comprehension and recall for the activity participants. Participants SAY the new health information and the DO something to help recall the information. For instance, you say FEVER while you CROSS YOUR HANDS OVER YOUR CHEST AND SHIVER, pretending to be suffering from fever. Trainee community volunteer health promoters and the community members who are the ultimate beneficiaries learn to SAY & DO altogether in chorus using the choral recitation method described below. Watch www.youtube.com/watch?v=3IUcbHMMvWY as a video clip demonstrating group practice of the maternal danger signs. Suggestions for memorable “DO” actions are provided for each SAY & DO activity in the *e-Manual*. They were developed during initial training workshops. Senior master trainers will need to confirm their cultural relevance or develop alternatives for the DO activities. For instance, since the culturally appropriate birthing positions differ among ethnic groups, the communication body tools for prolonged labour necessarily differ from one cultural group to another. Once the mnemonic body tool has been developed and tried out in the field for a month or two, the SAY and DO activity becomes fixed for the particular culture and will be replicated as the intervention rolls out without further changes.

Narrated mimes are another type of memorable whole body communication tool. The health session leader tells a story while directing a few participants who volunteer to serve as participant-actors. These five minute narrated mimes provide memorable short dramas illustrating important health issues without requiring actors, rehearsals or props. Narrated mimes have the added benefit that people like to talk about the roles played by the participant-actors who are their own friends and relatives. Good examples are available in Session 3.4: Diarrhoea and Polio Prevention. For the *Fly and Stool mime*, the infected child stooling stands on one side of the “stage” and the mother who prepares food for her children on the other side while the narrator stands in the middle with the FLY (See Figure 2). This helps the audience distinguish the roles they are playing without the benefit of dialog, costumes and props.

Avoiding reliance on costumes and props is essential because otherwise session leaders may opt for merely telling the story which is much less effective than involving the participants as the actors. The story is simple. "See the INFECTED CHILD stooling behind the compound. Also see the MOTHER who sets out the food for her children in uncovered bowls. Now watch the FLY fly over and sit on the child's stool and then on the children's food. Finally, we need two more volunteers to come forward and act as the children. Watch the CHILDREN eat the delicious food." Then during the debriefing, the community members use any prior health awareness and their common sense to develop their own health "messages".

Figure 2: Positioning of Volunteer-Actors on the Mime "Stage"		
INFECTED CHILD who stools in the compound	MIME LEADER & FLY that flies onto the stool and then onto the uncovered food	MOTHER who prepares food and feeds the uncovered food to her children

Health songs set to familiar tunes are well-established, easy methods for encouraging community communication. For health promotion purposes simple, repetitive songs with small



bits of health information integrated into a familiar and/or catchy tune are most effective. "Old MacDonald had a Farm" is a good example of a familiar repetitive and memorable song that is fun to sing while simultaneously sharing basic information. The knowledge sharing power of health songs is greatest when the most important, new information is at the beginning of the song and/or in the chorus. Everyone can easily recall and sing these songs without considering themselves among the best singers in their community, thereby providing a very powerful way of sustaining

communication messages within the community. Health workers already know many songs. The words for a few health songs in English and their original local languages are available in the annexes attached to each chapter. Often the participants sing, clap and dance as well as adding on the associated body tools. With these simple entertaining communication tools, community members become the communicators as well as the audience.

Two types of demonstrations are used in the *e-Manual*: the standard health demonstrations and **food for thought demonstrations** that help participants understand the medical rationale for recommended health practices. The *Preparation of LO-ORS and ORS from a packet* is a standard health demonstration (Session 3.5 Diarrhoea Care). *Correct handwashing* (Session 4.1: Cleanliness Fights Invisible Germs) transforms the standard participant practice into a simpler, fun group activity that helps the participants' hands and fingers remember correct handwashing actions. This simplified process makes it easier for front line workers to promote handwashing even if they lack the funds and organizational support to arrange for soap and water for all the participants. The *Dehydration-rehydration demonstration* (Session 3.5: Diarrhoea Care) is a food for thought demonstration. It is a rapid way of explaining why health workers make the counterintuitive recommendation to give the child oral rehydration. Similarly,

the demonstration, *Hot pepper is like invisible germs*, requires only three minutes and one hot pepper in order to introduce basic germ theory to the participants (Session 4.1: Cleanliness Fights Invisible Germs). A slightly different type of food for thought is provided by Session 4.3: The Three Food Groups. In this case, participants learn the questions to ask themselves (the criteria) in order to identify the locally available foods that fit into the food groups rather than being shown illustrations of food groups which often include foods that are too expensive or out of season for the participants to purchase. The participant responses to the food-group defining questions expand the scope of available foods for the health of their families.

0.2 TRAINING METHODS FOR RAPID SCALE-UP

Introduction

Training for *e-Manual* implementers involves modelling, practicing and reflecting on the effectiveness of using the innovative activities. This is an efficient way to overcome initial reluctance of trainers to forgo more familiar training tools and approaches. Each activity and session has been designed to make essential decision-making information easy for community members to understand and recall. The *e-Manual* provides detailed instructions that support rapid scale up of the interactive communication tools and content for master trainers, health institution tutors, and health educators/promoters at state and district levels. The step by step instructions for each health session suffice as a guide for initiating utilisation of these sessions within any MNCH health promotion activity or intervention. Although the instructions may seem tedious, trainees at all levels quickly experience for themselves the benefits of the innovative tools. The master trainers need to read the manual but most trainers will only need to be familiar with it and refer to it occasionally.

The *MNCH Health Promotion Session Job Aids* in the annex assist session leaders working directly with the public during facility health talks and community health promotion sessions to recall key points and actions. They are especially useful for health session leaders during the first sessions that they lead or when a long gap has occurred since they last led a particular session.

The master trainers and the trainers facilitate workshops that model the interactive health sessions, practice the activities in small groups and reflect on the benefits of using the community communication approaches. In the process the trainers, health workers and other health promotion session leaders become persuaded of the efficacy of these approaches and learn the content and methodology well enough so that they can replicate the training at lower levels and with their clients/participants with minimal effort. This modelling and practicing approach lightens the load for trainers and makes it easier to replicate the quality of the health sessions through the step down process to achieve a well-informed public. Two training methods based on rote-learning in groups make it easier for implementers at all levels to adopt the innovative communication tools: Rapid Imitation Practice and Choral Group Practice.

The Rapid Imitation Practice (RIP) method for training at all levels

Ripping is a rote learning method that integrates practice of new information and communication techniques with opportunities for each trainee to alternate between playing the roles of participant and leader. Like SAY & DO, this method is also effective and enjoyable for senior trainers. For each new health session activity the senior trainer models the activity in plenary with the trainees acting as participants rapidly imitating the trainer.

Then the trainees break out into *ripping* groups for practice. Groups of five or six trainees sit

with a co-trainer who models the SAY & DO activity while the trainees again act as participants rapidly imitating him altogether in a chorus. For instance when *ripping* “fever” as one of the maternal danger signs, the co-trainer says FEVER while crossing his arms and shivering and the trainees respond in chorus imitating the leader. Then each trainee takes a turn as the trainee-leader while the others imitate him or her in chorus. This process enables everyone to practice six times saying the new information and doing something to recall that information while also having an opportunity to practice being the health talk leader. The *ripping* co-trainer takes the trainees through this process for three maternal danger signs until they can all easily recall the body tool and the associated danger sign. After plenary review and confirmation that participants understand the first set of danger signs that they practiced, the lead trainer models another set of three danger signs.



The Rapid Imitation Practice method gives a trainer the capacity to train large groups of 50-80 trainees while ensuring that the trainees acquire ownership of the new method and content. Initial opposition to the new SAY & DO activities which are replacing the more familiar counselling cards is overcome by modelling the activities; trainees realise that the interactive activities are easy to recall and do not require studying a manual or interpreting a counselling card to acquire competency. For large groups, the requirements are a loud speaker, sufficient space inside or under trees and sufficient co-trainers for one co-trainer per *ripping* group. The co-trainers are usually field level implementers who can be effective even if they only have minimal experience with the method.

For rapid scale-up when introducing *ripping* in a new district, engaging sufficient co-trainers can be a challenge. One option is to expand the *ripping* groups to 12 trainees but, for each practice round, only give half of the trainees the opportunity to act as trainee-leaders. This short-cut prevents the boredom that would occur if all 12 trainees led each practice round. Another option is to hold an initial training within a health training institution and subsequently engage a sufficient number of the students as co-facilitators for 6-person *ripping* groups.

A slightly modified version of *ripping* is used to build the capacity of community volunteers to direct “narrated mimes”. Each time a group leader calls for a participant to volunteer, the leader needs to demonstrate the desired action. For instance, when calling for a participant to mime stooling in the back of the compound, the leader needs to squat and make a spurting sound so

everyone realises that the participant playing the role of the infected child will be miming the action of stooling with diarrhoea. In order to have enough participant-actors as well as a few participants to serve as the audience, larger practice groups with 12 participants are required. Even though not everyone will have an opportunity to direct the mime, each person needs to play a minimum of two roles. In addition, each mime needs to be practiced three or four times to build sufficient confidence and capacity for each trainee.

Ripping is also used to assist community volunteers to think through discussion issues and build their skills for leading discussions. During plenary the facilitator models difficult issues and responses. During the *ripping* groups, the leader raises issues and each trainee in the circle contributes a response that could realistically be expected from community members. Then the trainees take turns counteracting any unhealthy responses. Thus the trainees begin sharing discussion ideas during this ripping exercise. Rapid imitation of effective responses multiple times enables most of the trainees, even those with minimal status and skills, to gain sufficient confidence and competence with the issues to initiate basic discussions with their peers. This approach works in the field because the purpose is merely to get peers talking and thinking together about how the new health information affects them without a predetermined outcome for the discussion.

The choral rote learning method, a public health responsibility

The choral method is a rote learning method (See Figure 3) that makes it easier for trainers and session leaders to meet their public health responsibility of ensuring that all participants have an opportunity to own the new, decision-making health information. The choral method starts with a demonstration of the entire activity to be learned. Trainers lead group practice with everyone saying and doing the same thing together like a choral group; otherwise the group will just be making a lot of unintelligible noise. Adherence to this group recitation method overcomes the tendency of many health session leaders to move too fast leaving too many participants with merely a vague awareness of new health information. This group recitation method is useful during all the activities to ensure that participants own the new information and are comfortable sharing it at home.

An essential feature of the choral method involves breaking the information into short teaching units and then joining the units after they have been practiced and learned. This includes teaching the health information and the associated body movements separately and then joining them together. At each stage before moving forward, the leader needs to confirm that everyone, or almost everyone, is correctly demonstrating the new skills. Specifically for teaching health songs, trainers are encouraged to keep in mind that the ultimate aim of the songs is to empower everyone, not only the best singers, to enjoy singing the songs complete with their health information at home. It will be easier for the majority of participants to learn the song faster and better if the stanzas are taught line by line assuring that everyone is singing correctly before moving to the next line.

Master trainers are free to vary implementation of this rote learning approach. Depending upon the size of the group and the amount of knowledge to be acquired, choral group practice will need to be repeated several times in order to ensure that the participants own the information and associated communication tools. The leader needs to watch for participants who will be able to demonstrate for the group. Ensuring that everyone or virtually everyone is practicing correctly is essential for empowering participants to become community communicators. Trainers at all levels need to use these methods as well as front line workers communicating

with the ultimate beneficiaries. In addition, the SAY & DO choral group practice easily serves as a fun and educational energizer during meetings and workshops.

**Figure 3: The choral rote learning method
with each segment repeated TWO or MORE TIMES
to ensure ownership of the new health information**

Step 1: Introduction

- a. Say: *We are going to learn (insert the new health information along with some body movements or poses (like posing for a picture) to help us remember the new information.*
- b. Say: *Watch me demonstrate all the new information with the body movements.*
 - Demonstrate the entire activity
- c. Explain the significance of the information and how the body movements relate to the information
- d. Demonstrate a SECOND TIME.

Step 2: Practice the first segment of information (without the body movement)

- e. Say: *Let me demonstrate the first part before I call on you to practice.*
- f. Say: *I will demonstrate again. Then everyone will practice with me TWO TIMES.*
 - Demonstrate the segment.
 - **Say: *Everyone! or Together!* to cue everyone to start practicing together like a chorus; otherwise people will begin at different times and it will merely sound like a lot of noise.**
 - Say: *Everyone! or Together!* This cues a SECOND ROUND of practice

Step 3: Confirm that the participants are correctly practicing by paying careful attention. Notice the best participants and check that everyone or almost everyone has learned the demonstration

- g. Ask 2 or more groups of participants sitting near each other to practice
- h. Ask 2 volunteers to practice
 - For the volunteers, pick the best participants
 - If the volunteer makes a mistake, gently ask him/her to let you demonstrate again. Then demonstrate again; otherwise the other participants will get confused.
- i. Say: *We will all practice together TWO TIMES at my cue.*
 - Say *Everyone!* to cue the group practice.
 - Say: *Everyone* to cue the group practice a second time.
- j. Watch carefully to confirm that everyone or almost everyone is practicing correctly.
- k. Congratulate everyone.

Step 4: Integrate the information with the body tool for the first segment

- l. Practice the first body movement using Step 2.
- m. Integrate the information and body tool using Step 2.
- n. Confirm that the participants have learned to integrate the information and body movements using Step 3.

Step 5: Repeat Steps 2-4 for the next segments

Step 6: Join all the segments together using Step 2.

Debrief:

- What does this demonstration teach us?
- Please share this demonstration at home. How many of you think you can remember this demonstration and do it at home?
- Encourage everyone to share this new knowledge at home.

0.3 ORGANISATION OF THE *e-Manual*

Introduction

The descriptions of the each MNCH health promotion session are long and detailed because they describe best practices for implementing these new techniques; however the communication body tools are actually very easy to use. Implementers only need to refer to the *e-Manual* or the *Job Aids* when they need to refresh their implementation knowledge and skills if they not been involved with the health sessions for a long time.

The *e-Manual* is divided into five chapters that can be used separately or together:

- Chapter 0: Community Communication
- Chapter 1: Safe Motherhood
- Chapter 2: Newborn Care
- Chapter 3: Child Care
- Chapter 4: Family Care

Each chapter has its own annex that includes some supplementary information and any songs that have been developed and used by health workers and community members to reinforce recall. Chapter 4 includes health sessions on germ transmission, handwashing and good nutrition to avoid duplication and recognise that these health practices are for the entire family. These sessions should be inserted into chapters 1, 2 and 3 where appropriate.

The health promotion session format

Each health promotion session follows a basic pattern and takes about 35 minutes (Figure 4). Health sessions begin with clients/participants sharing their own knowledge and experiences. Then the health session leader presents new health information using communication body tools and demonstrations to help everyone recall the new information. For some key health information such as the maternal danger signs, everyone practices the communication body tools to ensure easy recall of the new information. Each health session closes with the most senior health worker or lay leader responding to client/participants' questions and encouraging clients/participants to share with other family members and friends.

Health promotion session leaders need to listen to their clients and community participants to informally assess their knowledge. Discussing experiences helps the leader and the participants focus their attention on the new knowledge and attitudes and especially on those areas where mistaken beliefs will hinder adoption of new behaviours. Participants who have an opportunity to say what they believe will be more ready to listen to the medical knowledge being imparted during the health talk. Praise clients when they share medically correct knowledge and avoid correcting mistaken beliefs unless they are harmful.

Figure 4: Basic format for 35 minute health sessions		
Timing	Activity	Main Communication Purpose
3-5 minutes PARTICIPANTS' EXPERIENCES	Includes PARTICIPANTS' EXPERIENCES WITH THE HEALTH TOPIC & REPORTING ON THEIR EXPERIENCES SHARING NEW INFORMATION AT HOME	Helps participants remember what they already know so they can focus attention on new information Helps health session leader find out what participants know and what new information needs to be emphasized Helps participants review and recall the new health information Increases social approval and highlights remaining barriers to change
15 - 20 minutes LEARNING & PRACTICING NEW HEALTH DECISION-MAKING INFORMATION	PRESENTATION	Teaches participants new health information
	SAY & DO, sometimes in the form of a HEALTH SONG	Participants practice and own the information using an enjoyable group activity that encourages discussion and/or singing the health song at home
	NARRATED MIME	Dramatises a health issue with participant-actors to increase comprehension and encourage discussion
	DEMONSTRATION	Shows how to carry out a home health behaviour
5 – 10 minutes DISCUSSION	REACTIONS, NEW ATTITUDES & RECOMMENDATIONS	Group reflection on the new health information leading to new attitudes and recommendations for action
5 minutes CLOSING	QUESTION & ANSWER TIME	Gives participants an opportunity to ask questions with responses by the most senior health session leader.
	ENCOURAGE SHARING AT HOME	Encourages participants to discuss their new knowledge with relatives and friends

Addressing citizens' rights to informed health decision-making

Concerns for basic human rights are at the core of these MNCH health sessions. Consequently, the health sessions cover the basic decision-making information that each person has a right to know in order to protect him/herself and family. The quantity of information to be learned and recalled by participants is substantial. Thus, the facility based health sessions where health workers have mothers as captive audiences during the four focused antenatal visits and the five routine immunization visits will not suffice. Clearly all the topics cannot be addressed during these preventive facility visits and mothers complain about being delayed in the facility waiting for the senior health worker to give the health talk instead of providing services. Furthermore, the husbands, mothers and mothers-in-law who are often decision-makers and virtually always influencers are rarely present during these facility-based health sessions.

To reach more women within the health facilities while diminishing their frustration about health talk delays, prepare to hold two health talks during ANC and two health talks during RI. Health assistants can assist the health worker during these health talks taking over responsibility for parts of the talks and gradually taking responsibility for entire talks. This will free the professional staff to spend more time providing medical services. Since the health talks are designed so they can be led by community members, health assistants can easily learn to lead the health talks. To respond to clients concerns, a health worker can lead a closing question-answer session.



Clearly, regular outreach health sessions will need to be organised in the community to supplement the facility health talks; otherwise very few people will benefit from learning about and discussing health decision-making information. In addition to facility outreach activities, social and community mobilisation efforts by other groups can be supported to provide health sessions.

The evolving nature of the health session content

The health session topics have omitted some useful information that will need to be incorporated into a future version while other useful information has been omitted to keep the content short and simple enough to ensure that the participants are able to learn, recall and own the information within the limited time available. For instance, only the nine most common, easily recognizable and life-threatening maternal danger signs are taught in order to avoid overwhelming women and men even though health workers know many more dangers. Women facing breastfeeding difficulties may individually need more comprehensive advice from their health worker. Similarly, home-based facility delivery is only addressed in terms of basic infection prevention because the sessions are designed to be led by non-professionals as well as professionals. Health workers can refer to the American College of Nurse-Midwives publications on *Home Based Life Saving Skills* to prepare lessons on home delivery. Nutrition has been barely addressed and HIV/AIDS and sexually transmitted infections have not been addressed at all. These topics need to be addressed in future versions of the *e-Manual*.

Chapter 1: MATERNAL CARE



SESSION 1.1: MATERNAL DANGER SIGNS

1. What risks do women face with each pregnancy?	EXPERIENCES
2. Risks of maternal complications	SAY & DO
3. Identify the referral facilities and emergency phone numbers for your participants	PREPARATION (for facilitators)
4. Learn the maternal danger signs	SAY & DO
5. Mistaken beliefs about danger signs	EXPERIENCES/ PRESENTATION
6. Learn the <i>Maternal Danger Signs Song</i>	SING

Note: Knowledge of the maternal danger signs forms the basis for recognizing the need for maternal services (ANC, facility delivery, emergency obstetric care and birth spacing as well as family planning for limiting).

- *Nine common and easily recognizable danger signs have been selected to avoid overwhelming community members with too much information.*
- *To reduce the amount of information to be learned by community members, the distinctions between danger signs for the pregnancy, delivery and postpartum periods have not been taught since most of the danger signs occur during all periods except for some of the delivery signs.*

1. **EXPERIENCES: What risks do women face with each pregnancy?**
 - A. **Think about your sad memories of women who were in danger or died during pregnancy, childbirth or in the first days or weeks after childbirth? What happened that told you that the woman had problems and her life and/or the life of the unborn child was in danger?**

Listen to the responses. Possible responses:

 - Mother bled.
 - Mother had convulsions
 - Mother was still in labour after a whole day and night.
 - The baby's head was not coming out first
 - Placenta did not come out.
 - B. **Ask: What is the significance of the following traditional saying (if it is traditional for the particular culture): "A pregnant woman has one foot in heaven and one foot on earth".**

2. PRESENTATION: The risks of maternal complications

THE RISKS OF MATERNAL COMPLICATIONS	
SAY the new health information &	DO something to help us remember the information
Every pregnancy can have a maternal emergency a. during pregnancy b. during delivery and c. up to 6 weeks (42 days) after delivery.	<ul style="list-style-type: none"> • <i>Show great pain on your face and sorrow</i>
Most maternal emergencies occur suddenly and unexpectedly	<ul style="list-style-type: none"> • <i>Show surprise and then pain and sorrow</i>
A woman who gave birth without difficulty <ul style="list-style-type: none"> • one or two times or for the first time or • many times or can have a maternal emergency with her next pregnancy	<ul style="list-style-type: none"> • <i>Hold up 1, then 2 fingers and smile</i> • <i>Hold up the fingers of both hands to represent many births and smile with happiness</i> • <i>Show surprise and then pain and sorrow</i>

3. PREPARATION (ONLY FOR FACILITATORS): Identify the referral facilities and emergency phone numbers for your participants

- the referral facilities for emergency and non-emergency maternal danger signs
- emergency phone numbers

Note: The Health Facility Officer in Charge must determine the appropriate referral sites and ensure that all staff and volunteers including security men and cleaners know the referral sites and that the clients learn the referral sites during ANC. The appropriate referral site depends on the services offered by the specific facilities and takes into consideration the different requirements for non-emergency and emergency danger signs. Referral sites for emergencies must provide 24 hour services daily with Skilled Birth Attendants.

MATERNAL WARNING SIGNS (Non-emergency signs that can be treated in a PHC)	FACILITY NAME AND LOCATION (insert nearest PHC below)	
<ul style="list-style-type: none"> • Fever • Anaemia • Severe headache 	Name: _____ Location: _____	
MATERNAL EMERGENCY DANGER SIGNS	FACILITIES WITH 24 HOUR SERVICES DAILY	
<ul style="list-style-type: none"> • Severe pain during pregnancy • Convulsions • Severe bleeding • Hand, foot, cord or buttocks coming first • Labour lasting more than 12 hours • Placenta taking more than 30 minutes 	a) <u>Basic Emergency Obstetric Care Facility</u> Name: _____ Location: _____ b) <u>General Hospital</u> Name: _____ Location: _____	
EMERGENCY PHONE NUMBERS		
Drivers	Name	Telephone Number
Nearest Facility	Name of Officer in Charge	
Ambulance	Name of Responsible Official	

4. SAY & DO: Learn the Maternal Danger Signs¹

A. Introduction: We will learn about two types of maternal danger signs and the facilities for treatment: Emergency and Non-Emergency.

- **Emergency Maternal Danger Signs** are signs that a woman and/or her baby will die or be permanently harmed (possibly with VVF [Vesico-Vaginal Fistula] or sterility) if you do not rush her to a facility with specially trained health workers. The Skilled Birth Attendants (SBA), midwives and doctors can save her life and her baby's life.
- *Say the name the nearest Basic Emergency Obstetric Care facility (BEOC) or General Hospital (GH) and describe its location.*

- **Non-Emergency Maternal Danger Signs or Warning Signs** can be treated at this facility but don't delay because they can suddenly become emergencies.

Name the facility. _____

B. We will learn 9 maternal danger signs.

- **These nine signs are not the only danger signs but they are the most serious and common signs.**
- **We will learn three danger signs at a time to make it easier to remember them.**

¹ *These poses were developed by Hausa women to help them remember the danger signs. For other cultures, help the women and men create their own group of memorable poses.*

SAY the danger sign	DO a pose to remember the danger sign	EXPLAIN the danger
EMERGENCY MATERNAL DANGER SIGNS (1-3)		
1 - Severe abdominal pain during pregnancy	<i>Move your hands back and forth across your abdomen while moaning.</i>	Don't delay. Rush to the hospital. <ul style="list-style-type: none"> • Can be the baby is growing outside of the womb and will cause loss of life. • With bleeding, it can mean she is losing the baby.
2- Fitting	<i>Hold your hands up in the air and let your head fall to one side while shaking your hands and whole body.</i>	<ul style="list-style-type: none"> • Can only be stopped in a facility with an SBA or the General Hospital. • Can cause loss of life for mother and newborn
3 - Severe Bleeding	<i>Hold your hands flat, face down above your lap and push away from your body to remind us that the blood flows away from the womb.</i>	<ul style="list-style-type: none"> • Trained health workers² with special medicines can prevent severe bleeding. • A major cause of death during and after delivery. • Can quickly cause loss of life: 2-4 hours during and after delivery. • Recognize severe bleeding³ <ul style="list-style-type: none"> • Any amount of continuous bleeding. • Large clots, the size of your fist • Weakness and fainting. The woman cannot stand up alone or she falls • Any bleeding during pregnancy needs facility care
EMERGENCY MATERNAL DANGER SIGNS (4-6)		
4 - Labour more than 12 hours (prolonged)	<i>Pretend to be in the local birthing position and show severe pain.</i>	May indicate: <ul style="list-style-type: none"> • Baby is bigger than the birth canal (occurs more often with girls who are too young⁴ or during first pregnancy) • Wrong part of the body is presenting

² Determine the availability of community-based preventive misoprostol tablets and if available provide the appropriate information.

³ See Home Based Life Saving Skills, 2nd Edition, 2010, Book 2: Woman Information, <http://www.midwife.org/ACNM-Publications> for more detailed training and care for home-based deliveries.

⁴ Although a girl who menstruates is capable of becoming pregnant, her pelvis bones are not fully formed and the birth canal may not be able to expand large enough for her baby.

		<ul style="list-style-type: none"> • Mother is too weak
5 - Hand, foot or cord comes first	<i>Push your right hand out in front of you; push your foot out in front. Pull your hand out from your belly button</i>	<ul style="list-style-type: none"> • The baby will not come out without medical assistance.
6 - Placenta does not come out within 30 minutes of childbirth	<i>Hold out your two hands in a receiving position above your lap and open out with an expression on your face showing anxiety.</i>	<ul style="list-style-type: none"> • Will cause prolonged and severe bleeding that can cause loss of life
<p align="center">WARNING SIGNS or NON-EMERGENCY MATERNAL DANGER SIGNS (7-9)</p> <p>The facility health worker can take care of you. Come to our facility within 24 hours. Don't wait any longer. These WARNING SIGNS can suddenly change to emergency danger signs.</p>		
7 - Severe Headache	<i>Hold the side of your hand on your forehead pretending to have a terrible headache.</i>	<ul style="list-style-type: none"> • A sign that she may start fitting which may lead to the loss of her life or the baby's.
8 - Anaemia Pale palms of the hands and pale inner eyelids	<i>Hold your hands out in front of you with your palms up and look at them to show the area that will be pale. Touch your eyelid and pull out the lower lid to show the area that will be pale.</i>	<ul style="list-style-type: none"> • Signs that her blood is too weak (caused by poor nutrition, malaria and/or worms) • Makes baby's birth weight too low for good survival. • An anaemic woman can die during delivery from loss of a small amount of blood.
9 - Severe Fever	<i>Cross your arms on your shoulders and shiver</i>	<ul style="list-style-type: none"> • Caused by infection that can result in sterility especially if there is foul smelling discharge; or • Caused by malaria that may result in still birth, low birth weight or death for the newborn and for the mother.

5. EXPERIENCES/PRESENTATION: Mistaken Beliefs about Danger Signs

Note: The purpose of this activity is to allow the participants to bring forward their traditional beliefs and to consider modern reasons why they should rush women to the EmOC facility despite their traditional beliefs.

- *Identify conflicting beliefs that prevail in the area where you are holding the health promotion session.*
- *Participants can identify reasons people do not recognize or fear the maternal danger signs.*

- Discuss the conflicting beliefs and provide ways to counteract them.
- See Annex 1.1 for examples that may or may not apply to your area.

6. SING & SHARE: Learn and sign the *Maternal Danger Signs Song*.

CLOSING: What questions do you want to ask?

**Talk about this information with your husband, family and friends.
Encourage other people to learn the Maternal Danger Signs Song.**

SESSION 1.2: SAFE PREGNANCY PLANS

1. The <i>Maternal Danger Signs Song</i>	SING
2. Why did some women not get timely emergency care?	EXPERIENCES
3. Do Not Wait. Go immediately to the hospital.	PRESENTATION
4. Know the signs of labour to identify prolonged labour	EXPERIENCES/ PRESENTATION
5. Reasons we delay and preparing a Safe Pregnancy Plan to avoid delays	EXPERIENCES
6. Using your fingers to remember the Safe Pregnancy Plan	SAY & DO

1. SING: The *Maternal Danger Signs Song*

2. EXPERIENCES: Why didn't some women get timely maternal emergency care?

Why did we delay too long or never take her to the hospital?

Listen to the responses. Add the following if they were omitted:

- No one knew the woman was in serious danger.
- The TBA did not say that she did not have the expertise to handle the case.
- The family sought emergency care first from the TBA, traditional healer, chemists or small health facility.

3. PRESENTATION: DO NOT WAIT. GO IMMEDIATELY TO THE HOSPITAL.

A. If a woman has an emergency maternal danger sign, DO NOT WAIT.

B. DO NOT WASTE TIME going to a health post, TBA, traditional healer, chemist, drug seller or pharmacy.

- They cannot save the life of a woman with a danger sign.
- If you delay, you make it more difficult or impossible to save their lives.
- Health workers in our facility and in the hospitals have special training, equipment and medicines to save the lives of mothers and babies.

C. Many women die because their families bring them to the hospital too late.

D. If you delay, you make it more difficult or impossible to save their lives.

E. If a woman has a maternal warning sign (a non-emergency maternal danger sign: severe headache, anaemia signs and fever), she must come to this facility within 24 hours.

F. Remember every non-emergency maternal danger sign can suddenly become life threatening.

4. EXPERIENCES/PRESENTION: Know the signs of labour in order to count the hours to identify a prolonged labour.

Listen to responses and summarise as follows:

- Strong, regular contractions increasing in length and strength
- A slightly bloody, sticky discharge (“show”)
- Sometimes, a watery vaginal discharge or sudden gush of water

5. EXPERIENCES: Reasons we delay and preparing a Safe Pregnancy Plan to avoid delays.

**PREPARE A SAFE PREGNANCY PLAN
to prevent delays during a maternal emergency**

- Brainstorm a list of “reasons we delayed” rushing a woman with a maternal danger sign to the hospital.
- Then for each reason, ask: *What do we need to do so we will be prepared to rush a woman to the hospital or health facility?*

Note: The main “reasons we delayed instead of rushing” are listed below in the left column. The Safe Pregnancy Plan actions we need to take to prepare for a maternal emergency are listed below in the corresponding column on the right.

Reasons we delayed instead of rushing to a hospital	The Safe Pregnancy Plan Actions
<ul style="list-style-type: none"> • The mother and her family members didn't know that the woman was in danger. We did not know the danger 	<ol style="list-style-type: none"> 1. Learn the danger signs & the signs of labour for prolonged labour.

signs. (Or, the TBA/maternity home health worker said she would handle the complication.)	
<ul style="list-style-type: none"> • Money was insufficient: <ul style="list-style-type: none"> • too costly—hospital fees, drugs, equipment • took too long to collect the money • not enough cash available 	2. Save money & Contribute to the community savings scheme
<ul style="list-style-type: none"> • No one raised the alarm in time because no one who knew the danger signs stayed with the mother during childbirth. • Husband had not given permission to go to the hospital and the husband was not home 	3. Identify a mother’s helper to stay with the delivering mother, know the danger signs and raise the alarm if necessary. Arrange standing permission⁵
<ul style="list-style-type: none"> • Transport was not available or was too costly or took too long to arrange 	4. Arrange for transport now before any emergency and before your delivery time. Know the nearest emergency maternal care facility and the nearest facility with an SBA*
<ul style="list-style-type: none"> • The blood was too costly and there were no donors readily available. 	5. Identify 2 or 3 willing blood donors
<ul style="list-style-type: none"> • The family first sought emergency care from the traditional birth attendant, healer or chemist. 	6. Make a plan to rush the pregnant woman to the health facility and hospital.

Other reasons include:

- The mother and her family members didn’t believe the hospital could save her life and the baby’s life.
- They feared that the mother would die at the hospital.

⁵ In societies that require women to have permission from their husband to go to the hospital (he will need to pay the costs), husbands of pregnant women should give standing permission for their wives to go to the EOC facility in the event that they are not in the community when a maternal emergency occurs. Male elders and religious leaders should encourage husbands of pregnant mothers to give standing permission.

6. SAY & DO: Using your fingers to remember the Safe Pregnancy Plan

RECALL THE SAFE PREGNANCY PLAN With the Knuckle and Groove Method		
<p><i>Recall each action by touching the reminder knuckle or groove on the back of the left hand starting from the knuckle nearest the thumb.</i></p> <p>Use the SAY & DO repetitive teaching method.</p>		
SAY the new health information &		DO something to remember the information
1	Know the Danger Signs & the Labour Signs (for prolonged labour)	Knuckle
2	Save Money	Groove
3	Contribute to Community Savings	Knuckle
4	Give/get Husband's Standing Permission & identify a Mother's Helper	Groove
5	Arrange for Transport & Know the Emergency Facility	Knuckle
6	Arrange for 2 or 3 Blood Donors	Groove
7	Arrange to Deliver in Our Health Facility	Knuckle

CLOSING: What questions do you want to ask?

Talk about this information with your husband, family and friends.

- Remember every pregnancy can have a sudden, unexpected complication.
- Encourage people to learn and prepare or support other women to prepare their Safe Pregnancy Plan.

SESSION 1.3: ANTENATAL CARE (ANC) BENEFITS

Note: If the facility has a high ANC client load, skip the ANC benefits and focus on the advice for pregnant and breastfeeding women and on the ANC schedule.

1. What are the benefits of ANC?	EXPERIENCES
2. Protection provided by the ANC health worker	SAY & DO
3. Specific advice to protect pregnant and breastfeeding women	DICUSSION/ PRESENTATION
4. When do pregnant women need to go for ANC?	EXPERIENCES
5. ANC is available near you: the schedule, the place, days and hours	PRESENTATION

7. EXPERIENCES: What are the benefits of ANC?

Listen to their responses and give the following presentation.

8. SAY & DO: Protection provided by the ANC health worker

PROTECTION PROVIDED BY THE ANC HEALTH WORKER	
SAY the new health information &	DO something to remember the information
<p>1. The ANC health worker prevents, detects early and treats many complications that can harm and even cause death of mothers, babies in the womb and newborns including:</p> <ul style="list-style-type: none"> a. Mal-presentation b. Fitting c. Anaemia d. Low birth weight, death in the womb 	<ul style="list-style-type: none"> a) <i>Pass your hand across your lower abdomen to show the horizontal position of the newborn</i> b) <i>Hold your hands up stiffly and shake</i> c) <i>Show the palms of your hands and your inner eyelids</i> d) <i>Make a mourning sign</i>
<p>2. Weighs and palpates mother to check the baby</p> <ul style="list-style-type: none"> a. Ensures the baby is growing well. b. Ensures the baby is moving 	<ul style="list-style-type: none"> a) <i>Hold your hand in front of your abdomen; show the growing baby</i> b) <i>Move your hands around the abdomen</i>

<p>c. Palpations warn about breech presentation</p>	<p>c) <i>Move your hands horizontally across your abdomen</i></p>
<p>3. Gives medicine to prevent diseases</p> <p>a. Tetanus Immunization</p> <p>b. Blood tablets to strengthen the blood and prevent anaemia (inadequate blood)</p> <p>c. Pregnancy anti-malaria pills</p> <ul style="list-style-type: none"> • Warning: Only take these tables with the health worker. • Never take them before baby kicks. 	<p>a) <i>Jab your left arm</i></p> <p>b) <i>Hold out palms of your hands and then pull eyelid down to show paleness of anaemia</i></p> <p>c) <i>Cross your arms over your chest and shiver</i></p>
<p>4. Diagnoses and treats complications before they get serious</p> <p>a. <u>Uses arm cuff to test</u> for warning sign for fitting (high blood pressure)</p> <p>b. <u>Tests for anaemia (inadequate blood)</u> by looking at palms and lower eyelids</p> <p>c. <u>Tests your blood</u> for anaemia, syphilis and HIV</p> <p>d. <u>Tests urine</u> for diabetes and warning sign for fitting</p> <p>e. <u>Palpates abdomen</u> to ensure regular growth and avoid breech presentation</p>	<p>a) <i>Hold hand around your arm at the blood pressure cuff site</i></p> <p>b) <i>Pull down your lower eyelid</i></p> <p>c) <i>Prick your finger with your fingernail for blood</i></p> <p>d) <i>Move your hand in the direction of urine flow</i></p> <p>e) <i>Move hand around abdomen</i></p>
<p>5. Refers for complication care to a major PHC or hospital</p>	<p><i>Point to the nearest PHC with daily 24 hour services or a hospital</i></p>
<p>6. Gives health education on:</p> <p>a. Foods to eat</p> <p>b. Need for rest</p> <p>c. Never take drugs except those given by a health worker. Some drugs harm the unborn baby</p> <p>d. Avoid alcohol and tobacco.</p> <p>e. Maternal danger signs, safe pregnancy planning and birth preparedness</p> <p>f. Health facility delivery benefits</p> <p>g. Cleanliness to protect mother and baby</p> <p>h. Malaria prevention bednets</p> <p>i. Newborn care including exclusive breastfeeding</p> <p>j. Birth spacing</p>	<p>a) <i>Move your hand towards your mouth</i></p> <p>b) <i>Tilt your head and rest it on your closed palms</i></p> <p>c) <i>Wave your index finger to indicate “never”</i></p> <p>d) <i>Repeat (c)</i></p> <p>e) <i>Point towards the direction of nearest HF with SBAs</i></p> <p>f) <i>Smile and pretend to hold baby</i></p> <p>g) <i>Pretend to scrub your finger nails</i></p> <p>h) <i>Wave “no” finger and make ZZZZZ sound of mosquito</i></p> <p>i) <i>Cup one hand on your breast</i></p> <p>j) <i>Pretend to hold a baby on your back and on your front</i></p>

1. DISCUSSION/PRESENTATION: Specific advice to protect pregnant and breastfeeding women

- A. Eat Healthy Foods from the 3 food groups to ensure the baby grows well and the mother stays healthy (protective, body building and energy foods).

Note: Give the Health Session on Healthy Food Groups in Chapter 3, Session 3 of the e-Manual.

- B. Eat 4 healthy meals a day.

- Do not wait for the body to become weak before improving the meals. That is like a farmer who waits until his crops look stunted before he starts giving them water and fertiliser.

- C. Eat foods daily that contain:

- Calcium: strengthens the bones of the mother and baby; also helps prevent eclampsia in women whose diet lacks calcium
 - *Milk, yogurt, cheese; canned sardines with bones; shrimp; beans (black-eyed peas); leafy green vegetables including moringa (zogali in Hausa); okra; oranges; finger millet (tamba in Hausa)*
- Iron strengthens the blood of the mother and baby:
 - *Body building foods*
- Vitamin C: helps the body use the iron in the food:
 - *Fruits & colourful vegetables*
Do not overcook the vegetables, because; heat destroys vitamin C.

- D. Drink plenty of liquids

- Helps the woman avoid bladder and kidney infections.
- Avoid or reduce coffee and tea because they prevent the body from using the iron in the food
- Avoid alcohol which can harm the baby.

- E. Take the iron and folic acid tablets as recommended by the health worker

- at least 90 days during pregnancy and at least 40 days after birth.
- **Strong, healthy blood makes healthy babies.**

- F. Bed net: Sleep under long lasting insecticide-treated bed nets: to protect the pregnant and breastfeeding woman. The newborn sleeps with her under the net and all children need to sleep under a net to prevent mosquito bites that transmit malaria

- Long Lasting Insecticide Nets (LLINs) give the best protection.

- G. Rest: rest well, particularly during the later stages of pregnancy and avoid lifting and carrying heavy items. After delivery do not work or lift anything for 12 days.

- H. Sexual relations: Practice safe sex during pregnancy. Wait 6 weeks after delivery or longer if tears have not healed before resuming sex.
- I. Avoid physical harm: domestic violence is bad for every woman and even worse for pregnant women. Domestic violence can result in physical harm to the mother and the unborn child. A heavy fall or blows from wife beating can endanger the life of both mother and child.
- J. Obtain voluntary counselling and testing for HIV/AIDs and sexually transmitted infections (STIs). Medicines and advice are available to prevent transmission to the baby, protect the mother from transmission and improve the life and care of people living with HIV/AIDS.

2. EXPERIENCES: When do pregnant women need to attend ANC?

Listen to the responses.

3. PRESENTATION: ANC is available near you.

A. The ANC Schedule

- Make 4 ANC visits even if you do not think you have any problems.
- Make extra ANC visits if you are worried or if your health worker tells you to make extra visits.
- Make your 1st visit as soon as you think you are pregnant.
- The health worker will tell you when to return for the next visits.
- Your 4th visit will be during the last month of pregnancy.
- Make your visits even if you are late. *Better late than never.*

B. Place, Days and Hours ANC is available (FILL IN THE INFORMATION.)

Place _____

Day/s _____ Hours _____

C. Fees (if any): Items and cost (FILL IN THE INFORMATION.)

CLOSING: What questions do you want to ask?

Talk about this information with your husband, family and friends.

Encourage other pregnant women to attend ANC.

- **Warn everyone that ANC is not enough to prevent maternal emergencies.**
- **Remember, most complications occur unexpectedly during delivery and in the first two days after delivery.**

SESSION 1.4: FACILITY DELIVERY

1. Why do some (many) women deliver in a facility?	EXPERIENCES
2. Reasons we need facility delivery	SAY & DO
3. What are the benefits of delivery with a Skilled Birth Attendant (SBA)?	PRESENTATION SAY & DO
4. Why are some women at greater risk for maternal complications?	EXPERIENCES
5. Some women are at greater risk for maternal complications	SAY & DO
6. Who should deliver in a facility?	DISCUSSION

1. EXPERIENCES: Why do some (many) women deliver in a facility?

Listen to responses

2. SAY & DO: Reasons we need facility delivery

REASONS WE NEED FACILITY DELIVERY	
SAY the new health information &	DO something to remember the information
<p>L ANC is not enough. Women who attend ANC can have sudden complications</p> <p>Deliver in our facility because:</p> <ol style="list-style-type: none"> Most maternal deaths occur during delivery or the first two days after delivery. 	<p><i>Shake your head or finger, “No”</i> <i>Show surprise and then sorrow</i></p> <ol style="list-style-type: none"> <i>Show mourning in your own culture</i> <i>Put up 2 fingers</i>
<p>Ask participants:</p> <ol style="list-style-type: none"> Can a woman who had safe 	<ol style="list-style-type: none"> Expected response is “No”.

<p>deliveries guarantee that the next delivery will be safe?</p> <p>b. Can a woman who has attended all her ANC visits guarantee that her delivery will be safe?</p> <p>c. Most maternal emergencies are sudden and unexpected.</p>	<p>b) Expected response is “No”.</p> <p>c) <i>Show surprise and then sorrow</i></p>
<p>Ask participants:: What is the meaning of this traditional saying: “A pregnant woman has one foot in heaven and one foot on earth.”?</p>	<p><i>Point to the sky and then to your foot</i></p> <p><i>Expected response:</i> Our people know that every pregnancy and delivery can have a complication that results in the death of the pregnant woman.</p>

3. PRESENTATION: What are the benefits of delivery with a Skilled Birth Attendant (SBA)?

Note: Introduce the SBAs and LSS-trained CHEWs to the clients now.

- A. We have specially trained health workers and equipment to protect women and newborns.
- B. Delivering with a SBA is much, much safer than delivering at home, in a maternity site that lacks government approval or with a TBA for both the mother and the newborn.
- C. The SBAs carry out the following lifesaving actions:

SKILLED BIRTH ATTENDANT (SBA) LIFE SAVING ACTIONS	
SAY the new health information &	DO Something to remember the information
Monitor the mother and detect complications/dangers before we can see them and before they harm us	<i>Move your hands from your eyes out pretending to see well</i>
Prevent some complications/dangers. For instance, SBAs a. prevent labour from lasting too long which can cause <ul style="list-style-type: none"> • severe bleeding or • vesicovaginal fistula (VVF) and other complications b. prevent delayed placenta or placenta pieces left behind that can cause <ul style="list-style-type: none"> • severe bleeding and • infection that can cause infertility 	<i>Push your palms away from you</i> <ul style="list-style-type: none"> • <i>Severe bleeding sign</i> • <i>VVF: hold your nose against a smell and the other in front of your crotch</i> • <i>Severe bleeding sign</i> • <i>Fever and hold womb and shake head in sorrow</i>
Give injections to prevent/reduce a. severe bleeding b. fitting	<i>Jab your arm for injection</i> a) <i>Severe bleeding sign</i> b) <i>Convulsions sign</i>
Ensure clean delivery to prevent infections a. Use soap, water and bleach (<i>Jik</i>) for clean hands, cloths and equipment Infections can cause sterility-the inability to become pregnant	<i>a) Pretend to wash your hands</i>
Prevent ragged tears and ugly scars on the vagina	<i>Hold your hand between your legs and frown in pain</i>
Protects the newborn a. Checks for dangers signs and acts immediately b. Puts newborn on mother's chest for immediate breastfeeding c. Cord with sterile instruments	<i>a) Touch your eyes to show you are looking carefully</i> <i>b) Pretend to put a newborn on your chest</i> <i>c) Pretend to hold a cord and make a cutting motion one hand</i>
Do not delay rushing a woman or newborn for emergency care.	<i>Point to the nearest EmOC or General Hospital</i>
Give first aid for maternal emergencies	<i>Point to the nearest SBA or LSS-trained provider</i>
Our SBAs can teach breathing techniques to help mother with labour pains	<i>Pant</i>

4. EXPERIENCES: Why are some women at greater risk for maternal complications?

Listen to responses and summarise with the following presentation.

5. PRESENTATION: Some women are at greater risk for maternal complications

WOMEN AT GREATER RISK FOR MATERNAL COMPLICATIONS	
SAY the new health information &	DO something to remind us of the information
<p>a. <u>Previous complications:</u></p> <ul style="list-style-type: none"> • Caesarean operation • multiple births • severe bleeding, etc. • death of unborn or newborn <p>b. <u>Medical problems:</u> Diabetes, sickle cell anaemia, HIV/AIDS</p> <p>c. <u>Too young:</u> the body is not fully formed; or the <u>first pregnancy</u> (greater risk of permanent harm [VVF or sterility])</p> <p>d. <u>Too closely spaced:</u> Less than 2 years apart so her body does not have time to get stronger.</p> <ul style="list-style-type: none"> • <u>Spacing births 2 years apart is OK but spacing 3-5 years apart is much better</u> because the mother can recover fully and she does not need to care for two babies at the same time. <p>e. <u>Too many: More than 4 births.</u> Each birth can make the womb weaker.</p> <ul style="list-style-type: none"> • If the womb is too weak it may not contract well and the mother will bleed and bleed. This bleeding can cause death within 2-4 hours. <p>f. <u>Too old:</u> over 35</p> <p>g. <u>Never attended ANC</u></p>	<ul style="list-style-type: none"> • <i>Move your hand across your abdomen; pretend to cut with a knife</i> • <i>Hold up two fingers for twins;</i> • <i>Use the severe bleeding sign</i> • <i>Make the mourning sign</i> <p>c) <i>Hold your hand out, facing down at a lower height than your own height</i></p> <p>d) <i>Pretend to back one baby (hold out your hand behind your back to support the baby) and then pretend to breastfeed the new baby; Indicate "No" by shaking your head or holding your finger up and shaking it.</i></p> <ul style="list-style-type: none"> • <i>Hold up 2 fingers;</i> • <i>Hold up 3 and then 5 fingers to emphasise the best spacing.</i> <p>e) <i>Hold up 4 fingers.</i></p> <ul style="list-style-type: none"> • <i>Severe bleeding sign</i> <p>f) --</p> <p>g) <i>Make the "No" sign.</i></p>

6. DISCUSSION: Who should deliver in a health facility?

Note: Give participants the time to name all the reasons women can be at greater risk and add any reasons that were omitted.

Desired responses:

- All women
- Women at greater risk of complications: specify each reason.

CLOSING: What questions do you want to ask?

Talk about this information with your husband, family and friends.

- **Encourage pregnant women to give birth in a health facility.**
- **Encourage everyone to support all women especially women at greater risk of complications to give birth in a health facility.**

SESSION 1.5: PREPARE FOR A SAFE DELIVERY⁶

1. What preparations do women make for their delivery?	EXPERIENCES
2. The need for a clean delivery to prevent infection and disease caused by invisible germs	PRESENTATION
3. Preparations for a clean delivery to prevent harmful infections	PRESENTATION SAY & DO

1. EXPERIENCES: What preparations do women make for their delivery?

Listen to the responses.

2. PRESENTATION: The need for a clean delivery to prevent infection and disease caused by invisible germs

- Cleanliness helps prevent infections caused by invisible germs that cause fevers and diseases that can kill or harm the newborn and the mother.
- Invisible germs spread from
 - people's hands
 - cloths and surfaces that people touch
 - the air people breathe.

⁶ The *e-Manual* does not provide guidance for home delivery. Please refer to American College of Nurse-Midwives (2010) *Home Based Life Saving Skills, 2nd Edition, Books 1, 2 & 3.*

- Invisible germs can give the mother a serious infection that causes her to have fever and smelly private parts. If a mother’s fever is not treated by a health worker, the germs that get into her vagina will travel up into her womb and can prevent her from ever getting pregnant again.
- Invisible germs can also give the mother’s breast/s a serious infection (becomes red, swollen and painful)
- Invisible germs can give the newborn a fever. A newborn’s fever can get too high very quickly. If a newborns fever gets too high, it spoils the brain and can even cause death.

3. PRESENTATION and SAY & DO: Preparations for a Clean Delivery to prevent harmful infections

Note: Some ANC facilities provide a delivery kit.

See the Annex 1.6 for a song, Essentials for a Clean Delivery.

- A. Prepare a facility delivery kit to prevent serious infections and diseases.** Each woman will need a kit for
- facility delivery if the facility does not provide a kit
 - home delivery in case of an emergency
 - home delivery if the woman has decided to deliver at home.

B. SAY & DO: Prepare the Five Cleans

PREPARE THE 5 CLEANS	
SAY the new health information &	DO something to remember the information
1. Clean surface <ul style="list-style-type: none"> • clean plastic sheet 	
2. Clean hands <ul style="list-style-type: none"> • Soap, clean water, large basin to hold the water and small basin to collect water for pouring over the hands 	<ul style="list-style-type: none"> • <i>Pretend to scrub your hands</i> • <i>Pretend to pour water over one hand</i>
3. Clean cord cut <ul style="list-style-type: none"> • A new razor blade 	<ul style="list-style-type: none"> • <i>Hold up a new razor blade in its package</i>
4. Clean cord tie <ul style="list-style-type: none"> • Clean pieces of thread 	<ul style="list-style-type: none"> • <i>Hold up two pieces of thread</i>
5. Clean cord stump <ul style="list-style-type: none"> • Do not put anything on the cord 	<ul style="list-style-type: none"> • <i>Make the “No” sign.</i>

C. Prepare clean cloths and other things recommended by the ANC health team: 4 cloths/wrappers, 6 sanitary cloths/pads and some more for the delivery and immediately following the delivery and keep them in a covered container

- 2 clean cloths for drying and wrapping the baby and a baby cap
- 2 clean wrappers for the mother (one during delivery and one after the placenta has been delivered) and a towel
- 6 sanitary cloths/pads for the first 24 hours
- Prepare more clean wrappers and cloths/pads for the second day
- Bathing soap for you and your mother’s helper
- Your ANC card
- Any other things recommended by the ANC health team

D. Prepare home delivery supplies: in case the delivery is at home including:

- Buckets of clean water and some means to boil this water
- Bowls-2 for washing and 1 for receiving the placenta
- Plastic sheet for the delivery surface
- Plastic bag/sheet for wrapping the placenta
- Jik: Follow directions. Dilute it with 1 part Jik to 6 parts clean water
- Gloves or nylon bags for the helpers for handling blood and the placenta
- A clean well-swept and washed room for the birth that is warm but also has some ventilation
- A clean, well-washed latrine

CLOSING: What questions do you want to ask?

**Talk about this information with your husband, family and friends.
Encourage women and their families to prevent infection and disease by preparing for a clean delivery.**

HEALTH SESSION 1.6: POSTNATAL CARE

1. What support and protection do recently delivered mothers need?	EXPERIENCES
2. Watch out for danger signs after delivery.	PRESENTATION
3. Personal cleanliness of your private parts is essential to prevent harmful infections	PRESENTATION
4. Protect mothers, newborns, babies and under-5 children from malaria	PRESENTATION

1. EXPERIENCES: What support and protection do recently delivered mothers need for the first six weeks (40 days)?

Listen to responses and summarise as follows:

- Someone watching for maternal and newborn danger signs, especially during the first 24 hours after birth
- Help caring for their newborns and themselves
- Rest and sleep
- Extra food: at least one extra meal daily from the three food groups
- Cleanliness to prevent infection: clean surroundings and daily bathing; clean sanitary cloths
- Bednet to prevent malaria
- Facility Postnatal Care visits at 6 hours, 6 days and 6 weeks (42 days) as recommended by the Federal Ministry of Health

2. PRESENTATION: Watch out for danger signs after delivery.

- Severe bleeding
 - Any amount of continuous bleeding.
 - Large clots, the size of your fist
 - Weakness and fainting. The woman cannot stand up alone or she falls.
- Foul-smelling vaginal discharge
- Convulsions
- Fast or difficult breathing
- Feels ill; fever and too weak to get out of bed
- Severe abdominal pain
- Breasts swollen, red or tender breasts, or sore nipple
- Urine dribbling or pain when urinating
- Pain or draining pus in the area between the vagina and the anus
 - **Go to the nearest facility IMMEDIATELY, day or night without waiting, if she experiences any of above signs.**

3. PRESENTATION: Personal cleanliness of your private parts after delivery is essential to prevent harmful infections

A. The mother's vagina is more open and sore than normally so germs that cause dangerous infections can easily get inside her.

- Never put anything inside the vagina.
- Avoid sexual intercourse for 6 weeks or longer until any tears/wounds are healed.

B. To prevent the sanitary cloths/pads that collect the afterbirth bloody fluids from becoming a nest for germs that can pass into her vagina, each woman must:

- Change the cloths/pads every 4-6 hours or more often if the discharge is heavy. Germs grow quickly in the bloody pad or cloth.
- Wash the sanitary cloths with soap or ashes, rinse very well and dry in the sun before using again.
- The germs can give the mother a serious infection.

- C. Germs can easily enter vagina and travel to her womb. These germs may cause an infection in her womb that can prevent the mother from becoming pregnant ever again. **If a mother has a fever and or smelly private parts, go IMMEDIATELY to the nearest health facility for treatment.**
- D. Bathe daily and be sure to wash the area between the vagina and rectum
- E. After stooling, wipe away from the vagina
- If you have deep tears, to help them heal faster when stooling, hold up the area between your vagina and rectum with a cloth or pad.

4. PRESENTATION: Protect mothers, newborns, babies and under-5 children from malaria

- A. Pregnant and post-delivery women are more likely to get malaria than others.
- B. Severe malaria is common now. The malaria viruses are resistant to chloroquine. Special malaria drugs are needed to treat malaria.
- C. Every pregnant woman needs to attend ANC.
- The Health Worker will give her special malaria prevention drugs to take in her presence during two visits.
- D. Mosquitoes pass malaria. To prevent malaria, mothers, newborns and under-5s need to sleep under an insecticide treated bednet.
- Ask about Long Acting Insecticide Treated Nets (LLINs).at your health facility.

CLOSING: What questions do you want to ask?

Talk about this information with your husband, family and friends.

Encourage and support all pregnant women to

- **attend Postnatal Care at their health facility**
- **maintain cleanliness to prevent infections**
- **sleep under a bednet with the newborn to prevent malaria**

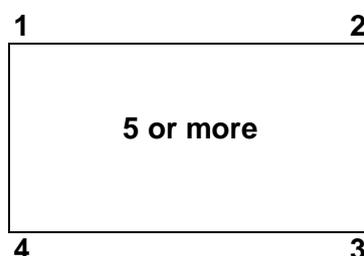
SESSION 1.7: BIRTH SPACING BENEFITS

0. Changing family size desires <i>Do not play this game if there is strong opposition to family planning.</i>	GAME
1. Why is it more difficult now to raise many children to be good adults?	EXPERIENCES
2. Beliefs about appropriate birth spacing in the past and today	DISCUSSION
3. Never have a baby in your belly and another on your back	PRESENTATION
4. What marital/family problems can arise from not using birth spacing methods?	EXPERIENCES

0. GAME: Changing family size desires

Note: Do not use this game in societies where many people are opposed to limiting family size.

GAME: HOW MANY CHILDREN DID YOUR PARENTS HAVE? Or CHANGING FAMILY SIZE DESIRES



Note: This game helps participants realise that many or most people in their social environment have reduced the number of children they want even if they are not using a natural or artificial method to obtain their desired family size.

- *If most participants still want as many children as their grandparents, use the game as an energizer and end the game without a debriefing.*
- *If most participants want only 4 or fewer children, change the numbering for the game to: 0, 1, 2, 3 and 4 or more.*

Preparation: Post the numbers 0, 1, 2, 3 in the corners of the room and post “4 or more” on the floor in the centre of the room.

Instructions: I will be asking you some questions. The answers will be from 0 to 4 or more. Rush to the number that is your response. If the answer is 4 or more, join me in the centre.

Questions:

- How many children did your parents have?
- How many children do you have? (Note: Tell unmarried people to respond by saying how many children they would want for themselves if they were married.)
- How many children do you want your children to have?

1. **Debrief:** What happened?

Note: Perhaps the desired family size has remained large for many participants at 5 or more. Ensure that these participants recognize that they have reduced their desired family size.

- i. You can point out that about ½ or 1/3 of the participants have now reduced the desired family size for their children.
- ii. You can ask how many children people wanted traditionally and then ask them if they want as many children as their grandparents.

2. **Do you want as many children as your parents had? Why not?**

Take the responses and write them on the flip chart.

Possible responses:

- Poverty: costly food and shelter and health
- Training costs: costs of raising a child to take care of himself (and maybe you in old age): school, apprenticeship, helping each child find a job
- Fashionable: what everyone thinks smaller families are normal and better than. the very big traditional families
- Mother's health: Now people understand that having more than four children puts the mother's health and life at risk
- Problems caring for babies and children: women have to work outside the home to help support the family

Note: If many people are reducing their family size to below 4 children, you can change the game slightly by putting the number 4 in the center and the numbers 0, 1, 2 & 3 in the corners. This will more clearly show the change to a desired family size below 4 children.

1. **EXPERIENCES: Why is it more difficult now to raise many children to be good adults?**

Listen to possible responses.

A. We lack communal help.

- Extended families no longer control our behaviour and they no longer give us much support.
- Children spend most of the day away from their parents.

B. Providing basic food and shelter is more difficult.

- Farmers lives are harder. They need money for fertiliser and for transport to market.
- Children are in school instead of helping grow their own food.
- Traders need more capital than before. There is more competition.

C. Everyone has higher expectations. We want more than people expected to have traditionally:

- modern houses with glass windows and fans
- many different dresses with imported materials

- tea/sugar and milk, meat purchased rather than hunted
- taxis, buses, motorbikes and cars rather than our legs
- modern medicines

D. School fees are costly. Primary, secondary and university fees

E. Jobs are scarce: Even graduates are unemployed.

- Less good farming land available
- People don't want to farm; they want to live in urban areas with urban amenities

2. **DISCUSSION: Beliefs about appropriate birth spacing in the past and today**

A. How closely spaced were your grandparents children?

Probable Responses:

- 3 years
- Delivered and stayed at home for up to 6 months (marital abstinence)
- Abstained during the 2 year breastfeeding period

B. Why did your grandparents space their children?

- Well-spaced babies/children are more likely to survive.
- Their mothers are more likely to survive
- Their mothers retain their beauty.

C. What do people today believe is the best spacing? How do they feel about failure to space at least two years?

Listen to the responses.

3. **PRESENTATION: Never have a baby in your belly and another on your back**

Note: Move your hand around your belly and then put it on your back as if you are backing a baby.

A. Space your **children 3 – 5 years apart or at least 2 years apart.**

B. Poorly spaced newborns suffer because their mother did not have time to regain her strength back and is still caring for the older baby.

C. Poorly spaced newborns are more likely to:

- die in the womb
- be premature and therefore more likely to die.
- be very small and therefore more likely to die.
- be underfed because their mother may not have enough breastmilk
- get less care because of competition from their older brother/sister
- The older baby is less likely to survive too.

D. Mothers of poorly well-spaced children are more likely to

- Fail to regain their health and remain sickly
- lose their beauty
- suffer from the loss of their offspring.

E. Mothers who space their children well stay healthier than mothers of children spaced less than 2 years apart.

- They are two and a half times more likely to survive childbirth
- They are more likely to avoid third-trimester bleeding
- They are more likely to avoid anaemia
- They are more likely to retain their beauty.

4. EXPERIENCES: What marital/family problems can arise from not using family planning (side effects from marital abstinence)?

Listen to responses and summarise as follows:

- An unhappy family caused by parental worries and exhaustion from over work caring for the children and finding money and other resources to support the large family
- Marital frustration, discord and divorce; reduced husband's contribution to family support
- Marital abortion
- Adultery with contraception or abortion by the outside woman
- HIV/AIDs and other sexually transmitted infections

CLOSING: What questions do you want to ask?

Talk about this information with your husband, family and friends. Encourage everyone to talk about the benefits of birth spacing and especially spacing their children 3 – 5 years apart.

SESSION 1.8: BIRTH SPACING METHODS

1. Natural and fertility awareness birth spacing methods	PRESENTATION
2. Contraceptives for birth spacing	PRESENTATION
3. Birth spacing methods provided in our facility	PRESENTATION

Note: Avoid offending the religious and cultural beliefs of your clients and their families during these sessions. In areas where there has been considerable opposition to family planning or to contraceptives, describe the natural methods and tell the clients that there are other methods that they may prefer because they are

easier to use and more effective. During private consultation, health workers can offer to tell them more about the other methods if they would like to know more.

In areas where there has already been considerable promotion of birth spacing, ask a health worker to provide much more detailed information than is available at the brief overview here.

The purpose of the brief overview is to introduce the idea that we have a very large choice of birth spacing methods.

1. PRESENTATION: Natural and fertility awareness birth spacing methods

A. Natural methods

- Exclusive Breastfeeding (lactation amenorrhea, LAM) benefits the baby, the mother and the entire family. It is the gateway to better child spacing.
 - The method delays menstruation; however, mothers can become pregnant just before they resume menstruation.
 - Give breastmilk only for 6 months (no water, herbs or pap).
 - Breastfeed regularly: at least every 4 hours during the day and every 6 hours at night. Even a single missed feed means you can become pregnant.
 - 6 months: Exclusive breastfeeding is only effective for 6 months so you need to start another method before 6 months even if you have not started menstruating.
- Marital abstinence: not having sex with your spouse.
 - To protect the mother's health and fertility, the couple should abstain from having sex during the first 6 weeks after birth or until your wounds have healed.
- Withdrawal: the man withdraws his penis before ejaculation; however, if he delays you can become pregnant.
 - This human error causes method failure.

B. Fertility Awareness Methods are Natural Methods that help you identify days when you can become pregnant and days when you cannot become pregnant (safe days). These methods require the full cooperation of the husband.

- Cyclebeads have different colours that identify your SAFE DAYS.
 - Each bead represents a day in your menstrual cycle.
 - Cyclebeads will fail (you risk becoming pregnant) if your cycle is irregular, shorter than 16 days or longer than 32 days.
 - Do not use this method in the months after childbirth.
 - From Day 20 to the end of your menstrual cycle are SAFE DAYS when you will not get pregnant. The beads will show you a few additional SAFE DAYS.

- Standard Days Method identifies your SAFE DAYS.
 - This method is the same as the Cyclebeads and has the same restrictions but you mark each day of your cycle on paper instead of moving a marker on the beads.
- Two Days Method: You check for cervical secretions at least once a day. If you feel or see secretions of any type, color, or consistency, you are at risk of becoming pregnant. If you do not notice any cervical secretions today or yesterday (two consecutive days with no noticeable secretions), your probability of pregnancy "today" is very low.
- Temperature Method. You take your temperature every morning before getting out of bed. When it rises 0.5 degrees for three days, your safe days begin and last until the end of your cycle. The temperature method will fail if you are sick with fever.
- Mucous/Billings Method. An expert in the method teaches you how your vaginal mucous changes on the specific days you can become pregnant. The expert can combine this method with taking your temperature every day.

2. PRESENTATION: Contraceptives for birth spacing

Note: A set of cards with actual contraceptives or photographs of contraceptives will help the participants understand and remember the information better.

A. **Combination Method: SAFE DAYS and condoms or withdrawal instead of abstaining on** the days you are at risk of becoming pregnant.

B. Artificial Methods -- Contraceptives:

- a) **Barrier Methods** prevent pregnancy and sexually transmitted infections (STIs) including HIV; however, they can only be used once.
 - Male condom must be put on during sexual relations after the man's penis has become erect.
 - Female condom does not need to interrupt sexual relations. The woman can put it in the vagina up to 8 hours before sexual relations.
- b) **Short Term Contraceptives** = injectable, pill
 - Injections: The woman gets an injection once every two or three months depending upon injectable:
 - Pill: The woman takes a pill every day.

c) **Long Term Contraceptives** = IUD, implant

- An IUD is an intrauterine device (IUD) about the size of your thumb nail and shaped like a “T”. The trained health worker inserts it into the womb. It lasts 10-12 years and can be removed at any time.
- Implants are tiny rods inserted in the arm by a trained health worker. Implants last between 1-5 years depending upon the brand and can be removed at any time.

C. **Pregnancy prevention after sexual relations:**

- Emergency Contraception (the morning after pill):
 - Some health facilities and some pharmacies sell specially formulated pills that prevent the sperm from meeting the egg and implanting in the womb to start a new life.
 - Emergency Contraception is more effective if used within 48 hours of sexual relations but it is still quite effective up to 5 days.

D. **Permanent methods:** These methods are for limiting the number of children. They block the path of the egg or the sperm. They do not affect pleasure during sexual relations. Sterilisation is not reversible.

- tubal occlusion/ligation for women: The tube that carries the egg to meet the sperm is permanently blocked. This does not affect sexual relations.
- vasectomy for men: The tube (vas) that carries the sperm to include it in the ejaculation is permanently blocked. This does not affect sexual relations.

3. **SHARE: The choice is yours.**

A. The natural methods for birth spacing are acceptable to all religions.

B. The artificial methods are much easier to use, much less likely to fail and less likely to have marital side effects.

C. **No method is perfect. Every method can fail.**

- **Permanent and long term methods are the easiest and best methods because our human errors do not reduce their effectiveness.**
- You have close to a 1% chance of method failure depending upon the method if you use your method correctly; however, our own human errors increase the number of method failures.
- **Natural methods and barrier methods are more susceptible to human error and therefore more likely to fail.**

D. All the methods are safe if they are used as directed.

- The pill and the injectable must be prescribed by a health worker who determines if the method is good for the woman. If these methods are not good for the woman, the health worker helps the woman choose another method.
- The pill and the injectable cannot make a woman infertile but sometimes the medicine in the pill and the injectable prevents a woman from becoming pregnant for up to 6-12 months. Do not use these methods if you want to become pregnant soon.

E. Most methods do have some side effects.

- Usually side effects stop after three months. Many women never have side effects. **If you are uncomfortable with your method, the health worker can help you choose another method.**
- **Having unprotected sexual relations results in much more serious “side effects”--- pregnancy and the birth of a child and, if your partner is infected, sexually transmitted infections (STIs) or HIV/AIDS.**

F. Abortion is much riskier for the woman than any of the methods.

G. Pregnancy places the health of the mother at much greater risk than any of the methods.

H. You have an 85% chance of pregnancy if you don't use a child spacing method.

I. Condoms and abstinence are the only methods that protect against STIs and HIV/AIDS.

4. PRESENTATION: Birth Spacing methods provided in our facility

Note: Obtain guidance from the health facility Officer in Charge. Only provide the information that the Officer in Charge instructs you to provide.

CLOSING: What questions do you want to ask?

**Talk about this information with your husband, family and friends.
Ask your health worker to help you think about using a birth spacing method.**

ANNEXES FOR MATERNAL CARE

Annex 1.1: SONG: Maternal Danger Signs in Hausa

SONG: MATERNAL DANGER SIGNS IN HAUSA, THE LADI SONG		
English translation	Danger sign	Original Hausa
1. Ladi's fitting X2 If this starts, Rush to the hospital	Fitting	1. Ciwon jijjigar Ladi x 2 In dai haka ya fara To a Garzaya asibiti
2. Ladi's severe bleeding x 2 If this starts, Rush to the hospital	Severe Bleeding	2. Zubar jinin Ladi x 2 In dai haka ya fara To a Garzaya asibiti
3. Ladi's prolonged labour x 2 If this starts, Rush to the hospital	Labour more than 12 hours	3. Doguwar nakudar Ladi x 2 In dai haka ya fara To a garzaya asibiti
4. Mal presentation of hand, feet or cord x 2 If this starts, Rush to the Hospital	Hands, feet or cord comes first	4. Hannu, kafa, cibi x 2 In sun fito akwai matsala To a Garzaya asibiti
5. Ladi's delayed placenta x 2 Once it starts, Rush to the hospital	Placenta coming 30 minutes late	5. Jinkirin mahaifar Ladi x 2 In dai haka ya fara To a Garzaya asibiti
If you see any of these signs RUSH TO THE NEAREST EmOC.		In anga wadannan alamomi . A GARZAYA BABBAN ASIBITI
Watch out for these signs that could turn dangerous during pregnancy, delivery and after delivery.		Ayi hattara da wadannan alamomi lokacin goyo ciki, haihuwa, ko bayan haihuwa
6. Ladi's Severe Headache x 2 If this starts, Rush to the hospital	Headache	6. Ciwon kan Ladi x 2 In dai haka ya fara To a Garzaya asibiti
7. Ladi's anaemia x 2 If this starts, Rush to the hospital	Pale palms and inner eyelids	7. Rashin jinin Ladi x 2 In dai haka ya fara To a Garzaya asibiti
8. .Ladi's fever x 2	Fever	8. Ciwon zazzabin Ladi x 2

If this starts, Rush to the hospital		In dai haka ya fara To a Garzaya asibiti
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Annex 1.2: SONG: *Gbogbo Eko* – Maternal Danger Signs in Yoruba

SONG: MATERNAL DANGER SIGNS. YORUBA SONG		
PART	Yoruba original	English translation
Call	Gbogbo Eko ooo	All Lagosians
Response	E bawa so, falaboyun, e so faboyun o pawon ami kan wa to lewu, tiwon ba ri o kiwon ma lo silewosan o	Help us in tell all pregnant women, that there are some maternal dangers signs which must be referred to the nearest hospital.
Call	ikinnipe e o	Number 1 is
Response	Ee efori kikan	Severe Headache
Call	ikeji nipe e	Number 2 is
Response	Ee aito eje o	Anaemia
Call	Eketa nko o	Number 3 is
Response	Ee toba tiniba o	When she has fever
Call	ikerin nko	Number 4 is
Response	Talaboyun ba n she giri	When a pregnant woman is fitting
Call	Ikarun nko	Number 5 is
Response	Tinu bandun alaboyun	Sever abodominal pain
Call	Ikefa nko	Number 6 is
Response	Toba ti reje abomira	Severe bleeding
Call	Ikeje	Number 7 is
Response	kirobi juwakati mejila lo	Prolonged labour for more than 12 hours
Call	Ikejo	Number 8 is
Response	Ewu ni bomo o moriwa	It is dangerous if the baby does not present with head delayed placenta
Call	Ikesan nko o	Number 9 is
Response	Kikeji omo jogbon isheju lo	Retained place for more than 12 minutes
Call	Aahh	Aah
Response	E bawa so, falaboyun, e so faboyun o pawon ami kan wa to lewu, tiwon ba ri o kiwon ma lo silewosan o	Help us tell all pregnant women, that there are some maternal dangers signs which must be referred to the nearest hospital.

Annex 1.3: SONG: Maternal Danger Signs #2 in Yoruba

MATERNAL DANGER SIGNS SONG, YORUBA	
English translation	Original Yoruba song
1. There are some signs (3 times)	1. Awon ami kan wa (3ce)
2. That are dangerous and harmful, for pregnant women (during or after delivery)	2. To lewu falaboyun o (nigba ati leyin lbi)
3. When a pregnant woman sees them (3 times)	3. Baboyun bari (3ce)
4. She should immediately go to the nearest general hospital	4. Ko yara ma lo si general hospital to ba sun mo julo
5. The first one is (2ce) fitting (convulsion)	5. Ikini ni (3ce) talaboyun ban she giri o
6. The second is, complicated presentation (baby present hands, legs, abdomen or buttocks first during delivery (times) ...Quickly to the hospital	6. Ikeji nipe komo mowo wa, komo mudi wa, komo mese wa (2ce)... yara malo sosibitu o
7. The third is, prolonged labour (2 times) lasting for 12 hours or more... Quickly to the hospital	7. Iketa ni irobi pipe (2ce) to ju wakati mejilalo yara malo sosibitu o
8. The fourth one is, if the placenta has not come out (2 times) 30 minutes or more after delivery... Quickly to ...l	8. Ikerin nipe bi ibi omo bape (2ce) ju ogbon isheju lo... yara maa lo sosibitu o
9. The fifth is, when you have severe bleeding (3 times)... Quickly y to the hospital	9. Ikarun nipe, boba ti reje (3ce)... yara maa lo sosibitu o
10. The sixth one is abdominal pain during pregnancy (ectopic pregnancy or miscarriage)... Quickly to.....l	10. Irorra abe inu to po jojo... yara maa lo sosibitu o
11. MVO: Rush a pregnant woman with any of these danger signs to the nearest hospital	11. MVO: Yara gbe alaboyun ti o ba ni eyikeyi ninu awon ami ewu yii lo si ile iwosan to ba sunmo julo
12. This message is from the Lagos State Ministry of Health	12. Ikede yii wa lati owo ili ise eto ilera ti ipile Eko

Annex 1.4 SONG: Maternal Danger Signs in Igbo

MATERNAL DANGER SIGNS SONG IN IGBO	
English translation	Original Igbo song
Come and see Come and see	Bianu lee Bianu lee
Come and see what can kill a pregnant woman Come and see what can kill a pregnant woman	Bianu lee ihe ahu na egbu nwanyi di ime Bianu lee ihe ahu na egb u nwanyi di ime
Fitting Chorus: can kill a pregnant woman	Ihe odido di out a Chorus: O na egbu nwanyi di ime
Severe bleeding Chorus	Oke obara ogbugba Chorus
Baby presenting with hand Chorus Baby presenting with leg Chorus Baby presenting with buttocks Chorus Cord coming out first Chorus	Nwa ji Aka aputa Chorus Nwa ji Ukwu aputa Chorus Nwa ji l'ke aputa Chorus Erii Otubo buru uzo Chorus
Prolonged labour more than 30 minutes Chorus	Ime imete aka, karia awa iri na abuo Chorus
Retained placenta more than 30 minutes Chorus	Ihe na eso nwa aputaghi karia nkeji iri ato Chorus
Lower abdominal pain Chorus	Ama-ehe igbungbu Chorus
Severe headache Chorus	Oke Isiwuwa Chorus
Severe fever Chorus	O'ke ahu oku Chorus
Pale palms and pale inner eyelids Chorus	Ime aka na ime anya icha ocha Chorus
If you see things like this, rush the woman to the nearest big hospital to save her life. (2x)	Ihu ihe ndia di out a, duru ya gbaga na nnukwu ulo ogwu di nso ka oghara

Annex 1.5 EXPERIENCES / PRESENTATION: Mistaken Beliefs about Danger Signs

Discussion

Let's consider each danger sign one by one and discuss:

- What do people say about these signs? What do they believe?
- Then give appropriate responses based on your medical knowledge.

1) Severe headache: What do people say about severe headache?

Local Beliefs: "Headaches are normal and nothing to worry about. Just take paracetamol."

HW: a) In pregnancy severe headache is often a sign that the mother may start fitting soon. b) If she has fever, malaria may be the cause of her headache. Malaria can kill the baby in the womb even if the mother gets over the fever. Rush her to the EOC facility. The health worker will be able to determine if her headache means she will start fitting or if her headache is from malaria. Don't wait for fitting to start! Rush her to the EOC facility.

2) Fitting: What do people say about fitting?

Local Beliefs: "Fitting is the result of witchcraft." "Fitting occurs when the baby is stubborn".

Health Worker (HW): Fitting is not the result of witchcraft or stubbornness. It happens to some women after the seventh month; but it can be prevented with medical care and if fitting occurs, SBAs can stop it in the safest way possible for mother and the unborn baby.

3) Too much bleeding: What do people say about too much bleeding?

Local Beliefs: "Bleeding is recognized as dangerous. Some believe severe bleeding has a spiritual cause and they seek help from a TBA."

HW: A small amount of bleeding is normal during childbirth but no bleeding is normal during pregnancy. Too much bleeding can kill a person in a few hours. Rush her to the EOC facility. The doctors and midwives can stop the bleeding and, if necessary, replace the lost blood.

4) Fever during pregnancy: What do people believe about fever/chills during pregnancy and fever/chills with or without foul smelling discharge) in the days after childbirth?

Local Beliefs: "The fever is probably malaria so it will pass by itself. Do not worry about it."

HW: Fever means something is wrong. Malaria fever affects the blood of the mother and the baby in the womb. The baby can be still born or born too small. The mother can become very sick and even die.

HW: Fever after childbirth can cause sterility.

An infection in the birth canal and the womb causes this fever. It is very dangerous for the woman. The woman needs special medicine from a hospital to prevent the fever from causing sterility. A sterile man or woman can never have a baby again. Rush her to the hospital. Do not delay. The infection can spread to the narrow tube that carries the mother's egg to meet the man's sperm. If the infection blocks the tubes, then the mother cannot become pregnant.

- 5) Severe abdominal pain during pregnancy: What do people believe about this?

Local Belief: Abdominal pain is normal during pregnancy.

HW: Although abdominal pain is normal during pregnancy, severe abdominal is a danger sign. Something is very wrong that may cause the mother's death.

HW: This could indicate an ectopic pregnancy that will burst or a miscarriage that can cause severe bleeding. Rush her to the big hospital without delay.

- 6) Labour lasts more than 12 hours: What do people believe about long labour? How long does labour have to last for people to start worrying that the mother needs emergency hospital care?

Local Belief: "Prolonged labour is a spiritual attack or it is the sign that the woman's body is stubborn."

Local Belief: Some start worrying after one day and night and others do not start worrying until two days have passed.

HW: It is true that some babies are delivered faster than others; every person is different. However, if her labour lasts more than 12 hours, rush her to the hospital. When labour lasts for more than 12 hours it usually means that the woman cannot give birth alone. Her body shape may be preventing the baby from coming out; she may be weak and unable to deliver without assistance; or the baby may be lying the wrong way, preventing its exit. There may be something wrong that only medical personnel can handle. Do not delay.

- 7) Umbilical cord, a hand or feet or buttocks comes first before the baby's head: What do people believe?

Local Belief:

- “The boy baby is called “Ige” and the girl baby is called “Aina”. The TBA will talk to the baby to persuade the baby to come out.” The TBA can change the position of the baby.
- Community members are jealous and want to punish you or your husband.

HW: Doctors and midwives have proved that they can save the life of the mother and baby. Rush her to the hospital.

8) Placenta does not come out within 30 minutes: What do people believe about this?

Local Beliefs:

- This is normal and can easily be handled by the TBA
- “Delayed placenta is a spiritual attack.”

HW: It is dangerous to leave the placenta or part of it inside the mother. The doctors and midwives can remove it safely without any danger to the mother. They can save the life of the mother. Rush her to the hospital.

Annex 1.6 Song: *Essentials for a Clean Delivery*

LEFEN HAIHUWA	ESSENTIALS FOR A CLEAN DELIVERY
<i>Hausa original version</i>	<i>English translation</i>
<p><i>Chorus- (2 times)</i> Da oooh Da da dadi, Da oooh Da oooh Da da dadi</p> <p>In tanadi Lefen Haihuwa ta Kafin Haihuwata ta zo ta</p>	<p><i>Chorus-(2 times)</i> Child oooh a thing of joy Child oooh Child oooh a thing of joy</p> <p>I would get the essentials for my delivery Before my delivery</p>
<p>Da oooh Da Da dadi Da oooh Da oooh Da da dadi</p> <p>In tanadi Ledan Shimfidawa Tare da Ledan sawa hannu Domin karbar Haihuwata</p>	<p>Child oooh a thing of joy Child oooh Child oooh a thing of joy</p> <p>I would get my polythene sheet for bed spread With the polythene bag for the hands For my delivery</p>
<p>Da oooh Da Da dadi Da oooh Da oooh Da da dadi</p> <p>In tanadi Reza Sabuwa Tare da Zaren daure cibi</p>	<p>Child oooh a thing of joy Child oooh Child oooh a thing of joy</p> <p>I would get a new razor blade And thread for tying the cord</p>
<p>Da oooh Da Da dadi Da oooh Da oooh Da da dadi</p> <p>In Tanadi Sabulun wanke dana Ga tafassashen ruwa a roba Tare da Tawil'in goge dana</p>	<p>Child oooh a thing of joy Child oooh Child oooh a thing of joy</p> <p>I would get soap to bath my baby There's also boiled water in a plastic container With a towel for wiping my baby</p>
<p>Da oooh Da Da dadi Da oooh Da oooh Da da dadi</p> <p>In samu Tufafin Nakuda ta Domin Tsaftace Haihuwa ta</p>	<p>Child oooh a thing of joy Child oooh Child oooh a thing of joy</p> <p>I would get a dress for labour To keep my delivery clean</p>
<p>Da oooh Da Da dadi Da oooh Da oooh Da da dadi</p> <p>In Tanadi tufafi na da dana Masu Tsafta domin sawa Na Hada Lefen Haihuwata Na Hada Lefen Haihuwata</p>	<p>Child oooh a thing of joy Child oooh Child oooh a thing of joy</p> <p>I would get cloths for myself and my baby Clean clothes to wear I have all my essentials for delivery I have all my essentials for delivery</p>

PART 2: NEWBORN CARE



SESSION 2.1: NEWBORN CARE

1 How do we protect the newborn at birth?	EXPERIENCES
2 First steps at delivery	PRESENTATION
3 Keep newborns warm	PRESENTATION
4 Check for abnormalities while you are wiping the newborn	SAY & DO
5 Learn the newborn danger signs	SAY & DO
6 Protect newborns from germs and infection.	PRESENTATION
7 Safe Cord Care	SAY & DO

1. EXPERIENCES: How do we protect the newborn at birth?

Listen to the responses and introduce the following points:

A. Newborns need warmth, immediate breastfeeding, protection from infection love and immediate care for danger signs.

B. Newborns are at greater risk of infection than older babies, children and adults

1. The newborn's body is not yet strong.
2. Babies can be harmed by germs that are not able to harm adults and older children.
3. Adults and older children are stronger than babies because they have stronger immune systems. Their bodies have already fought many germs.
4. A newborn's fever can get too high very quickly.
5. When a fever gets too high, it spoils the brain and can even cause death.
6. Cleanliness helps prevent infections that cause fevers that can kill or harm.

2. PRESENTATION: First steps at delivery

Note: See Annex 2.1 TABLE—STEPS FOR: IMMEDIATE NEWBORN CARE

- Make sure the baby is breathing.
- Dry the baby. Wipe off the blood, meconium and some of the vernix.

- While drying the baby, check for any abnormalities.
 - Cover the baby's head.
 - Place the baby on the mother's chest and cover them together.
 - Cut the cord properly (See below.)
 - Start breastfeeding within 30 minutes of birth.
3. **PRESENTATION: Keep newborns warm**—especially for the first few weeks of life.
- A. The **newborn's** body is small and not able to stay warm on its own.
- **If the newborn gets cold, s/he can die.**
 - **Keep the newborn in a warm room.**
 - **Cover his/her head.**
- B. **Use Kangaroo Care**
- Keep the newborn skin-to-skin with the mother (Kangaroo Care). Cover them together with a warm cloth or blanket. Don't cover the newborn's face; s/he needs to breathe freely.
 - When not protected by kangaroo care, put on warm loose clothing and covers (1-2 more layers than are comfortable for you).
- C. **Postpone bathing the baby, preferably until the next day. Ensure that the baby's temperature is normal before bathing.**
1. **Wait** at least 24 hours before cleaning a low weight baby. Wipe the baby with a soft, clean cloth soaked in lukewarm water.
 2. It **is** impossible to wash a newborn without getting him/her too cold.
 - **Even a small amount of washing and rinsing can cool the newborn's body and make the newborn more likely to get sick.**
 - **The creamy, white substance (vernix) protects the newborn's skin which is still very delicate. Do not rub it off.**
 3. Wipe the newborn with a clean, warm cloth instead of washing the newborn with soap and water
 - Cover the body and wipe the head well. Wipe the head last.
 - Put a cap on the newborn.
 - Place the newborn Skin to Skin with the mother: The newborn will stay warmer if you put the newborn's body on the mother's chest without any clothing. Cover the newborn and mother with the same wrapper.

4. **SAY & DO: Check for any abnormalities while you are wiping the newborn.**

CHECK FOR NEWBORN ABNORMALITIES	
If you see abnormalities , take the newborn to the hospital. The doctor may be able to help you.	
SAY the new health information &	DO something to remember the information
▪ Pointed head	• Hold your head and bring your hands up to a point
▪ Cleft palate	• Hold the side of your mouth
▪ Extra fingers	• Hold the side of one hand and pretend to be holding an extra finger
▪ Un-descended testicle	• Hold the testicle site
▪ Cleft foot	• Hold one foot and pull on it as though it was elongated
▪ Wound on the back	• Touch your back
▪ Any other abnormality	

5. **SAY & DO: Learn the Newborn Danger Signs**

NEWBORN DANGER SIGNS	
SAY the new health information	DO something to remember the information
Essentials for life 1. Difficult breathing 2. Breastfeeding difficulties or not sucking enough	1. Lift up your chest cavity and breathe in and out fast then wait a little while and repeat the same process saying, 2. Hold your two hands under your left breast and shake your head “No”.
Whole body signs 3. Feels too cold (stomach or back feels cold compared to a well person)	3. Touch your stomach and shiver with cold

4. Fever (stomach or back feels hot compared to a well person)	4. Use the fever sign and then touch your stomach.
5. Fitting (shaking or rigid)	5. Use the fitting sign.
Other signs	
6. Red, swollen eyelids and pus from eyes	6. Touch the eyelids
7. Red, swelling, pus or foul odour around the cord or belly button	7. Touch the belly button and turn your face away making a face showing displeasure.
8. Yellow eyes, palms, soles of feet	8. Point to your eyes, palms and feet

6. PRESENTATION: Protect newborns from germs and infection.

- A. **Wash hands** with soap (or ash) and water
- before touching the newborn
 - after cleaning stool and urine of the newborn, another child or yourself
- B. **Gently request that people with colds/catarrh or other sicknesses do not come near the baby until they are no longer sick.**
- C. **Breastfeed the baby on demand.** Do not give the baby any drinks, herbs etc. They could give the baby serious diarrhoea.
- breastmilk is clean and is not touched by any cup or hands that might have invisible germs on them

7. SAY & DO: Safe cord care to protect the newborn from germs and infection

SAY & DO: SAFE CORD CARE	
SAY the new health information &	DO something to remember the information
<u>Demonstration: Cutting the cord</u> a. Have a <u>new</u> razor and new thread for cutting the cord. b. Wait until the cord has stopped pulsating before cutting the cord.(2-3 minutes) c. Tie the cord in two places: at two fingers and at four fingers from the baby’s belly. d. Cut the cord between the two ties.	a) Hold a new razor up for all to see. b) Pretend to tie a cord at 2 fingers from your belly and at 4 fingers c) Pretend to cut the cord between the ties.
<u>Wait for the cord to fall off naturally. in 5-10 days.</u> a. Do not try to make the cord fall off. b. Do not put anything on the cord. c. Keep the cord dry. d. Give the newborn sponge baths until the cord falls off. e. Do not cover the cord with a nappy.	Hold up 5 and then 10 fingers. a) Use the “No” sign.
<u>Watch for signs of cord infection and go to the health facility for treatment</u> a. Delay in falling off b. Swelling c. Redness d. Pus e. Foul smell at the belly button.	

Note if the placenta does not come out and there is an emergency, use a clean cloth to tie the cord to the mother’s thigh so that the cord will not withdraw inside the mother. Then follow the directions for cutting the cord.

CLOSING: What questions do you want to ask? What else do you want to know?

Talk about this information with your husband, family and friends.

Encourage everyone to give newborns immediate warmth, breastmilk and protection from infection and diseases, and love without delay.

SESSION 2.2: IMMEDIATE & EXCLUSIVE BREASTFEEDING

1 Start breastfeeding immediately (within 30 minutes)	SAY & DO
2 Breastfeed exclusively for 6 months	SAY & DO
3 Prevent and quickly identify breastfeeding problems	PRESENTATION
4 Continue breastfeeding for 2 years or longer and start complementary feeding at 6 months	PRESENTATION

- SAY & DO: Start breastfeeding immediately--within 30 minutes of birth after cutting the cord and before the placenta comes out**
 - Mother's breastmilk is specially designed for the needs of a newborn.

IMMEDIATE BREASTFEEDING	
SAY the new health information &	DO something to remember the information
1) Put the newborn on the mother's chest between the breasts 2) Start breastfeeding within 30 minutes after birth <ul style="list-style-type: none"> Keep the newborn with the mother to make breastfeeding easier 	<ul style="list-style-type: none"> Place your hand between your breasts
3) Newborn's natural rooting and suckling instinct is strongest at birth <ul style="list-style-type: none"> Within a few hours, it gets weaker. 	<ul style="list-style-type: none"> Pretend to be rooting and suckling Put up 2 fingers for 2 hours
4) The newborn needs the thick yellow milk (colostrum). It is <ul style="list-style-type: none"> a natural part of life given by God to protect newborns has medicines in it for the newborn. is not dirty. The colour comes from the medicines in the milk. Do not throw away the yellow milk. 	<ul style="list-style-type: none"> Smile and pretend to take medicine Use "NO" sign
5) Do not give other liquids (mention any common practices such as giving water, herbal tea, goat's milk).or food <ul style="list-style-type: none"> Invisible germs can get into other 	<ul style="list-style-type: none"> Use "NO" sign Put your hand at your anus and make a

liquids and foods. • Breastfeeding protects against dangerous diarrhoea.	spurting sound
6) Makes placenta come out faster so it helps prevent severe bleeding	• Use placenta delivery pose and • Use severe bleeding pose
7) Helps mother and baby bond	• Smile while holding your hands to your chest as though you are holding a newborn in kangaroo position
8) Breastfeed on demand—every 2-4 hours when baby wants to feed • Keep baby with mother at night to make night feeds easier	• Make rooting action • Hold head on hand as if sleeping

2. SAY & DO: Breastfeed exclusively for 6 months

BREASTFEED EXCLUSIVELY for 6 months	
SAY the new health information &	DO something to remember the information
1) Give your baby only breast milk during the first 6 months.	•
2) Mothers naturally have enough milk to take care of all the baby's needs until 6 months. • It has all the nutrients the baby needs	• Make the thumbs up sign.
3) Babies do not need any other drink or food for 6 months. • Has enough water for thirsty babies even on very hot days	• Pretend to wipe sweat off your face and smile
4) Other food and drink can cause serious diarrhoea • Don't use feeding bottles • They can have germs in them that cause dangerous diarrhoea and illnesses • They can cause malnourishment because of their high cost	• Put your hand at your anus and make a spurting sound

<p>5) Help the newborn suck rather than give other drinks when a newborn sucks slowly</p> <ul style="list-style-type: none"> • The breast is like a water-well; the more the well is emptied the more it produces water. Every time the baby sucks, more milk will be released from the breast • Keeping the baby close to the mother will help the baby suck more. 	<ul style="list-style-type: none"> • Pretend to draw water from a well. • Pretend to hold the baby close
<p>6) Feed your baby as often as he wants during day and night, at least 8-12 times in 24 hours.</p>	<ul style="list-style-type: none"> • Show 8 fingers
<p>7) Let your baby continue suckling from one breast until he stops on his own.</p> <ul style="list-style-type: none"> • Move to the other breast if the baby is still hungry. If not start the next feed with the other breast. 	
<p>8) Exclusive breastfeeding also prevents a new pregnancy for the first six months provided the mother has not started menstruating.</p>	<ul style="list-style-type: none"> • Make the “No” sign • 6 months • Pretend to back a baby while showing your belly growing with another baby

3. PRESENTATION: Prevent and quickly identify breastfeeding problems

Note: See solutions in Annex 2.

A. Practices to ensure enough breastmilk and a well fed baby:

1. Have the baby finish one breast before moving to the next breast. This may mean feeding with only one breast during a feed.
 - The baby’s sucking tells the mother’s body to make more milk. If the baby does not finish the breast, the mother’s body doesn’t make as much milk.
2. Don’t give the baby anything to drink or eat except the breastmilk.
 - Drinking other drinks prevents the baby from sucking and telling the mother’s body to make more milk
3. Eat and drink enough water for the mother and the growing baby
 - Drink a glass of water for every feed.
 - Eat an extra meal of growth, protection and energy foods.
 - Increase the growth and protection foods if the mother still does not have enough milk.
 - Avoid hard physical work.

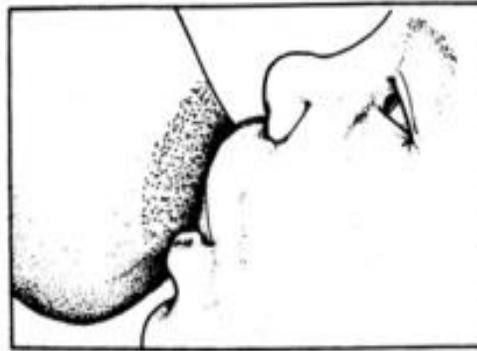
B. Identify breastfeeding problems and seek advice quickly

1. Problem: Baby not getting enough milk resulting in poor weight gain.

- Baby is not sucking well.
- Breast is not producing enough milk, the baby is not satisfied.
- Baby poorly attached: only has the nipple in his mouth so the breast is not deep enough in his mouth (Figure b).



Fig.1 a. A baby well attached to his mother's breast
(Fig.19 in Participants' Manual)



b. A baby poorly attached to his mother's breast

2. Problem: Mother's nipples are sore and/or cracked. This usually happens when the baby is only sucking on the nipple without most of the dark area around the nipple.

Initial Solutions:

- Ensure the baby is correctly positioned as above.
 - Wash breasts daily with soap and water.
 - Spread some expressed milk on the breasts as a soothing cream.
 - Air dry the breasts.
- 3. Problem: Breasts are engorged; a blocked duct is blocked or the breast is inflamed (mastitis) usually because not enough milk is removed.**
- 4. Problem: Mother is infected with HIV or suspects that she may be infected and HIV can be transferred to the baby via breastmilk.**
- **Solution: The health worker can help protect the baby from HIV. Seek advice from your health worker as soon as possible, preferably before the baby's birth.**

4. PRESENTATION: Continue breastfeeding for 2 years or longer and start complementary feeding at 6 months

- After 6 months, the baby needs supplementary food to grow well in addition to breast milk.
- Start with semi-solid soft food without any spices. Each day add up to a teaspoon of oil/ ghee/butter.
- Increase the number and quantity gradually so the baby's body adapts to the new foods.
- Add solid foods gradually.
- A one-year old child can eat from the family pot, and be eating about half the adult diet.

CLOSING: What questions do you want to ask?

Talk about this information with your husband, family and friends.

Encourage everyone to support mothers to breastfeed immediately (before the placenta comes out), to breastfeed exclusively and to breastfeed for 2 years or more.

SESSION 2.3: BIRTH REGISTRATION & THE ROAD TO HEALTH CARD

1 Benefits of Birth Registration	PRESENTATION
2 Benefits of the Road to Health Card	PRESENTATION

1. PRESENTATION: Benefits of Birth Registration

- A. Government will be able to plan services better if government has an updated record of births and deaths. Currently the government uses very rough estimates because many births and deaths are never registered.
- B. Government needs to know the expected increases in the population in order to plan for health and other services.
 - Number of vaccinations

- Number of nurses and teachers
- C. The family will benefit from better planned services.
- D. The child will benefit from having an official birth certificate. Government is increasingly requiring the official birth certificate as a basis of receiving services such as:
- School admission
 - Drivers license
 - Passport

1. PRESENTATION: Benefits of the Road to Health Card

- A. Helps the health worker quickly register your child, know the vaccines s/he has already been given and provide her/him with the vaccines s/he needs.
- B. May be required for school registration.
- C. Helps researchers know how many children still need to be vaccinated so they can plan better to care for the children in your community
- D. Regular weighing of under-1s helps mothers and health workers know when the child is underweight and requires nutritional support
- E. Bring the Road to Health Card for every vaccination visit.
- F. Keep the Road to Health Cards for your children in a safe and easily available place.

**CLOSING: What questions do you want to ask? What else do you want to know?
Talk about this information with your husband, family and friends.
Encourage everyone to register their children at birth and to bring their road to health cards for every vaccination visit.**

ANNEXES FOR NEWBORN CARE

Annex 2.1. TABLE—STEPS FOR IMMEDIATE NEWBORN CARE

a. Check breathing	<ul style="list-style-type: none"> a. Check that the newborn is breathing. b. Check that the newborn has pink lips.
b. Dry the newborn immediately	<ul style="list-style-type: none"> a. Wipe the newborn' body with a clean, warm cloth. b. Wipe the head well. c. Do not rub off the creamy, white substance. It protects the newborn's skin. d. Wrap the newborn in clean cloth <u>or</u> place Skin to Skin with the mother.
c. Cut cord and keep dry and clean	<ul style="list-style-type: none"> a. Tie the cord in two places near the newborn: 2 fingers from the belly button and 4 fingers from the belly button b. Cut the cord with a new razor blade (or boil a used razor blade for 10 minutes) c. Do not put anything on the cord d. Give the newborn sponge baths until the cord falls off by itself e. The cord will fall off in 5-10 days. f. Watch for signs of infection: delay in falling off, swelling, redness, pus, foul smell at the belly button. Go to the health facility for treatment. <p><i>Note if the placenta does not come out and there is an emergency, use a clean cloth to tie the cord to the mother's thigh so that the cord will not withdraw inside the mother. Then follow the directions for cutting the cord.</i></p>
d. Place in Skin-to-Skin with mother(KMC presently in practice in our CEOC)	<ul style="list-style-type: none"> a. Put the newborn on the mother's chest. b. Cover the mother and newborn together with a warm cloth or blanket c. Cover the newborn's head. d. For low birth babies they should be taken to the hospital
e. Breastfeed	<ul style="list-style-type: none"> 1. Start breastfeeding within 30 minutes. 2. The newborn needs the yellow liquid. It has medicine in it. 3. Feed newborn on demand (every 2 ½ to 3 hours) 4. Have newborn finish one breast and then move to the next breast. The newborn's sucking tells the mother's body to make more milk. If he doesn't

	<p>finish the breast, the mother's body doesn't make as much milk.</p> <p>5. Don't give any other liquid or food. Give the mother the food and liquid so she has plenty of milk. Babies do not need water. If the newborn is hot and thirsty, give him the Breast milk; it is thin like water but has medicines and foods that were made for human babies.</p>
f. Immunize	At birth (on the first day) or before the naming ceremony

Annex 2.2. SOLUTIONS FOR BREASTFEEDING PROBLEMS

Annex 2.2 Identify breastfeeding problems and seek advice quickly

A. **Baby not getting enough milk resulting in poor weight gain.**

- baby is not sucking well.
- breast is not producing enough milk, the baby is not satisfied.
- baby poorly attached: only has the nipple in his mouth so it is not deep enough in his mouth (b).

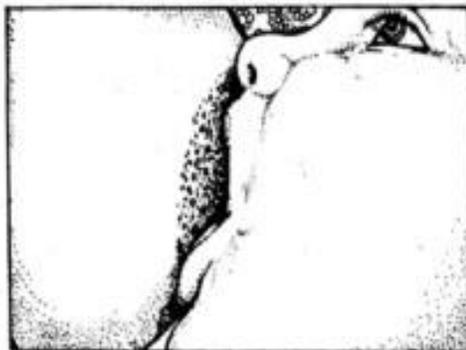
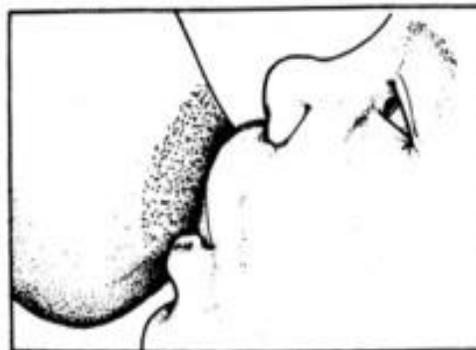


Fig.1 a. A baby well attached to his mother's breast
(Fig.19 in Participants' Manual)



b. A baby poorly attached to his mother's breast

Solution: Ensure baby is correctly positioned (Fig. 1 a) on the nipple and the areola (the dark area around the nipple).

- The bottom of the baby's mouth should cover the entire dark area of the breast (areola)
- The top of the baby's mouth should cover most of it. The baby's mouth is wide open.
- The baby's lower lip is curled outwards.
- The baby's chin is touching or almost touching the breast
- If the baby has only the nipple in his/her mouth (Fig. b), the baby is in a poor position and will not get enough milk and will not stimulate the breast to produce enough milk.
- To assist the baby to properly attach, have the mother place the baby's chest against her chest and his chin against her breast (Chest to chest and chin to breast).

B. Problem: Mother's nipples are sore and/or cracked. This usually happens when the baby is only sucking on the nipple without most of the dark area around the nipple.

Solutions:

- Ensure the baby is correctly positioned as above.
- Wash breasts daily with soap and water.
- Spread some expressed milk on the breasts as a soothing cream.
- Air dry the breasts.

C. Problem: Breasts are engorged; a blocked duct is blocked or the breast is inflamed (mastitis) usually because not enough milk is removed.

Solutions:

- Ensure that the baby is properly attached to the breast.
- Feed the baby more often.
- Feed the baby on the tender breast first.
- Express some milk to relieve the fullness if your breasts still feel full after a feed or your baby can't feed,
- Warmth on your breast can help the milk to flow. Try a warm shower.
- Help the milk flow while your baby is feeding, by gently stroking the lumpy or tender area towards your nipple with your fingertips.
- Get as much rest as possible.
- Take a paracetamol to reduce the pain.

Warning Note: Mastitis may also be a sign of infection. If there's no improvement within 12 to 24 hours, or you start to feel worse, go to the health facility. The health worker can prescribe antibiotics that are safe to take while breastfeeding.

D. Problem: Mother is infected with HIV or suspects that she may be infected and HIV can be transferred to the baby via breastmilk.

Solution:

- Visit a health worker trained to work with HIV mothers.
- Obtain counselling and advice on how to reduce the risk of infecting the baby.

PART 3: CHILD CARE



SESSION 3.1: ROUTINE IMMUNIZATION (RI)

1 Government provides free childhood vaccinations to prevent measles.....	PRESENTATION
2 Why do many caretakers delay bringing children for their vaccinations?	EXPERIENCES
3 Consequences of failing to immunize on time	PRESENTATION
4 The <i>Vaccination Hand</i> for remembering when to take our children for vaccinations.	SAY & DO
5 Vaccines build lifelong bodyguards (understanding how vaccines protect us)	MIME
6 The Vaccination Visit Slogan	SAY & DO CHANT
7 Know when and where to take our babies for their vaccinations	PRESENTATION

Note: Parents require accurate health decision-making information in order to protect their children. However, they do not actually need to know every disease that is prevented by routine immunization.

- *Knowledge that routine immunization protects diseases they have seen and have cause to fear, measles and whooping cough, will persuade the majority of parents to immunize their children.*
- *Time spent on remembering the other vaccine preventable diseases and understanding that malaria will not be prevented can be better spent on learning when to take their children for immunization and how to treat vaccination side effects.*
- *Please see the Annex 3.1 Diseases Prevented by Routine Immunization for detailed knowledge for health workers.*

1. PRESENTATION: Government provides free child hood vaccinations to prevent measles, whooping cough, polio and other childhood diseases.

- Measles, whooping cough, polio and the other vaccine preventable diseases can spread very fast from one person to another and can cause life time harm or death.
- Parents need to bring their children to the facility for their childhood vaccinations.

- In order to eradicate polio, vaccinators make it easier for the parents and government to ensure that no children are missed by holding polio campaigns where vaccinators go house to house giving polio drops to children under five.

2. EXPERIENCES: Why do many caretakers delay bringing children for their vaccination visits?

- How old was your last baby when you took him/her for the first vaccination visit? Who took him/her to the health facility?
- Why don't we bring our babies for their first visits as soon as they are born or at least before their naming ceremony?
- Why do some/many mothers drop out?
- What is the danger of delaying and dropping out?

Listen to responses and then introduce the next presentation.

3. PRESENTATION: Consequences of failing to immunize your child on time

CONSEQUENCES OF FAILING TO IMMUNIZE YOUR CHILD ON TIME	
<p>Introduction: Every month you delay is a month your child can catch the childhood diseases that you can prevent by taking your child for his/her vaccination at the nearest health facility according to the vaccination schedule.</p> <p>We need to protect our babies and children with immunization to prevent them from terrible childhood diseases that can make them:</p>	
SAY the new information &	DO something to remember the information
1. Blind	<ul style="list-style-type: none"> ▪ Cover your eyes with your hands.
2. Deaf	<ul style="list-style-type: none"> ▪ Poke a finger in each ear.
3. Crippled	<ul style="list-style-type: none"> ▪ Lift your hand and foot holding it loosely as though it has no strength.
4. Mentally retarded	<ul style="list-style-type: none"> ▪ Nod your head looking as though you don't understand
5. Sickly (after the first terrible sickness the child may remain weak and keep getting other sicknesses)	<ul style="list-style-type: none"> ▪ Cradle your hands as though you are holding a sick baby.
6. Cause their death	<ul style="list-style-type: none"> ▪ Make the mourning pose
In addition to reducing suffering, immunization saves the money and time that has to be spent on caring for sick children.	<ul style="list-style-type: none"> ▪ Pretend to be counting naira.
<p>Ask: How will you feel if your child suffered permanent harm from measles and whooping cough or polio and then grew up to find out that you could have prevented it?</p>	

4. SAY & DO: The Vaccination Hand for remembering when to take our children for vaccinations.

Note: Please see Annex 7.2 for the Vaccination Visits Song.



INSTRUCTIONS FOR TEACHING THE VACCINATION HAND (VH) SCHEDULE

Note: This is a drawing of the palm (inner side) of your hand.

Introduction:

- We are going to learn an easy way to remember exactly when to take our children to the health facility for their childhood vaccinations.
- Each finger will remind us of one of the vaccination visits.
- Our right hand will serve as a poster for teaching and recalling the vaccination schedule.

Step 1: Demonstrate the timing for each vaccination visit using the Vaccination Hand.

SAY: <i>the time for the visit</i>	DO: <i>Touch the top of your</i>
1) Immediately at birth or before the naming ceremony	1) Pinky
2) At 40 days	2) Pointer finger
3) Four more weeks	3) Middle finger
4) Another four weeks	4) Ring finger
5) Come back at nine months	5) Thumb

- Hold your right hand up high so everyone can see the inside of your hand.
- Say the time for the visit while touching the finger that corresponds to the schedule for the vaccination visit. Start with your pinky and move towards your thumb.
- Repeat your **demonstration slowly clearly describing the timing for each visit.**

Step 2: Demonstrate the VH without the words so participants focus on the shape of the VH.

- Spread your fingers of your right hand out as wide as possible.
- Hold the middle three fingers together with your other hand. These three fingers need to stay together.

- Now spread out our thumb and pinky as far as possible and move your left hand away from your middle fingers.

Step 3: Help the participants form the VH

Note: Circulate among the participants and help those who have difficulty forming the VH. Congratulate the participants with good VH's.

Step 4: Say the VH schedule while touching the corresponding fingers, finger by finger.

Note: The participants need to see the shape of the VH so do not move your fingers. Touch the top of each finger by coming from the back of the finger.

Step 5: Demonstrate and ask participants to copy you, finger by finger

- Say the vaccination timing of the first visit represented by the first finger (pinky) and touch the tip of the pinky.
- Ask the entire group to repeat at least 2 times.
- Repeat this process for each for each visit and finger.
- Ask a group of people sitting near each other to repeat together.
- Ask a second group of people to repeat together.
- Ask everyone to repeat together two times.

Step 5: Demonstrate the entire VH with the accompanying words (moving from your pinky to your thumb). Ask participants to imitate you after each finger, finger by finger until you have completed the VH.

- Repeat this process at least 2 times.
- Ask a group of people sitting near each other to repeat together.
- Ask a second group of people to repeat together.
- Ask one or two volunteers to repeat.
- Ask everyone to repeat together two times.

Step 6: Discuss the benefits of the VH with the participants

- Do they think they can remember the VH?
- How the VH can help them remember the vaccination visits?
- Who should know the VH?
- Do they think they can teach anyone at home?

Step 7: Final review of the VH

- Check comprehension of groups and then of individual volunteers.
- Repeat the VH with everyone together 2 times.

Step 8: Ensure everyone recalls the Vaccination Hand schedule of visits

- It is not enough for parents to be aware of the vaccination schedule.
- Parents need to remember the VH at the time they need it for their newborn.
- Practice the Vaccination Hand two times a day during your meetings and workshops.
- Use the VH as an energizer during all meetings.
- Children whose vaccination visits are delayed are at risk for whooping cough, measles, polio and other vaccine preventable childhood diseases.

5. MIME: Vaccines build lifelong bodyguards (understanding how vaccines protect us)

- **Introduction:** We are going to use mime to show how Immunization helps our bodies fight the germs. I will tell a story and volunteers will act out the story without talking.

MIME: VACCINES BUILD LIFELONG BODYGUARDS

Note: Volunteers play the roles of the people identified below with CAPITAL LETTERS. Keep the story and action simple. The purpose is to teach the participants that vaccines produce bodyguards that protect their children. Make sure your “stage” is a large enough space so the participants can see clearly. Separate the volunteers on the stage with the UNVACCINATED CHILD ON ONE SIDE AND THE VACCINATED CHILD ON THE OTHER.

UNVACCINATED CHILD & MOTHER	VACCINATOR & 3 BODYGUARDS	VACCINATED CHILD & MOTHER
-----------------------------	---------------------------	---------------------------

Facilitator: We need some volunteers to come forward and follow my directions.

1. Two volunteers come forward to act as children and two more volunteers come forward and act as their MOTHERS/FATHERS.
 - The REFUSING/UNVACCINATED CHILD stands with his MOTHER on my right. His MOTHER will refuse to allow her child to be vaccinated.
 - The ACCEPTING/VACCINATED CHILD stands on my left. His MOTHER/FATHER will be happy to have her child vaccinated.
2. One volunteer come forward to act as a VACCINATOR.
3. Three volunteers come forward to act as the BODYGUARDS. They stand in line behind the VACCINATOR.
4. One volunteer stay in the audience. You will act as the CHILD WITH MEASLES.

The Facilitator tells the story and the volunteers act out the story.

1. The VACCINATOR tries to vaccinate the REFUSING/UNVACCINATED CHILD. His/her MOTHER refuses.
2. The VACCINATOR vaccinates the ACCEPTING/VACCINATED CHILD (with a biro). Watch what happens when the CHILD is vaccinated..
 - **THREE BODYGUARDS come and stand around the CHILD. See how they hold hands to guard and protect the VACCINATED CHILD.**
3. Now watch what happens when a CHILD WITH MEASLES lives in the same neighbourhood. The CHILD WITH MEASLES is shivering with fever and coughing. Measles germs are in the air around him/her but we can't see them. The CHILD WITH MEASLES comes up close to the UNVACCINATED CHILD.
4. Watch the UNVACCINATED CHILD become sick within ten days. The invisible germs are making her/him sick with measles. Now the UNVACCINATED CHILD is shivering with fever and coughing.

5. Now the **CHILD WITH MEASLES** comes close to the **VACCINATED CHILD** but the **BODYGUARDS** wave their hands to fight the invisible measles germs. The vaccine **BODYGUARDS** protected the **VACCINATED CHILD**.

DISCUSSION

- a) What happened to the child who was not vaccinated?
- b) What happened to the child who was vaccinated?
- c) What did the vaccination do to protect the child?

SUMMARISE

- a) Vaccinations make the body make bodyguards.
- b) Whenever the bodyguards see germs that cause their disease, the bodyguards destroy the germs.
- c) Vaccinations protect for life but some vaccinations such as polio require multiple boosters to provide enough protection.

REPEAT the entire mime, discussion and summary with other volunteers to make sure that everyone has understood the mime and the way vaccinations protect our children.

6. **SAY & DO: The Vaccination Visit Slogan** to help everyone remember how important it is to take children for most of their vaccination visits when they are still tiny babies.

SAY & DO: Chant the Vaccination Visit Slogan with Hand Movements
Helps parents realize their tiny babies need to be vaccinated.



SAY the new information &	DO Something to remember the information
4 visits Within 4 months	<ul style="list-style-type: none"> • Hold up your right hand • Slap your right hand across the 4 fingers with your left hand fingers covering the right hand thumb with the left hand thumb so that only the

	4 fingers of your right hand are visible
Measles visit At 9 months	<ul style="list-style-type: none"> • Pull your left hand off the right hand fingers and onto the tip of the right hand thumb to imitate the Vaccination Hand measles finger.

Instructions to show caregivers that most vaccinations are for infants.

Note: Use the 2 times method.

1. Demonstrate the slogan while doing the hand movements

- 2 times.
- Explain the meaning of the slogan.
- Repeat the slogan 2 times.

2. Practice saying the slogan without the hand movements

- Ask everyone to recite together 2 times each of the following lines.
- Use the skills confirmation method below after teaching each line:
 - *4 visits within 4 months*
 - *Measles visit at 9 months.*
 - *the entire slogan*

Skills confirmation method: confirming that everyone can say the slogan correctly.

- Ask groups of people sitting near each other to recite the entire slogan.
- Ask 2 volunteers to recite the entire slogan.
- Ask everyone to recite the entire slogan together. 2 times.

3. Repeat all steps adding on the hand movements.

Debrief

a. How old is the child when he/she has completed:

- **most of the childhood vaccinations?**
- **all of the childhood vaccinations?**

7. PRESENTATION: Know when and where to go for vaccinations

Vaccination Day: Place, Days and Times

Note: The health session leader must obtain and share facility-specific information during this session.

Place _____

Days _____

Hours _____

CLOSING: What questions do you want to ask?

Talk about this information with your husband, family and friends.

- **Teach everyone at home the vaccination hand and slogan**
- **Encourage all parents to vaccinate each child on time.**

SESSION 3.2: OVERCOMING FEARS OF VACCINE REACTIONS

1 Vaccine reactions	EXPERIENCES
2 Don't worry. Most vaccine reactions are not serious.	PRESENTATION
3 Reducing the fever of a baby or child	DEMONSTRATION
4 Managing tenderness/swelling	DEMONSTRATION
5 How to care for a child with BCG sore	PRESENTATION

1. EXPERIENCES: Vaccine reactions

- A. Have any of your children experienced any kind of reaction after receiving immunization?
- B. What kind of reaction did he/she experience?
Listen to responses and empathize.

2. PRESENTATION: Don't worry. Most vaccine reactions are not serious.

- A. Some children have reactions after immunization and some children have no reactions. Our bodies are different.

B. Normal reactions

- Mild fever
- Pain, swelling and tenderness at the injection site.
 - Last for 2 – 3 days.

C. Serious reactions. Take your child to the health facility

- Lasts more than 3 days,
- High fever
- Abscess (pus at injection site)

3. DEMONSTRATION: Reducing the fever of a baby or child

A. Tepid sponge the baby/child with or without paracetamol syrup

- One good, lukewarm water wipe is equivalent to one dose of paracetamol
- **Follow the directions for paracetamol**

B. Requirements for tepid sponging (wiping the baby's whole body with lukewarm water)

- Clean small cloth or towel
- Lukewarm water in a clean small bowl. Use well water or cold water that is warmed with some hot water.

C. Steps for tepid sponging with lukewarm water

- a) Expose the baby on your lap or on a bed or on mat
- b) Dip the small cloth into the lukewarm water and squeeze out some water.
- c) Wipe the whole body from head to toe. Continue wiping until the temperature goes down
- d) If the room is hot, leave the baby's body uncovered.
- e) If the room is cold, cover the baby/child lightly. **Do not make the baby/child hotter.**
- f) **Tepid sponge the baby/child with or without paracetamol syrup**
- g) One good, lukewarm water tepid sponge is equivalent to one dose of paracetamol.

4. DEMONSTRATION: Managing tenderness/swelling with a cold compress

A. Requirements

- A clean small cloth or towel
- Small bowl of very cold water (preferably drinking water from clay pot or water from a refrigerator)

B. Steps

- a) Hold the baby on your lap.
- b) Dip a clean cloth into a bowl of very cold water. Squeeze it a little.
- c) Gently place the cold cloth on the swollen area and keep it on for a few minutes.
- d) Do not press or rub the swelling.
- e) Remove. Wet the cloth again with cold water and repeat 3 times.
- f) Do this for the child 2-3 times in a day.
- g) **Give baby paracetamol syrup according to the directions.**

1. PRESENTATION: How to care for a child with BCG sore

A. BCG is a special sore. It will heal by itself in 2 weeks.

B. Care of the sore

- Clean sore each day.
- Keep sore dry

C. Don't do the following

- Don't put any ointment.
- Don't squeeze it.
- Do not rub it.
- Don't allow flies to touch it.

CLOSING: What questions do you want to ask?

Talk about this information with your husband, family and friends.

- **Most vaccine reactions end by themselves.**
- **Ask: Which is better for your baby, to have a mild vaccine reaction or to get a serious disease?**

SESSION 3.3: POLIO IS A SNEAKY DISEASE

Note: This topic is more important for states where polio campaigns are held every two or three months.

1. Why do we keep having polio campaigns?	EXPERIENCES
2. People spread polio rapidly without realising they are spreading polio	PRESENTATION SAY & DO
3. Benefits of polio campaigns	PRESENTATION

1. EXPERIENCES: Why do we keep having polio campaigns? Have you seen a small child crippled by polio in the last five years?

Listen to the responses and explain the following key information.

- Polio spreads very fast
- It is true that very few children have been crippled in recent years.
- The polio campaigns have been very effective----but they have not been effective enough.
- If we stop the campaigns before we completely eradicate polio it will start spreading again like wildfire.

2. PRESENTATION: People get infected with polio and spread polio rapidly but no one realises they are infected with the polio virus.

Note: Technically polio is spread by a virus; however, it will be easier to use the local word for germs among people who have not learned to distinguish viruses from bacteria.

- A. **Polio germs affect children and people differently. You cannot know whether or not a person is infected with polio. Polio does not have spots like measles.**

DIFFERENT WAYS POLIO AFFECTS INFECTED CHILDREN/PEOPLE	
SAY the new information &	DO something to remember the information
1. Die from polio	• Make the mourning sign
2. Get crippled in both legs	• Touch both legs
3. Get crippled only in an arm or leg	• Let your arm flop and stand on one strong leg
4. Get fever	• Make the fever sign
5. Never get visibly sick and never get crippled	• Smile

B. Polio hides from us as it spreads.

- Most children infected with the polio virus do not get crippled. They may only have a bad cold.
- **If one child is crippled by polio in your area, 200 other children are likely to be infected with the virus.**
Note: Use Say & Do. Spread your hands to encompass everybody.
- So the virus can spread fast from one child who doesn't look sick to another.
- **Do you want your child to be the one that gets crippled and dies?**

C. Stool spreads the polio virus for up to 2 months and then the polio virus dies and no longer spreads.

- When children are infected with the polio, they have the polio virus in their body.
- **Every child who is infected with the polio whether or not he is crippled will continue to stool the virus for up to 2 months.**
Note: Use Say & Do by putting your hand near your anus when saying, "pass the polio virus in his stool".
- Then the virus dies but if the child becomes crippled, the child stays crippled.

3. PRESENTATION: Benefits of polio campaigns organized by Government.

A. Polio drops are very safe.

- The drops cannot give a baby or child polio.
- There are no side effects from the polio drops.
- Some children get full bodyguard protection faster than others.

B. Government has many polio campaigns to ensure that during each round more and more babies and children are getting fully protected.

- Only children who skip or reject their polio drops can get infected and spread polio.

C. What is our responsibility as community members?

D. If we have complaints against Government, can we find another way to protest and demand our share of Government benefits?

Note: Ask the participants to say what they believe.

CLOSING: What questions do you want to ask?

**Talk about this information with your husband, family and friends.
Encourage parents to ensure each under-5 child gets polio drops during:**

- every polio campaign to protect from the sneaky polio virus
- their routine vaccinations at the health facility

SESSION 3.4: DIARRHOEA & POLIO PREVENTION

1 Germs are invisible and harmful like the heat in hot pepper (See Chapter 4, Session 4.1.1)	DEMONSTRATION
2 What is similar about preventing diarrhoea and preventing polio?	EXPERIENCES
3 Watch how diarrhoea and polio spread: flies, contaminated water and unwashed hands	NARRATED MIMES
4 How can we break the road from stool to mouth?	DISCUSSION
5 Correct handwashing (See Chapter 4, Session 4.1.6)	DEMONSTRATION & PRACTICE

1. **DEMONSTRATION: Germs are invisible and harmful like the heat in hot pepper**
(See Chapter 4, Session 4.1.1)

2. **EXPERIENCE: What is similar about preventing diarrhoea and preventing polio?**

Listen to the respondents and summarize as follows:

- the germs for both diarrhoea and polio are spread from the stool of one person to the mouth of another.
- We will do some mimes together to see how both diarrhoea and polio spread.

3. **NARRATED MIMES: Watch how diarrhoea and polio spread**

Note: A mime is a short drama where no one speaks. The leader asks for volunteers to act out the roles that are marked in capital letters below. The leader narrates the story and the volunteers do what the leader says. This is a very memorable way to remember how the diarrhoea and polio germs spread.

See also the mime, How handwashing breaks the invisible germ road (Part 4, Health Session 1.3).

Mime 3.2a: The flies, stool and your favourite food (*tuwo, pounded yam, jollof rice, etc.*)

Note: Volunteers from among the participants play the roles identified below with CAPITAL LETTERS.

Participant Actors: SMALL CHILD infected with polio; FLY (a participant acts like a fly flapping his/her wings); A MOTHER; TWO MORE CHILDREN

Narrator: Asks for volunteers to act out the mime while demonstrating their main actions in the mime. For instance, the narrator says, "We need a volunteer to play the role of a two year old child who has the polio germ/virus in his stool." The Narrator stoops pretending to stool by making sounds of noisy stooling.

INFECTED CHILD WHO STOOLS IN THE COMPOUND	FLY WHO FLIES 1ST TO SIT ON THE STOOL & 2ND TO SIT ON THE UNCOVERED FOOD	MOTHER WHO PREPARES FOOD & FEEDS HER CHILDREN
---	--	---

1. Here is a two year old CHILD. See the CHILD stool in the compound.
ALTERNATIVELY: Here is a two year old CHILD. He has just stooled in the compound. (Point to a rock or a crumpled piece of paper.) See the stool.
2. Watch the MOTHER. She finishes preparing the favourite meal. See her stirring (or pounding). Now she scoops it out and puts it in bowls for her children.
3. Watch the FLY. It flies over and sits on the stool.
4. Now watch the FLY. The FLY flies over and sits on the favourite food. What is on its legs?
Desired response: The invisible polio germs from the stool.
5. But the food looks delicious.
6. Watch me call TWO CHILDREN to come from the audience. See how they enjoy it.

Debriefing Questions

- a) What will happen to the child/children if the 2 year old child is stooling polio germs?
- b) What is the route the polio germs take from one person to another? What is the route from stool to mouth?
- c) How can we cut/break this route to protect our children?
- d) Can we always be sure everyone will break this route from stool to mouth?
NO!

Repeat the entire mime and debriefing with different participants.

Mime 3.2b: The stool and the drinking water source (stream, pond, unprotected well)

Introduction: How can polio germs pass from the stool of one child to the mouth of another child?

Note: Use Say & Do: Put your hand near your anus when you say “stool” and your hand near the mouth of another child when you say “get into the mouth of another child”.

Participant Actors: FIRST SMALL CHILD infected with polio. SECOND SMALL CHILD and MOTHER of the second child.

INFECTED SMALL CHILD WHO STOOLS IN THE COMPOUND	MOTHER DRAWING DRINKING WATER FROM CONTAMINATED SOURCE	MOTHER GIVING WATER TO THE THIRSTY SECOND CHILD
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Narrator:

1. Here is a SMALL CHILD infected with polio germs. You see him/her leave the house and stool outside near the family’s water source. Polio germs are in the stool.
ALTERNATIVELY: Here is a SMALL CHILD infected with polio germs. He has just stooled outside near the family’s water source. (Point to a rock or crumpled piece of paper.) See his stool. Polio germs are in the stool.
2. And then the rain comes or someone washes away the stool. (*Make the sound of rain or washing away the stool.*) The rain carries the stool and the polio germs into the stream.
3. Now here comes A MOTHER to draw drinking water. She carries the water to the house and gives a drink to a SECOND CHILD who is thirsty.

Debriefing Questions

- a) What will happen to the child/children?
- b) What is the route the polio germs took from the first child to the second child? What is the route from stool to mouth?
- c) How can we cut/break this route to protect our children?
- d) Can we always be sure everyone will break this route from stool to mouth?
NO!

Repeat the entire mime and debriefing with different participants.

Summary:

1. The polio virus pathway goes from the stool of an infected person, to the water we drink and then into our mouths when we drink unprotected water.
2. We must keep our environment clean.
 - Use the latrine and chamber pot for stooling.
 - Wash our children’s stool immediately.
 - Don’t allow the children to play near their stool.
 - Wash our hands after stooling, before eating and before preparing food.
3. We can’t be sure that everyone will keep the environment clean.
4. To protect our children, we must vaccinate them against polio at every opportunity.

4. **DISCUSSION: How can we break the road from stool to mouth?**

A. After stooling

- Wash your hands with soap and water after stooling or cleaning a child's stool.
- Make sure the flies do not touch your food and utensils.
 - Use the latrine or toilet.
 - Use the potty. Quickly dump the stool in the latrine and clean the potty.

B. Before eating/drinking

- Wash hands with soap and water before preparing food and before eating
- Cover food and water to protect from flies and dirt
- Get water from a protected well or tap

C. Polio Question: But can we really be sure that everyone will practice cleanliness all the time? NO! Because we cannot be sure, we need to be sure our children under-5 get polio drops during every campaign.

5. **DEMONSTRATION AND PRACTICE: Correct Handwashing**

Note: See Chapter 4, Session 1.6.

CLOSING: What questions do you want to ask?

Talk about this information with your husband, family and friends.

- **Encourage everyone to break the road germs travel from stool to mouth.**

SESSION 3.5: DIARRHOEA CARE

1 What we usually do when a child has diarrhoea?	EXPERIENCES
2 Understanding diarrhoea among under-5s	PRESENTATION
3 Replacing the water and food lost during diarrhoea	DEMONSTRATION
4 Home treatment to prevent dehydration and malnutrition	PRESENTATION
5 Preparation of LO-ORS and ORS from a packet	DEMONSTRATION
6 Give appropriate zinc table dosage for 10 days	PRESENTATION
7 Learn the Diarrhoea Danger Signs	SAY & DO

1. EXPERIENCES: What do we usually do when a child has diarrhoea?

Listen to responses and summarise with the following:

2. PRESENTATION: Understanding diarrhoea among under-5s

- Almost one out of five (19%) of the children under-5 years who die in Nigeria die from diarrhoea.
- Diarrhoea is watery stools that come 3 or more times a day without your control and/or have dark blood flecks in them.
- Diarrhoea happens when the body purges itself to get rid of something harmful that the person ate or drank.
- **Most diarrhoea stops by itself and is not dangerous if we replace the water and food that the child loses during diarrhoea.**
 - Children die from diarrhoea when the body purges too much liquid.
 - Since diarrhoea purges food as well as water, diarrhoea contributes to malnutrition and malnutrition contributes to half of all of the under-5 deaths.
- Medicines from the chemist to stop the diarrhoea or make the stools solid prevent purging of the body's liquid and keep germs inside the body.
- We will learn the diarrhoea danger signs that require health facility treatment.

3. DEMONSTRATION: Replacing the water and food lost during diarrhoea

(to persuade caretakers to believe in the treatment)

- A. Although many mothers know that health workers advise mothers to replace the lost fluids with local fluids and ORS and to continue feeding as soon as the child will eat, many mothers do not do it. Why not?

Expected response:

- They see that giving fluids and foods contributes to more diarrhoea.
- They are busy and do not have time to provide so many sips or drinks of the rehydration drink.
- They believe the chemist can give them a quick treatment.

Warning:

- Medicines that stop the diarrhoea or make the stool solid keep the germs in the body
- Cases of serious dehydration will need health facility treatment.
- Some diarrhoea causes danger signs that require immediate facility treatment for the specific germs and for rehydration.

Dehydration & Rehydration Demonstration to persuade caretakers to believe in the treatment even though it seems like the treatment will cause more harm
Preparation: <ul style="list-style-type: none">a) Practice the demonstration using the demonstration materials.b) Collect demonstration materials: a nylon bag, a large bottle of water and two small bowls to catch the water.c) For participant demonstrations, multiply the demonstration materials by

the number of groups or individuals you plan to practice demonstrating.		
Step	Demonstrate	SAY what the demonstration represents
A child with diarrhoea is like a nylon bag full of water that leaks.		
Step 1	Show participants a nylon bag half filled with water	We are going to pretend that the water is the food and liquid in the body.
Step 2	Puncture the nylon bag with a sharp object like a biro	This represents the watery stool coming from the child with diarrhoea.
Step 3	Show everyone the emptied, wrinkled bag.	Dehydration: The dried out, wrinkled bag represents the child's body that has lost all food and liquid because of the diarrhoea. <u>Explanation:</u> If a child loses too much liquid, he will become dehydrated. Dehydration causes death in children and even in adults just like plants get dehydrated during dry season and die.
Step 4	Pour water into the empty bag. Keep pouring the water so that the water level in the bag gets high and stays high.	Rehydration treatment: Pouring water into the bag represents giving your child extra liquids so that some water stays in his body. <u>Explanation:</u> If you keep pouring water (giving your child extra fluids), you can prevent your child from getting dehydrated.
A. Debriefing		
Step a	Debrief: Why should we give extra liquids to children/people with diarrhoea? What will the extra liquids prevent?	<i>Desired Response:</i> Extra liquids replace the stool water and prevent dehydration. <i>Treatment Advice:</i> Give the child small sips and very slowly. Have him/her drink something every 15-30-60 minutes---as often as necessary to ensure that he is drinking enough liquid to replace the watery stools.
Step b	Debrief: What should we give a breastfeeding baby?	<i>Desired Response:</i> Many extra, short breastfeeds
Step c	Debrief: Why should we continue feeding the child?	<i>Desired Response:</i> Continue feeding to replace some of the nourishment the body needs from food to prevent the body from becoming so weak the child is at risk of

		getting other sicknesses
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4. PRESENTATION: Home treatment to prevent dehydration and mal-nourishment

Note: Please see Annex 3.3 for an Igbo song on home treatments for diarrhoea. The English translation can be used to inspire a similar song in the local language.

- A. As soon as diarrhoea starts, continue feeding and giving extra fluids to your babies and children.
 - Give a breastfeeding child, breastmilk and give extra feeds. Breastmilk has essential nutrients and medicines that protect your child.
 - Give other children watery cooking water (very watery pap, white rice water, boiled yam water, coconut water, etc.).
- B. Give LO-ORS or ORS as soon as diarrhoea starts or you can get it.
 - LO-ORS is the new ORS that rehydrates and reduces stooling and vomiting. Follow the measurements and directions on packet.
- C. OR give Salt Sugar Solution (SSS).
 - Ask your health worker how to prepare it. The home measurements differ from state to state.
- D. Persuade the child to drink and eat small amounts and sips even if the child does not want to drink or eat.
 - Give little drinks and feeds at a time, more frequently if the child does not want to eat. You can give as often as every 15-60 minutes.
 - Do not force feed to avoid choking.
- E. Start giving a **daily zinc tablet on the first day and give zinc every day for 10 days** to fight the diarrhoea and reduce the chance of complications. The zinc tablets also help prevent another case of diarrhoea for up to 3 months.
- F. **Continue feeding** and actively feed the child instead of leaving the child to feed on his/her own to ensure that he is getting enough food for energy and protection
- G. Take the child the health facility if he/she is getting worse or does not get better within two days.

5. DEMONSTRATION: Preparation of LO-ORS or ORS from a packet. Demonstrate with the locally available packet. If no packets are available demonstrate with Salt Sugar Solution (SSS).

Note: Use the instructions provided by your State Ministry of Health. Instructions vary because the SMOH's select containers to measure the millilitres that are easily available in their state.

Table 3.1 Recommended doses of ORS for children with diarrhoea.

Age	Amount of ORS given after each stool	Amount of ORS to provide for use at home
Up to 24 months	50 – 100ml (1/4 to ½ cup)	500ml/day
Over 2 years	100 – 200ml (1/2 to 1 cup)	1,000 ml/day
Advise the mother to: - Give frequent small sips from a cup and not from a feeding bottle. - If the child vomits, wait 10 minutes. Then continue, but more slowly. - Continue giving extra fluid until the diarrhoea stops		

Source: Pharmacist's Council of Nigeria. (1913) Management of Common Childhood Illnesses: Training Manual for Patent Medicine Vendors, 1st edition.

6. PRESENTATION: Give appropriate zinc tablet dosage daily for 10 days even if the diarrhoea has stopped.

- A. Preparing Zinc tablets for children 6 months to 5 years.
- 1) Hold up one zinc tablet.
 - 2) Ask someone to time how long it takes for the tablet to dissolve.
 - 3) Put the tablet in a spoonful almost full of clean water.
 - 4) Confirm with the timer that It takes one minute to dissolve.
 - 5) Hold up the dissolved zinc medicine for everyone to see.
 - 6) Give the medicine with the spoon.
- B. If the child vomits within 30 minutes of taking the zinc, give another dosage.
- C. Dosage for children under 6 months (1/2 tablets)
- 1) Cut the tablet in half and give ½ tablet each day
 - 2) Ask why?
Expected response:
 The dosage is reduced because the baby's body is so small.

Table 3.2: Recommended doses of zinc for children under five years

Age of child	Dose	Dose in tablets	Duration
0 - 6 months	10 mg	½ Tablet 	Every day for 10 days
6 months and older	20 mg	1 Tablet 	Every day for 10 days

7. PRESENTATION: Learn the Diarrhoea Danger Signs---Knowing when extra fluids (re-hydration) and continued feeding (nourishment) are enough

A. Why does some diarrhoea stop on its own without special treatment?

Listen to the responses and summarise with the following:

- Diarrhoea that is caused by some things will stop by itself when the body has purged itself of the harmful things such as:
 - Too much of something that is new to the body like sweet cake or hot pepper.
 - Left-over food that has started spoiling
 - Some less harmful invisible germs that get on the things we eat and drink from our hands, utensils and uncovered food
- Diarrhoea caused by invisible germs from serious diseases like typhoid, cholera and dysentery requires emergency health facility treatment.

B. How can you know if a child is dehydrated?

- Pinch his arm. If the skin doesn't spring back, dehydration has started.
- Sunken fontanel: Watch the top of a baby's head. If it begins to sink in, the baby is dehydrated.
- Watch his/her stooling. **If stooling continues for two days of rehydration drinks, take him/her to the nearest health facility. He/she needs medical care.**

C. Diarrhoea Emergency Danger Signs: Rush to the nearest PHC

- 1) Refuses to eat
- 2) Vomiting so much the child does not retain anything
- 3) Signs of dehydration:
 - Sunken eyes
 - Top of the infant's head begins to sink
 - Deep yellow urine or doesn't urinate as often as normally
 - Pinched skin takes 2 seconds to return to normal position
- 4) Blood or flecks in the stools
- 5) Very low on energy, almost unconscious; stares blankly; doesn't respond when touched or spoken to

CLOSING: What questions do you want to ask?

Talk about this information with your husband, family and friends.

- **Encourage mothers to give their children rehydration drinks, zinc tablets and continued feeding prevent dehydration, malnutrition and death.**
- **Correct home management of diarrhoea is worth the extra time and effort.**

HEALTH SESSION 3.6: MALARIA PREVENTION & CARE

1 What do you know about serious, life-threatening malaria?	EXPERIENCES
2 Block the malaria transmission road	PRESENTATION
3 Treat malaria with ACTs	PRESENTATION
4 Take children and adults with high fever or fever that does not get better to the facility	PRESENTATION
5 Learn the Emergency Danger Signs for malaria	SAY & DO

1. EXPERIENCES: What do you know about simple and severe, life-threatening malaria?

Listen to the responses and summarise with the following:

A. Malaria is a very dangerous disease.

- Simple malaria can quickly and unexpectedly become dangerous, severe malaria that causes death if not immediately treated in a health facility.
- Children and pregnant women are at greatest risk of getting malaria.
- **In Nigerian malaria causes the death of**
 - **1 out of every 3 children who die under 5.**
 - **1 out of every 10 women who die during pregnancy, delivery and after.**

B. Malaria is NOT CAUSED BY drinking palm oil, witchcraft and spells, standing in the sun, bad air and bad water, working too hard or too long, or eating too much pounded yam.

2. PRESENTATION: Block the malaria transmission road.

A. **Mosquitoes cause malaria.**

- When an infected mosquito bites you, the mosquito injects the malaria parasite into your body. Mosquitos get infected by biting someone who has malaria in his blood..
- The mosquitos that pass malaria feed at night between 10pm and 4am.
- Don't let these mosquitos bite you or your family members.

B. **Sleep under a long lasting insecticidal net (LLIN) for the best protection against malaria.**

- LLINs have special insecticide on them that kills and repels mosquitos but does not harm people including babies.
- Hang up an LLINs in all sleeping places.

- Ensure that everyone, especially children and pregnant women, sleep under an LLIN every night.
- **Take care of your LLIN. It can protect your family for 4-5 years.**
 - Wash with ordinary bar soap. Do not use powdered soap because it is too strong and will weaken the bednet.
 - Lay the bednet in the shade to dry. The sun will weaken the bednet.
 - The bednet will keep its insecticide for about 20 washes.
 - Stitch any holes so the mosquitos cannot get in under the net.

C. Spraying the walls of your rooms with special insecticide (RDT) also kills and repels mosquitoes.

- Government organises spraying teams to reduce the number of mosquitos in your home and in the homes in your neighbourhood to protect your family.
 - Mosquitos rest on the walls inside your home.
 - Allow indoor residual spraying. It is safe for you and your children. Malaria is not safe. Malaria causes thousands of deaths every year.
 - Do not cover the sprayed walls. Do not wash, smear, paint or paste pictures onto walls after spraying.
 - Covering the walls will reduce the effectiveness of the insecticide

D. Stop mosquitos from breeding around your home.

- They lay their eggs in open pools of still water.
- A broken pot with water in it is enough water for the mosquito to lay its eggs.
- Remove or cover all objects that have water in them.

3. PRESENTATION: Treat malaria with ACTs to fight the new, resistant malaria.

A. **Malaria** is resistant to the drugs that we used to use; they no longer cure malaria.

B. Government has given our facility very effective new malaria drugs. They are more costly than the former drugs but the health facility is giving them for free or selling them at a very low price.

- Some private medicine vendors also sell the new malaria drugs:

C. **Two Artemisinin-based Combination Therapy (ACTs) drugs are the only recommended malaria drugs. Other drugs are not strong enough.** Only two types are recommended for use in Nigeria. They have different dosages.

- Artemether/Lumefantrine
- Artesunate/Amodiaquine

D. Follow the directions on the packet.

- **Do not overdose.** The dose of medicine can be repeated if the child vomits within 30 minutes of taking it but do not repeat the dose if the child vomits after 30 minutes to avoid overdose.
- **Complete the entire dosage** even if the child seems to have gotten well. The malaria can still be hiding in the body.
- Side effects: Some children will have nausea, vomiting, rejection of food, and/or dizziness. These side effects are not usually serious.
- **Warning:**
 - **Do not give these malaria drugs to pregnant women.**
 - **They must go to the facility to take different anti-malarial tablets.**
 - **Never give a pregnant woman the malaria tablets before the baby kicks.**

4. PRESENTATION: Take children and adults with high fever or fever that does not get better to the facility immediately to ensure that severe malaria fever does not cause death.

- Children under 5 and pregnant women are most at risk for complicated, life-threatening malaria.
- Not every FEVER is malaria; however, early diagnosis and CORRECT treatment saves lives.
- **You don't want to look back and realise that you could have protected your child or wife if you had taken him or her to the facility on time**
- Go to the health facility if the child reacts to the ACTs or fever persists for more than 2 days.

5. SAY & DO: Learn the Emergency Danger Signs for Malaria

Emergency Danger Signs for Malaria	
SAY the new information &	DO something to remember the information
a. Confusion/Unconscious	• Loll your head to one side; then close your eyes
b. Convulsion	• Make the fitting sign
c. Vomiting everything	• Pretend to be vomiting
d. Not passing enough urine	• Make the no sign
e. Severe Anaemia (not enough blood)	• Make the anaemia sign
f. Yellow eyes or body in infants	• Point to your eyes
g. Not responding to ACTs	• Make the no sign

CLOSING: What questions do you want to ask?

Talk about this information with your husband, family and friends.
Encourage everyone to ensure that everyone

- sleeps under sleep under LLIN bednets, especially women and children
- is given timely facility ACTs when tests confirm malaria or when malaria is suspected when tests are not available.
- finishes the ACT dosage even if they get better because some malaria can still be in the blood and can start up again.

HEALTH SESSION 3.7: PNEUMONIA PREVENTION & CARE

1. Have you seen or cared for a child with severe difficulty breathing?	EXPERIENCES
2. What is pneumonia?	PRESENTATION
3. Prevent transmission of pneumonia	PRESENTATION
4. Watch for severe pneumonia danger signs and rush to the facility for expert medical care	PRESENTATION

1. EXPERIENCES: Have you seen or cared for a child with severe difficulty breathing? What did you do and what happened?

Listen to the responses and then give the next presentation.

2. PRESENTATION: Know the main lung infections: cough or cold, pneumonia and severe pneumonia

Table 3.3: Comparing the signs for lung infections

Cough or Cold	Pneumonia	Severe Pneumonia
<ul style="list-style-type: none">• Cough• Runny nose• Sneezing• Sore throat• Headache• Possibly fever	<ul style="list-style-type: none">• Fast or rapid breathing• Difficulty in breathing• Possibly with a fever	<ul style="list-style-type: none">• Chest in-drawing• High/Persistent Fever• Any danger sign

Source: Pharmacist's Council of Nigeria. (2013)

3. PRESENTATION: What is pneumonia?

- A. Pneumonia is an infection that fills the lungs with fluid making it is difficult for the child or person to breathe.
- B. Pneumonia can suddenly and rapidly become severe pneumonia when the lungs become so filled with fluid that the child or adult cannot breathe causing death.
- C. Pneumonia is caused by
 - breathing into the lungs one of the many types of germs (bacteria, fungi and viruses) that cause the lungs to fill up with fluid or
 - germs that are normally in the nose and mouth without harming us but, if the body is weak, they can invade the lungs and cause the lungs to fill up with fluid
- D. Almost one in five of the deaths of children under-5 in Nigeria is caused by pneumonia

4. PRESENTATION: Prevent transmission of pneumonia.

- A. There are two main ways pneumonia is passed from one person to another
 - Air droplets containing germs and phlegm from an infected person
 - A weakened body due to malnourishment or sickness can let the germs that are normally in the nose and throat, invade the lungs
- B. Prevent germs in the air and environment
 - Do not let people with cough, cold or pneumonia symptoms near the child.
 - Do not let them sleep in the same room
 - Ensure there is ventilation in the room where the child sleeps to reduce the air droplets
 - Wash hands regularly to remove invisible germs
- C. Keep the child healthy and well fed so his body is strong
 - Continue feeding when a child is sick and give extra feeds when he is recovering
 - Breastfeed exclusively for 6 months and continue breastfeeding for 2 years.
 - Keep child away from the smoke from cooking or cigarettes because it can harm the child's lungs
 - Ensure that the child has all his vaccinations according to the Vaccination Hand schedule
 - *Note: Some states have begun using a multivalent vaccine that includes protection against one of the most common causes of pneumonia. Plans are in place for all states to have these vaccines.*

5. PRESENTATION: Watch for pneumonia danger signs and rush to the facility for expert medical care

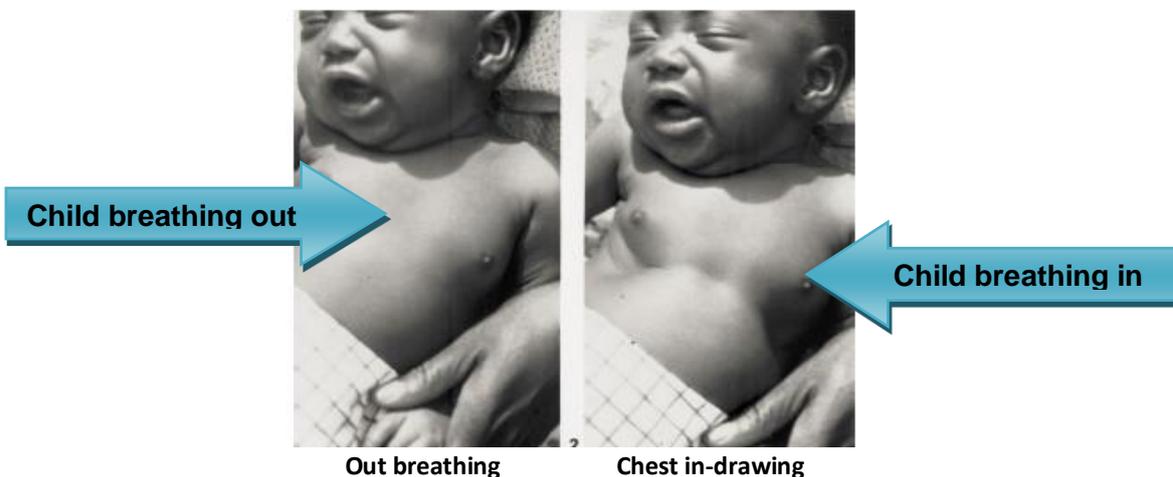
- A. Pneumonia cannot be treated or cured at home. It requires specific medications depending upon the type of germ that caused the infection.
- B. **If the child isn't able to get enough air into his lungs, his/her brain and body can be damaged and quickly cause death.**
- C. Pneumonia can quickly turn into severe pneumonia that quickly causes death. Get medical care for pneumonia before it turns into severe pneumonia.

D. Watch for these pneumonia signs

- 1) Fast breathing or difficulty in breathing: Children breathe fast or are not able to breathe very well because they are not getting enough air in their lungs. Sometimes you can hear a wheezing sound from the lungs.
- 2) Wheezing
- 3) Difficulty breathing with or without cough
- 4) Chest in-drawing
- 5) Sometimes fever and/or chills
- 6) Other danger signs

RECOGNIZING CHEST IN-DRAWING

Chest in-drawing: In-drawing occurs if the lower chest wall goes in when the child breathes in (picture on the right). To check for in-drawing, watch the child to determine when the child is breathing in and when the child is breathing out.



Source: Pharmacist's Council of Nigeria. (2013)

CLOSING: What questions do you want to ask?

Talk about this information with your husband, family and friends. Encourage everyone to know and rush to the facility for any pneumonia signs. They can quickly become emergencies.

ANNEXES FOR CHILD CARE

Annex 3.1 Diseases prevented by routine immunization	LIST
Annex 3.2 Vaccination Benefits in Hausa & English	SONG
Annex 3.3 Vaccination Visits (Schedule) in Hausa & English	SONG
Annex 3.4 Home Treatments for Diarrhoea in Igbo & English	SONG

3.1 Diseases prevented by routine immunization

3.1 DISEASES PREVENTED BY ROUTINE IMMUNIZATION (RI): Information for health workers

Note: Parents require accurate health decision-making information in order to protect their children. However, they do not actually need to know every disease that is prevented by routine immunization.

- *Knowledge that routine immunization protects diseases they have seen and have cause to fear, measles and whooping cough, will persuade the majority of parents to immunize their children.*
- *Time spent on remembering the other vaccine preventable diseases and understanding that malaria will not be prevented can be better spent on learning when to take their children for immunization and how to treat vaccination side effects.*
- *Share this information with caregivers who insist on knowing the vaccine preventable diseases.*

English names	Fill in local language names
Common well known and feared diseases	
a. Measles	a)
b. Whooping cough	b)
Well known but less common diseases	
c. Tetanus	c)
d. Polio	d)
e. Diphtheria	e)
f. Neonatal tetanus	f)
Less well known vaccinations	
g. Yellow fever	g)
h. Hepatitis	h)
i. Pneumonia	l)

3.2 Vaccination Benefits Song

VACCINATION BENEFITS SONG Composed by Dr. Isa Sadeeq Abubakar	
Kira gareku iyaye ku kai jarirai rigakafi	A call to you parents to take your children for immunization.
Kira gareku iyaye ku kai jarirai rigakafi	A call to you parents to take your children for immunization.
Rigakafi na bada kariya ga mugayen cututuka.	Immunization protects against terrible diseases.
Masu hallaka yara cututtukan su barmu cikin bakin ciki.	Those that destroy children's life and leave us in agony.
Banda kisa suna nakasarwa yaran duk su tagayyara,	Apart from killing they also lead to disability and the children suffer a lot.
Su kurmance ko su makance ko gurguncewa gaba daya	They become deaf or they become blind or completely crippled
Yawan laulayi har da bebanta rigakafi zai bada kariya	Recurrent illness including dumbness, immunization gives protection
Ku kai jarirai asibiti domin ayi musu rigakafi	Take your babies to the hospital so they will get immunized
A tabbata ziyara hudu, a yi su cikin wata hudu.	Make sure 4 visits do them within 4 months.
A tabbata ziyarar kyanda, a yi ta a daidai wata tara.	Make sure the measles visit, you do it exactly at the 9 th month.
Rigakafin gangami a tabbata a yi wa yara dan karin kariya.	Immunization during campaign, Make sure it is given to the children for extra protection.
Kira gareku iyaye ku kai jarirai rigakafi.	A call to you parents to take your children for immunization.
Wannan sako ne daga ma'aikatar lafiya ta jiha.	This message is brought to you by the State Ministry of Health.

3.3 Song: Vaccination Visits (Schedule)

VACCINATION VISITS SONG composed by Dr. Isa Sadeeq Abubakar	
Original Hausa version	English translation
Kira gareku iyaye ku kai jarirai rigakafi	A call to you parents to take your children for immunization.
Kira gareku iyaye ku kai jarirai rigakafi	A call to you parents to take your children for immunization.
Da zarar in anyi haihuwa kafin suna, akai jarirai rigakafi,	Immediately at birth before the naming ceremony, take your babies for immunization.
Sai kuma in anyi arba'in, akoma dan yin rigakafi,	Then at the 40 th day, go back again for immunization
Bayan arbain da wata guda, akoma dan yin rigakafi,	One month after 40 days, go back for another immunization.
Bayan an kara wata guda, akoma yin rigakafi,	After another one month, go back again for another immunization
A tabbata ziyara hudu, a yi su cikin wata hudu.	Make sure 4 visits do them within 4 months.
A tabbata ziyarar kyanda, a yi ta a daidai wata tara.	Make sure the measles visit, you do it exactly at the 9 th month.
Rigakafin gangami a tabbata a yi wa yara dan karin kariya.	Immunization during campaign, Make sure it is given to the children for extra protection.
Kira gareku iyaye ku kai jarirai rigakafi	A call to you parents to take your children for immunization.
Wannan sako ne daga ma'aikatar lafiya ta jiha.	This message is brought to you by the State Ministry of Health.

3.4 Song: Home treatments for diarrhoea

HAVE YOU HEARD ABOUT SSS?	
ORIGINAL IGBO VERSION	ENGLISH TRANSLATION
<p>Enyi m inugo, maka SSS Aziza: O bu etu I ga-esi mee nwa gi ka-odi ndu X2</p>	<p>My friend, have you heard about SSS Response: It is how you are going to keep your child alive X2</p>
<p>E ji ya agwo oya afo osisa Aziza: O bu etu I ga-esi mee nwa gi ka-odi ndu</p>	<p>It is used to treat diarrhoea Response: It is how you are going to keep your child alive</p>
<p>Weta mkpuru sugar ise, ya n' otu ngazi nnu nta , ya na mmiri nke juru otu oloro bia. Gwokota ya ha ncha nile, nye ya nwa gi nke na- anyu anyu, nke na-agbo agbo</p>	<p>Get 5 cubes of sugar, and 1 level teaspoonful of salt, and 1 beer bottle filled with water, mix everything, give it to your child that defecates frequently, that vomits.</p>
<p>Echefukwana, I mee ya ka-odi ocha Aziza: O bu etu I ga- esi mee nwa gi ka-odi ndu</p>	<p>Don't forget to wash your hands and keep it clean. Response: It is how you are going to keep your child alive</p>
<p>Echefukwana, I nye ya mmiri rice, mmiri rice nke ikpeazu Aziza: O bu etu I ga- esi mee nwa gi ka- odi ndu.</p>	<p>Don't forget to give him/her rice water, the last rice water Response: It is how you are going to keep your child alive</p>
<p>Echefukwana, I nye ya mmiri ara Aziza: O bu etu I ga-esi mee nwa gi ka-odi ndu.</p>	<p>Don't forget to give him/her breast milk Response: It is how you are going to make your child to be alive</p>
<p>Echefukwana, I nye ya akamu Aziza: O bu etu I ga-esi mee nwa gi ka-odi ndu.</p>	<p>Don't forget to give him/her pap Response: It is how you are going to keep your child alive</p>
<p>Echefukwana, I nye ya nri ndi ozo. Aziza: O bu etu I ga-esi mee nwa gi ka-odi ndu.</p>	<p>Don't forget to give him/her other varieties of food Response: It is how you are going to keep your child alive</p>

Chapter 4: FAMILY CARE

*These topics are crosscutting.
Integrate them into the other health sessions as appropriate.*



SESSION 4.1 CLEANLINESS FIGHTS THE INVISIBLE GERMS

1	Germs are invisible and harmful like the heat in hot pepper	DEMONSTRATION
2	The benefits of cleanliness	EXPERIENCES/ PRESENTATION
3	How can the soap and water wash away the invisible germs?	EXPERIENCES/ PRESENTATION
4	Handwashing—A major way to prevent invisible germs from spreading	MIME
5	When do we need to wash our hands and body?	EXPERIENCES
6	Correct handwashing	DEMONSTRATION & PRACTICE
7	Make a tippy tap to save hand washing water	DEMONSTRATION & PRACTICE

1. **DEMONSTRATION: Germs are invisible and harmful like the heat in hot pepper.**

Note: This demonstration can be facilitated very quickly if the facilitator replaces the participants with him/herself; however, this approach loses the benefits of participant participation.

DEMONSTRATION: Germs are like hot pepper

1. Facilitator breaks a hot pepper in his hands and tries to put his hands on the eyes of several participants.
 - Everyone refuses.
2. Facilitator rinses the pepper off his hands and asks if they can see the pepper.
 - Everyone agrees they cannot see the pepper.
 - Facilitator tries again to put his hands on the eyes of some participants.
 - Participants refuse again saying the pepper on his hands will sting.
3. Facilitator asks why they refuse even though they can't see any pepper.
 - Everyone agrees that the pepper stings even though we can't see it.

Debrief

- **Germs are like the invisible thing in pepper that burns. We can't see the germs with our naked eyes but they still hurt us.**

- Doctors use a special instrument called a microscope to see the invisible germs. Using the microscope, doctors can see the germs that cause each of the diseases.
- Germs are living things that multiply fast. Each disease has its own germs. Different medicines kill different germs.
- **The pepper demonstration reminds us that invisible germs cause diseases so we must protect our newborns and children and ourselves from the invisible germs.**

2. EXPERIENCES/PRESENTATION: The benefits of cleanliness

A. What does your religion say about cleanliness?

- *Expected Muslim response:* Cleanliness is part of religion.
- *Expected Christian response:* Cleanliness is next to Godliness.

B. What does cleanliness prevent?

Listen to responses and summarise as follows:

- Cleanliness prevents invisible germs from passing from one person to another
- Cleanliness prevents
 - Invisible germs from causing many diseases
 - infections that cause fevers and sores and serious harm
 - diarrhoea that weakens the body and makes the person vulnerable to other sicknesses and death from dehydration
- Read this WHO information:

According to the WHO, about **1/3 of newborn deaths are caused by infection**. If hygiene is poor, newborns may become infected with germs which can cause serious infections in the skin, umbilical cord, lungs, gastro-intestinal tract, brain, or blood.

- Wash your hands often.
- **Hand-washing with soap and clean water is the easiest and most effective way to prevent passing germs.**
- Don't let sick people near the newborn.
- Breastfeed exclusively.

3. EXPERIENCES/PRESENTATION: How can the soap and water wash away the invisible germs?

Listen and summarise with the information below.

- Loosens the dirt, oil, or stains on your hands, clothing, beddings and dishes
- Loosens the invisible germs
- Makes it easier to rub off the dirt
- Ensures that dirt and germs are rinsed off easily
- Handwashing with soap (or ash) and water removes harmful, invisible germs.

4. MIME: Handwashing—A major way to prevent invisible germs from spreading

- **Introduction:** We are going to use mime to show how Immunization helps our bodies fight the germs. I will tell a story and volunteers will act out the story without talking.

**MIME: HANDWASHING—
A MAJOR WAY TO PREVENT INVISIBLE GERMS FROM SPREADING**

Note: Volunteers play the roles of the people identified below with CAPITAL LETTERS. Keep the story and action simple.

BABY WHO VOMITS	DISCUSSION LEADER	OTHER BABY WHO VOMITS
MOTHER WHO DOESN'T WASH HER HANDS WITH SOAP & WATER		OTHER MOTHER WHO DOES WASHES HER HANDS WITH SOAP & WATER

Discussion Leader: We need some volunteers to come forward and follow my directions.

1. Four volunteers come forward to act as
 - BABY WHO VOMITS
 - & the CLEAN MOTHER WHO DOES WASH HER HANDS WITH SOAP AND WATER after cleaning her BABY'S vomit
 - OTHER BABY WHO VOMITS
 - OTHER MOTHER WHO DOES NOT WASH HER HANDS after cleaning her BABY'S vomit
2. Volunteers who come from the audience when called to act as their slightly older CHILDREN

The Facilitator tells the story and the volunteers act out the story.

1. BOTH BABIES VOMIT
2. BOTH MOTHERS comfort their BABY and then clean up the vomit and throw it in the latrine
3. The CLEAN MOTHER washes her hands with soap and water.
4. OTHER MOTHER finishes cooking the favourite food without washing her hands and calls two participants to act as HER CHILDREN and enjoy eating the favourite food.
5. CLEAN MOTHER finishes cooking the favourite food without washing her hands and calls two participants to act as HER CHILDREN and enjoy eating the favourite food.

DEBRIEF

- a) After the vomiting which mother fed children first?
- b) What happened to the child of the mother who did not wash her hands after cleaning up the vomit?
- c) What made the child sick?
Expected response: the invisible germs in the vomit
- d) Did the child of the mother who washed her hands get sick? Why or Why not?
Expected response NO.
- e) How did the clean mother block the road of the invisible germs from the vomiting child to her older children?

5. EXPERIENCES: When do we need to wash our hands and body?

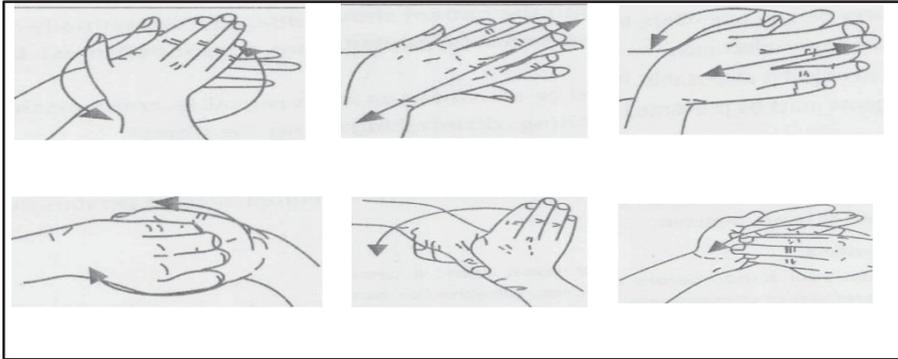
Listen to responses and summarise as follows:

- **Wash your hands with soap and water often**
 - after stooling or cleaning a baby or child's stool
 - after cleaning a person's vomit , phlegm or wound
 - after cleaning or working in dirty places
 - before preparing and/or eating food
- **Bathe every day.**

6. DEMONSTRATION & PRACTICE: Correct handwashing

DEMONSTRATION & PRACTICE: Correct handwashing

Note: Use the 2 times method to ensure each person learns the steps. Actually it will take revision on several occasions to successfully build this skill.



Demonstrate the entire process using soap (or ash) and water. Call out the instructions above as you move from step to step.

1. Wet your hands and wrists and apply soap rubbing palms together.
2. Rub the palm of one hand over the back of the other hand.
 - a. Do it again for the back of the other hand.
3. Rub your hands palm to palm interlacing your fingers.
4. Grip your hands together and rub your fingernails against each other.
5. Rub your hands around your right thumb.
 - a. Do it again for the other thumb.
6. Rub the finger tips and thumb of the right hand against your left hand.
 - a. Do it again for the fingertips of your left hand.
7. **Pour water over your hands and wrists to rinse well.**
 - a. **Warning: Do not dip your hands in a bowl to rinse as this will contaminate them.**
 - b. Collect water in a basin or a tippy tap to pour over your hands.
8. Air dry. Do not dry with a cloth unless the cloth is clean.

Debrief:

Do you think your sore hands will help you recall the correct handwashing technique so you can use it for yourselves and teach family and friends?

7. DEMONSTRATION/PRACTICE: Make a tippy tap to conserve hand washing water

DEMONSTRATION & PRACTICE: Make a tippy tap

PREPARATION

- *Ask participants to bring the tippy tap materials: a clean big plastic bottle, a string or thin rope, a candle and a nail or small knife.*
- *Bring tippy tap materials for the demonstration.*
- *Also bring matches to light the candles.*

DEMONSTRATE the entire process of making the tippy tap.

1. Use a very clean big plastic bottle (cooking oil or coca cola).
2. Puncture a small hole in the side of the bottle as close to the bottom of the bottle as you can (2 cm; from the bottom; the width of a big thumb).
 - Heat a nail or a small knife with a lighted candle to puncture the bottle.
3. Tie the bottle to a pole near the latrine where hands need to be washed.
 - Make two ties, one near the neck of the bottle and the other near the bottom of the bottle.
4. Fill the bottle with water and close the cap on tightly.

The tippy tap is ready to use.

5. To use, open the cap slightly. This will make water come out of the hole.
6. Close the cap to stop the water from coming out.

Source: www.spring-nutrition.org/sites/default/files/publications/tools/spring_tippy_tap_brochure_english.pdf

CLOSING: What questions do you want to ask?

**Talk about this information with your husband, family and friends.
Encourage everyone to wash their hands with soap and water regularly,
bathe daily and keep their environment clean.**

SESSION 4.2: WAYS TO REDUCE FEVER

1	What do we do to reduce a child's high fever?	EXPERIENCES
2	Tepid sponging	DEMONSTRATION
3	Paracetamol dosages for children with fever	PRESENTATION
4	Understanding fever	PRESENTATION

1. EXPERIENCES: What do we do to reduce a child's high fever?

Listen to the responses and summarise as follows:

- Remove clothing and cover lightly.
- Continue to give as much fluid or breastmilk as possible.
- Carry out tepid sponging and/or give paracetamol.

2. DEMONSTRATION: Tepid sponging

A. Tepid sponge the baby/child with or without paracetamol syrup

- a) One good, lukewarm water wipe is equivalent to one dose of paracetamol
- b) **Follow the directions for paracetamol**

B. Requirements for tepid sponging (wiping the baby's whole body with lukewarm water)

- c) Clean small cloth or towel
- a) Lukewarm water in a clean small bowl. Use well water or cold water that is warmed with some hot water.
- b) A small cloth

C. Steps for tepid sponging with lukewarm water

- a) Hold the baby on your lap exposed or place the child on a bed or mat exposed
- b) Dip the small cloth into the lukewarm water and squeeze out some water from the cloth.
- c) Wipe the whole body from head to toe. Continue wiping until the temperature goes down
- d) If the room is hot, leave the baby's body uncovered.
- e) If the room is cold, cover the baby/child lightly. **Do not make the baby/child hotter.**

D. The effectiveness of tepid sponging

- a) One good, lukewarm water wipe is equivalent to one dose of paracetamol.
- b) **Tepid sponge the baby/child with or without paracetamol syrup**

3. PRESENTATION: Paracetamol dosage for children with fever

Table 4.1: Recommended dosing of Paracetamol for children with fever

Weight/Age	Dosing every 6-8 hours until the fever subsides
2 months – 3 years (4 kg – 14 kg)	5 ml syrup or 1 tablet (100mg)
3 – 5 years (14 kg – 19kg)	1 ½ tablets (150 mg)
<i>Warning: Do not give to children under 2 months without a doctor's prescription.</i>	

4. PRESENTATION: Understanding fever

- A. Very high fever can kill or damage the brain permanently. The fever in a baby can very quickly become very high and dangerous.**
- B. Fever is the body's way of killing germs that are attacking the body.**
 - Specific germs (and viruses) include malaria, pneumonia, measles and other vaccine preventable diseases as well as infections caused by foreign bodies in a wound.
- C. Lowering the fever does not cure an illness; however it prevents long term harm while obtaining health facility care and while waiting for the treatment to be effective. It also makes the patient more comfortable.**
- D. Fever caused by vaccine reactions is normal and does not require facility care unless the fever is very high.**

CLOSING: What questions do you want to ask?

Talk about this information with your husband, family and friends.

Encourage everyone to:

- **go to the health facility for high fever or fever that does not go away**
- **use tepid sponging and/or paracetamol to lower fever.**

SESSION 4.3: GOOD NUTRITION FOR GOOD HEALTH— THE THREE FOOD GROUPS

1	The three food groups essential for good health	PRESENTATION
2	Ways to remember the three food groups	PRESENTATION & EXPERIENCES
3	Do pregnant women and children need more than men and other women? Why or why not?	EXPERIENCES
4	Special food needs of pregnant women and breastfeeding mothers	PRESENTATION
5	Children and sick people also need extra food	PRESENTATION

1. PRESENTATION: The three food groups essential for good health

- A. Body building foods: Children and pregnant mothers need more body building foods than other adults. The baby in the womb depends on the mother for food. If the baby in the womb and children do not eat enough body building food, their brains and body will not grow well and they will easily become sick. If the pregnant mother does not eat enough for the baby in the womb or for her breastfeeding baby as well as for herself, she can also become sickly.
- B. Protective foods: These foods contain vitamins and minerals that help protect the body from sickness.
- C. Energy foods: These foods give us the strength to carry out our daily activities.

2. PRESENTATION & EXPERIENCES: Ways to remember the foods that belong to each of the three food groups

Ways to remember the three food groups	
QUESTIONS TO HELP US REMEMBER THE FOODS IN EACH FOOD GROUP	DESIRED ANSWERS
BODY BUILDING FOODS	
<p><u>Milk</u>: Pretend you have an infant in your arms and move your arms away from each other pretending that a baby is growing in your arms. Ask:</p> <ul style="list-style-type: none"> • <u>What food does an infant drink to grow from a tiny newborn to a four month old?</u> • <u>How do older children and adults take milk?</u> 	<ul style="list-style-type: none"> • Breastmilk • Milk, cheese, sour milk, yogurt
<p><u>Eggs</u>: Think about an egg. Make a fist with one hand. Tell the participants to pretend this fist is an egg. Then suddenly open your hand while saying, <i>Pop! See the egg crack open and the chick come out.</i> Ask:</p> <ul style="list-style-type: none"> • <u>What did the chick use to grow big enough to break out of its shell?</u> 	<ul style="list-style-type: none"> • Something in the egg that a chick needs to grow from an egg into a chick
<p><u>Beans</u>: Let's think about planting beans. (Bend over and pretend to put a bean into the ground.)</p> <ul style="list-style-type: none"> • <u>If you want to grow beans (black eyed peas), what do you plant in the ground?</u> • <u>Does the bean contain body building food?</u> <p><i>Note: Beans are some of the best foods because they are also give protection and energy. They help prevent anaemia too.</i></p>	<ul style="list-style-type: none"> • Beans • Yes • All each bean needs is water and sun to grow into a new plant with many beans.
<ul style="list-style-type: none"> • <u>What other things grow when we plant them?</u> <p><i>Note: Maise, millet, corn, rice have only a very small amount of body building food in them; they are energy foods.</i></p>	<ul style="list-style-type: none"> • <u>Groundnuts, Soya beans</u> • <u>Seeds</u>: sesame, <i>egusi</i>, pumpkin seed, <i>iru</i> • <u>Nuts</u>: palm kernels, cashew, <i>ogbono</i>, baobab

		:
<ul style="list-style-type: none"> • <u>What living things do we eat that have already grown?</u> • Name big animals and small animals. • Name things that live in the water. • Name things that fly • Name tiny things. <p><i>Note: Body building foods from living things that have already grown have the most body building power in them.</i></p>		<ul style="list-style-type: none"> • <u>Meat</u>: goats, cow, sheep, bush meat • <u>Fish</u>: sardines, tilapia, dried fish, crayfish • <u>Fowl</u>: chickens, pigeons, guinea fowl, ducks • <u>Insects</u>: flying ants
<p>Summary: Everyone (especially babies, growing children, and pregnant and breastfeeding mothers) needs body building foods every day. Body building foods include:</p>		
<ol style="list-style-type: none"> 1. Pretend to be holding the growing baby 2. Make a fist and suddenly open it calling out, Pop! 3. Bend over and plant some seeds and raise your hand as though the seeds are growing. 4. Pretend to eat a piece of meat or chicken leg. 		<ol style="list-style-type: none"> 1. breast milk 2. eggs 3. beans, seeds and nuts that we plant 4. living creatures
<p>PROTECTIVE FOODS</p>		
<p><u>Bright coloured vegetables: Name some green, red, orange and yellow vegetables</u></p> <p><i>Note: green leaves help prevent anaemia.</i></p>		<ul style="list-style-type: none"> • Green leaves (<i>efo, zogali</i>), pumpkin leaves, cassava leaves • Okra • Tomatoes, pepper • Pumpkin/squash, carrots • Garden eggs
<p><u>Bright coloured fruits: Name some red, orange, yellow and green fruits</u></p> <p><i>Note: Most of these fruits help the body absorb iron from growth and protective foods.</i></p>		<ul style="list-style-type: none"> • Pawpaw, mangoes, sorrel, <i>agbalamo</i> • Oranges, lemons, grapefruit • pineapple • Cashew fruit
<p>Summary: Everyone (especially babies, growing children, and pregnant and breastfeeding mothers) need protective foods every day. Bright coloured vegetables and fruits are protective foods.</p>		

ENERGY FOODS	
<p><u>Staple/energy foods:</u></p> <ul style="list-style-type: none"> • <u>What is your favourite food?</u> The answers will usually be one of the staple foods. • Energy foods are usually, but not always, white. <p><i>Note: Beans are a very healthy food. Beans also help build bodies and give protection. All the energy foods provide some protection except for cassava and garri.</i></p>	<ul style="list-style-type: none"> • Pounded yam or yam • Jollof rice or rice • Beans • Millet, sorghum, maize • Plantain • Couscous, bread, spaghetti • Yam flour, semolina, wheat • Cassava, garri
<p style="text-align: center;">+ Oil (only a teaspoon of oil)</p> <p><i>Note: Palm oil is red and has Vitamin A; however, palm oil is high in cholesterol that helps cause heart disease. Avoid too much palm oil. Soya bean oil and groundnut oil do not have the dangerous cholesterol.</i></p>	
<p>Summary: Everyone needs to eat energy foods every day.</p>	

3. EXPERIENCES: Do pregnant women and children need more than men and other women? Why or why not?

Listen to the responses

4. PRESENTATION: Special food needs of pregnant women and breastfeeding mothers in order to keep both mother and baby healthy.

- A. At least one extra serving of the Body Building, Protective and Energy foods daily because they share their food with the baby growing in her womb and being breastfed..
- B. Foods that contain iron to provide special protection from anaemia:
- Fruits and green and leafy vegetables including moringa (*zogali* in Hausa) and okra
 - Body building foods
- C. Vitamin C to help the body use the iron in the food
- Orange, lemon, lime, guava, tomato to help her body use the iron

- D. Calcium to strengthen bones of mother and baby and help prevent eclampsia among women whose diet lacks calcium
 - Milk, yogurt, canned sardines with bones, shrimp, beans (black-eyed peas), okra, oranges and finger millet (*tamba* in Hausa)
- E. At least 6 glasses of safe drinking water or juice each day
- F. To avoid drinking alcohol or smoking

5. PRESENTATION: Children and sick people also need extra food.

A. Children need

G. Extra servings from all food groups, especially Body Building and Protective foods, because their own mind and body is growing.

B. Sick children and sick adults need

H. Continued feeding

I. An extra feed each day until they have fully regained losses during the illness

C. Everyone needs

J. Foods from the Body Building, Protection and Energy groups daily along with a small spoon of oil to maintain their health and well-being.

CLOSING: What questions do you want to ask?

Talk about this information with your husband, family and friends.

Encourage everyone to prepare foods every day from the three food groups: body building, protection and energy.

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HEALTH PROMOTION DISCUSSION JOB AID (1)

MATERNAL DANGER SIGNS

Every pregnancy can have a maternal emergency

- During pregnancy
- During delivery
- Up to 6 weeks (42 days) after delivery

Most maternal emergencies occur suddenly and unexpectedly

A woman who gave birth without difficulty

- the first time or many times

can have a serious maternal emergency with her next pregnancy

Facility delivery is safest because most maternal emergencies occur during delivery or soon after.

If she has an emergency maternal danger sign, rush her immediately to _____

Insert the name of the nearest facility with Skilled Birth Attendants (SBAs) open 24 hours every day.

An emergency danger sign means the life of the mother and/or baby can only be saved with expert medical care.

Do not waste time with a TBA, traditional healer, chemist or pharmacist. They cannot save the life of the mother or baby.

If you delay, you make it more difficult to save their lives.

If a woman has a non-emergency maternal danger sign, come to our facility within 24 hours.

Sing the maternal danger signs song so you will remember the danger signs.

SAY the danger sign	DO a pose to remember the danger sign	EXPLAIN the danger
EMERGENCY MATERNAL DANGER SIGNS (1-3)		
1 - Severe abdominal pain during pregnancy	<i>Move your hands back and forth across your abdomen while moaning.</i>	<p>Don't delay. Rush to the hospital.</p> <ul style="list-style-type: none"> • Can be the baby is growing outside of the womb and will cause loss of life. • With bleeding, it can mean she is losing the baby.
2- Fitting	<i>Hold your hands up in the air; let your head fall to one side while shaking your hands and whole body.</i>	<ul style="list-style-type: none"> • Can only be stopped in a facility with an SBA or the General Hospital. • Can cause loss of life for mother and newborn
3 - Severe Bleeding	<i>Hold your hands flat, face down above your lap and push away from your body to remind us that the blood flows away from the womb.</i>	<ul style="list-style-type: none"> • Trained health workers with special medicines can prevent severe bleeding. • A major cause of death during and after delivery. within 2-4 hours • Recognize severe bleeding <ul style="list-style-type: none"> • Any amount of continuous bleeding. • Large clots, the size of your fist • Weakness and fainting. The woman cannot stand up alone or she falls • Any bleeding during pregnancy needs facility care
EMERGENCY MATERNAL DANGER SIGNS (4-6)		
4 - Labour more than 12 hours (prolonged)	<i>Pretend to be in the local birthing position and show severe pain.</i>	<ul style="list-style-type: none"> • Baby may be bigger than the birth canal (especially with girls who are too young) • Wrong part of the body may be presenting • Mother may be too weak
5 - Hand, foot or cord comes first	<i>Push out your right hand, your foot, and then pull your hand from your belly button</i>	<ul style="list-style-type: none"> • The baby will not come out without medical assistance.
6 - Placenta does not come out within 30 minutes of childbirth	<i>Hold out your two hands in a receiving position and show worry on your face</i>	<ul style="list-style-type: none"> • Will cause prolonged and severe bleeding that can cause loss of life
WARNING SIGNS or NON-EMERGENCY MATERNAL DANGER SIGNS (7-9)		
<p>The facility health worker can take care of you. Come to our facility within 24 hours. Don't wait any longer. These WARNING SIGNS can suddenly change to emergency danger signs.</p>		
7 - Severe Headache	<i>Hold the side of your hand on your forehead with a terrible headache.</i>	<ul style="list-style-type: none"> • A sign that she may start fitting; may lead to the loss of her life or the baby's.
8 - Anaemia: Pale palms (on hands) & pale inner eyelids	<i>Hold your hands out in front of you with your palms up to show the area that will be pale. Touch your eyelid and pull out the lower lid to show the area that will be pale.</i>	<ul style="list-style-type: none"> • Mother's blood is too weak (caused by poor nutrition, malaria and/or worms) • Makes baby too small for good survival. • Mother can die during delivery from loss of a small amount of blood.
9 - Severe Fever	<i>Cross your arms on your shoulders and shiver</i>	<ul style="list-style-type: none"> • Caused by infection that can result in sterility. Watch for foul smell discharge • Caused by malaria; may result in still birth, low birth weight or death for the newborn and/or for the mother.

HEALTH PROMOTION DISCUSSION JOB AID (2)

SAFE PREGNANCY PLANNING

DO NOT DELAY

- If a woman has an emergency maternal danger sign, do not delay.
- Many women die because their families bring them to the hospital too late.
- If you delay, you make it more difficult or impossible to save the woman's life.
- Health workers (doctors, midwives, Skilled Birth Attendants) in our facility and in the hospitals have special training, equipment and medicine to save the lives of mothers and babies.

DO NOT WASTE TIME

- If a woman has a maternal danger sign, do not waste time going to the TBA, traditional healer, drug seller or pharmacy.
- They cannot save the life of a woman with an emergency danger sign.

NON-EMERGENCY DANGER SIGNS

- Ensure that the woman visits the PHC within 24 hours. Each maternal danger sign can suddenly become an emergency danger sign.

KNOW THE ONSET OF LABOUR (SEE BELOW);

COUNT UP TO 12 HOURS TO IDENTIFY PROLONGED LABOUR

- regular contractions increasing in length and strength
- a slightly bloody, sticky discharge ("show")
- sometimes, a watery vaginal discharge or sudden gush of water

<p>DISCUSS THE REASONS WE DELAYED OBTAINING TIMELY EMERGENCY CARE</p>	<p>THEN IDENTIFY SAFE PREGNANCY PLAN ACTIONS TO PREPARE FOR MATERNAL EMERGENCY CARE</p>	<p>KNUCKLE AND GROOVE*</p>
<p>A. The mother and her family members didn't know that the woman was in danger. We did not know the danger signs.</p>	<p>A. Learn the danger signs</p>	<p>KNUCKLE</p>
<p>B. Money was insufficient:</p> <ul style="list-style-type: none"> • too costly—hospital fees, drugs, equipment • took too long to collect the money 	<p>B. Save money and Contribute to community savings scheme</p>	<p>GROOVE</p>
<p>C. No one raised the alarm in time because no one who knew the danger signs stayed with the mother during childbirth.</p> <p>Husbands had not given permission to go to the hospital and the husband was not home</p>	<p>C. Identify a mother's helper to stay with the mother during delivery. She must know the danger signs and raise the alarm if necessary.</p> <p>Arrange standing permission**</p>	<p>KNUCKLE</p>
<p>D. Transport was not available or was too costly.</p>	<p>D. Arrange for transport now before any emergency and before you need to go to the facility for delivery.</p>	<p>GROOVE</p>
	<p>Know the nearest emergency maternal care facility</p>	<p>KNUCKLE</p>
<p>E. The blood was too costly and there were no donors readily available.</p>	<p>E. Identify willing blood donors</p>	<p>GROOVE</p>
<p>F. We didn't know the benefits of facility delivery.</p>	<p>F. Plan to give birth in our facility</p>	<p>KNUCKLE</p>
<p><i>*Recall each action by touching the reminder knuckle or groove on the back of the left hand starting from the knuckle nearest the thumb.</i></p> <p><i>**For cultures where standing permission from the husband is required to visit a health facility even in an emergency.</i></p>		



HEALTH PROMOTION DISCUSSION JOB AID (3)

THE BENEFITS OF ANTENATAL CARE (ANC)

- ANC Health Workers detect and prevent many complications
- They advise women how to protect themselves and their babies.
- Visit a government-approved Health Facility for ANC.
- You need 4 ANC visits, or more visits for problems.
- Make your first visit as soon as you realise you are pregnant or before you miss 3 menstrual periods.

Get Medicines and Expert Care

- Special malaria prevention tablets
- Daily blood tablets
- Injection against tetanus
- Reassurance that your baby is growing well and in the right position

Get Tested and Treated For

- High blood pressure
- Anaemia (not enough blood)
- Diseases: diabetes, STIs, HIV

Get Advice On

- Foods and rest needed to keep your baby healthy
- Emergency and warning signs to watch out for
- Where to go in an emergency
- Pregnancy planning
- Caring for a newborn
- Child spacing benefits

Take care of yourself. Take care of your baby.

The Benefits of ANC

SAY the new health information and	DO something to help us remember the new information
<p>The ANC health worker</p> <p>1. Checks the baby so she can reassure the mother</p> <p>a. That the baby is moving and growing well.</p> <p>b. That the baby is in the correct position</p>	<ul style="list-style-type: none"> ▪ <i>Hold your hand out in front of your abdomen to show the growing baby</i> ▪ <i>Move your hands around the abdomen</i>
<p>2. Tests the mother to identify complications before she can see them</p> <p>a. Uses arm cuff to test for high blood pressure and warning signs of fitting</p> <p>b. Tests for anaemia (inadequate blood) by looking at lower eyelid</p> <p>c. Tests blood for anaemia, syphilis and HIV</p> <p>d. Tests urine for warning sign for diabetes or fitting.</p>	<p>a) <i>Hold hand around your arm at the blood pressure cuff site</i></p> <p>b) <i>Pull down your lower eyelid</i></p> <p>c) <i>Prick your finger with your fingernail for blood</i></p> <p>d) <i>Move your hand in the direction of urine flow</i></p>
<p>3. Gives the mother medicine to prevent complications and harm</p> <p>a. Tetanus immunization to protect your baby from tetanus (Each mother makes 5 visits over several years according to the appointment dates in her small ANC card.)</p> <p>b. Blood tablets (iron and folic acid and to prevent anaemia (inadequate blood)</p> <p>c. Special pregnancy malaria pills</p>	<p>a) <i>Jab your left arm</i></p> <p>b) <i>Pull eyelid down to show paleness of anaemia</i></p> <p>c) <i>Cross your arms over your chest and shiver</i></p>
<p>4. Gives health education</p> <p>a) Good nutrition for healthy pregnancy</p> <p>b) Rest (8 hours at night plus 2 hours in the day)</p> <p>c) Never take drugs without a health facility prescription</p> <p>d) Avoid alcohol and tobacco.</p> <p>e) Maternal danger signs, safe pregnancy plan, birth preparedness</p> <p>f) Health facility delivery benefits</p> <p>g) Cleanliness to protect mother and baby</p> <p>h) Malaria prevention bednets</p> <p>i) Child spacing</p> <p>j) Exclusive breastfeeding and good weaning foods</p>	<p>a) <i>Move your hand towards your mouth</i></p> <p>b) <i>Tilt your head and rest it on your closed palms</i></p> <p>c) <i>Wave your index finger to indicate "never"</i></p> <p>d) <i>Wave "no" with your finger</i></p> <p>e) <i>Point towards the direction of nearest HF with skilled birth attendants</i></p> <p>f) <i>Smile and pretend to hold baby</i></p> <p>g) <i>Pretend to scrub your finger nails on the palm of your other hand</i></p> <p>h) <i>Wave "no" with your finger and make ZZZZZ sound of mosquito</i></p> <p>i) <i>Pretend to hold a baby on your back and on your belly</i></p> <p>j) <i>Cup one hand on your breast</i></p>

Every woman can have unexpected complications even if she attends ANC and even if her previous pregnancies were easy.



HEALTH PROMOTION DISCUSSION JOB AID (4)

THE NEED FOR & BENEFITS OF FACILITY DELIVERY

Facility delivery is safest.

Most maternal emergencies happen to women who are not at high risk without warning during delivery and the next days.

Some conditions place women at higher risk of complications:

Previous complications: Caesarean, multiple births, loss of the newborn or child in the womb, deep vaginal tears, etc.

Too young or first pregnancy: the body is not fully formed (less than 18 years) or has never experienced pregnancy changes

Too closely spaced: Less than 2 years apart so her body does not have time to get stronger

2 years is good

3-5 years apart is much better because she can recover fully and she does not need to care for two babies at the same time.

Too many:

More than four births are too many. Each delivery can make the womb weaker so it may not contract well after delivery.

This can cause severe bleeding and can cause death within 2-4 hours.

Too old. Over 35 years complications are more likely

Women and their families need to know the benefits of facility delivery and plan for facility delivery.

THE BENEFITS OF FACILITY DELIVERY

SAY	DO
The Skilled Birth Attendant:	
Monitors the mother and detects complications before we can see them and before they become serious	<i>Move your hands from your eyes out pretending to see well</i>
Prevents the complications	<i>Push your palms away from you</i>
Monitors mother and takes medical action: <ul style="list-style-type: none"> • <u>prevents labour from lasting too long</u> which can cause <u>severe bleeding</u> or <u>VVF</u> • <u>prevents delayed placenta or placenta pieces left behind</u> that can cause <u>severe bleeding</u> and infection that can cause <u>infertility</u> 	<i>Move your hands from your eyes out pretending to see well</i> <p><i>Prolonged labour sign</i></p> <ul style="list-style-type: none"> • <i>severe bleeding sign</i> • <i>VVF: hold nose against smell</i> <p><i>Delayed placenta</i></p> <ul style="list-style-type: none"> • <i>Severe bleeding sign</i> • <i>Fever sign and hold womb and shake head in sorrow</i>
<u>Gives injections</u> <ul style="list-style-type: none"> • to <u>prevent severe bleeding</u> • to <u>prevent convulsions</u> 	<i>Jab your arm for injection</i> <ul style="list-style-type: none"> • <i>Severe bleeding sign</i> • <i>Convulsions sign</i>
<u>Prevents infection by insuring clean delivery: Insists on</u> <ul style="list-style-type: none"> • Soap, water and Jik for clean hands, cloths and equipment for all caregivers • clean wrappers for mother during delivery • clean clothes for mother and newborn after delivery • new razor and cord ties to prevent cord infection 	<ul style="list-style-type: none"> • <i>Pretend to wash hands by rubbing them together</i> • <i>Point to your wrapper</i> • <i>Pretend to cradle the newborn</i> • <i>Pretend to hold a cord one hand width from your belly and make a cutting motion</i>
<u>Protects newborn</u> <ul style="list-style-type: none"> • Checks newborn for <u>danger signs</u> and takes immediate action • <u>Keeps newborn warm</u>: wipes and covers head with cap; wipes body and covers with wrapper or gives to mother for skin to skin care • Puts baby on mother for <u>immediate breastfeeding</u> within one hour 	<ul style="list-style-type: none"> • <i>Touch your eyes to show you are looking carefully</i> • <i>Pretend to put cap on the newborn and to place skin to skin between your breasts</i> • <i>Pretend to put baby to your breast</i>



HEALTH PROMOTION DISCUSSION JOB AID (5)

POSTNATAL CARE (THE FIRST 6 WEEKS OR 42 DAYS)

1. What support and protection do recently delivered and breastfeeding mothers need for the first six weeks (40 days)?

Listen to responses and summarise as follows:

- A. Watch for maternal and newborn danger signs and assist the mother to care for her newborn and herself
 - someone near her for the first 24 hours after birth to respond to any change in her condition
- B. Protect the health of the mother
 - enough rest and sleep
 - at least one extra meal a day from the three food groups
 - clean surroundings and daily bathing to prevent infection
 - bednet protection to prevent malaria
- C. Facility Postnatal Care visits at 6 hours, 6 days and 6 weeks (42 days) as recommended by the Federal Ministry of Health

PRESENTATION: Watch out for danger signs after delivery.

- Vaginal bleeding
 - More than 2 or 3 pads (or 1 wrapper) soaked in 20-30 minutes after delivery
 - Clots of blood the size of a fist
 - Bleeding that increases rather than decreases after delivery
- Pain or draining pus in the area between the vagina and the anus
- Foul-smelling vaginal discharge
- Urine dribbling or pain when urinating
- Convulsions
- Fast or difficult breathing
- Feels ill; fever and too weak to get out of bed
- Severe abdominal pain
- Breasts swollen, red or tender breasts, or sore nipple

Go to the nearest facility IMMEDIATELY, day or night without waiting, if she experiences any of these danger signs.

PRESENTATION: Cleanliness is essential to prevent harmful infections

- A. The mother's vagina is more open and sore than normally so germs that cause dangerous infections can easily get inside her.
- Never put anything inside the vagina.
 - Avoid sexual intercourse for 6 weeks or longer until any tears/wounds are healed.
- B. To prevent the sanitary cloths/pads that collect the afterbirth bloody fluids from becoming a nest for germs that can pass into her vagina, each woman must:
- Change the cloths/pads every 4-6 hours or more often if the discharge is heavy.
 - Germs grow quickly in the bloody pad or cloth.
 - Wash the sanitary cloths with soap or ashes
 - rinse very well
 - dry in the sun before using again.
 - The germs on the cloths/pads can give the mother a serious infection.
- C. Germs can easily enter vagina and travel to her womb.
- **These germs may cause an infection in her womb that can prevent the mother from becoming pregnant ever again.**
 - **If a mother has a fever and/or smelly private parts, go IMMEDIATELY to the nearest health facility for treatment.**
- D. Bathe daily and be sure to wash the area between the vagina and rectum
- E. After stooling, wipe away from the vagina
- When stooling to help deep tears heal faster, use a pad or separate clean cloth to hold up the area between your vagina and rectum.

HEALTH PROMOTION DISCUSSION JOB AID (6)

CARE OF THE NEWBORN

Newborns need warmth, immediate breastfeeding, cleanliness to prevent infection and the protection of a bednet to prevent malaria. Watch out for danger signs in the first 6-8 weeks.

1. Warmth: Keep newborns warm. If the newborn gets cold, s/he can die.

- A. The newborn's body is small and not able to stay warm on its own.
- Keep the newborn in a warm room.
 - Put a cap on the baby at all times except during bathing.
 - Wear warm loose clothing and covers (1-2 more layers than are comfortable for you).
- B. To check the temperature of the baby, the mother should place her hand on the baby's tummy and compare its temperature with that of the baby's hands and feet. The tummy, hands and feet all must be warm, not too hot and not too cold
- If the baby's hands and feet are too cold, the mother should
 - use kangaroo care: place him/her in skin-to-skin contact over the mother's chest and cover them both with the same cloth.
 - wrap him/her with an additional cloth or blanket, or
 - Don't cover the newborn's face; s/he needs to breathe freely.
 - If the baby is too hot, remove some of the clothes or covers.

2. Immediate and exclusive breastfeeding. Start breastfeeding immediately (within 30 minutes before the placenta comes out) when the newborn's rooting and sucking reflexes are strongest.

- A. Mother's breastmilk is specially designed for the needs of a newborn. It provides growth, protection, energy and water.
- The first, yellow milk (colostrum) contains medicines to protect the newborn. Do not throw away the colostrum.
- B. The baby's sucking will tell the mother's womb to close and help prevent excessive bleeding.
- C. Breastfeed the baby on demand (initially every 2-4 hours) and exclusively for the first six months.**
- D. Breastfeeding provides the best food for the baby**
- a natural method of feeding the baby
 - safe, clean, cheap and always available. It needs no preparation.
 - contains natural materials that protect the baby from diseases
 - contains all the nutrients in the right proportion, at the right temperature, and is clean and easily digestible
 - is clean so it protects the baby from diarrhoea caused by other liquids and foods
 - satisfies the baby's thirst even on the hottest days
- E. Breastfeeding promotes a special relationship between mother and child
- F. Breastfeeding helps with child spacing if breastfeeding is exclusive and mother has not menstruated.

3. Cleanliness is essential to protect newborns.

A. Newborns are at greater risk of sickness than older babies, children and adults

- Babies can be harmed by germs that are not able to harm adults and older children.
- Adults and older children are stronger than babies because they have stronger immune systems. Their bodies have already fought many germs.
- **A newborn's fever can get too high very quickly.**
- **When a fever gets too high, it spoils the brain and can even cause death.**
- Cleanliness helps prevent infections that cause fevers that can cause harm or death.

B. Protect newborns from germs and infection.

- Wash hands with soap and water
 - before touching the newborn
 - after cleaning your stool and the newborn's stool
- Sponge bath the newborn after 12 hours with warm soap and water.
- Wash each part of the baby, dry it and cover it before moving to the next part of the body.
- Keep the cord clean and dry. Only use a new razor to cut the cord.
 - Don't cover the cord with a napkin/diaper.
 - Wipe the cord. Do not put the baby in the bath.
 - Wait for the cord to fall off naturally by itself within 2 weeks.
 - Do not try to make the cord fall off.
 - Do not put anything on the cord (No ash, clay, mud, animal dung, toothpaste)
 - Keep the cord dry. Give the newborn sponge baths until the cord falls off.
- Watch for signs of cord infection: delay in falling off, swelling, redness, pus, foul smell at the belly button. Go to the health facility IMMEDIATELY for treatment.
- Prevent people with colds/catarrh or other sicknesses from holding the baby or breathing the air near the baby.

4. Protect newborns, babies and under-5 children from malaria

- Know the facts about malaria: One third of under-5 deaths are caused by malaria. Mosquitoes pass malaria. Under-5s catch malaria more easily than older people because their bodies have not built up protection against the malaria virus.
- Pregnant women, newborns and under-5s need to sleep under an insecticide treated bednet to protect them from malaria mosquitoes. Ask about Long Acting Insecticide Treated Nets (LLINs).at your facility.
- Take your feverish newborn to the facility for proper treatment. Facilities have subsidized drugs for the resistant malaria.

5. Key Newborn Danger Signs mean the baby's life is in danger.

- Listless, inactive, moves less, or only when stimulated
- Feels too hot or too cold
- Vomits after most or all feeds
- Has a swollen stomach
- Refuses to breastfeed or sucks poorly
- Has rapid or difficult breathing, chest retractions
- Has redness or swelling around the umbilical cord
- **Take any newborn with a danger sign to the PHC facility IMMEDIATELY.**

HEALTH PROMOTION DISCUSSION JOB AID (7)

THE HEALTH BENEFITS OF CHILD SPACING

Compared to closely-spaced babies (less than 2 years apart), well-spaced babies are more than twice as likely to survive and their mothers are also more than twice as likely to survive.

Space your children at least 2 years apart for better health.

Spacing 3-5 years apart is even healthier.

Never have a baby in your belly and a baby on your back.

(Note: Move one hand around your belly. Then put the other on your back as if you are backing a baby.)

- **Poorly spaced newborns suffer.** The unborn baby depends upon the mother's body for its growth but the mother never regained her strength. Poorly spaced newborns are more likely to:
 - die in the womb
 - be premature and therefore more likely to die
 - be born small and therefore more likely to die
 - fail to get enough breastmilk from their mother
 - compete with their older brother/sister for care and so get less care
- **The older baby is less likely to remain healthy too.**
- **The mother does not recover fully from the 2 births.**

Having more than 4 births places the mother's health at risk because her womb becomes weaker with every birth.

A. Benefits of healthy child spacing

- Promotes the health of the mother: Allows the mother to rest between pregnancies in order to regain her health and strength. This helps her avoid complications during and after each pregnancy
 - Decreases still births and infant deaths.
 - Gives the mother time to cope with the care of her children
- Protects the babies by ensuring they grow well and are protected from some diseases by breastmilk.
 - Allows the mother to breastfeed the new baby well.
 - Ensures the mother breastfeeds the older baby for 2 years.
- Helps parents adequately provide for each child e.g., good food, education, shelter and clothing as well as good attention at home.
- Gives parents time to plan for their old age so that they will not be dependent on their children
- Allows the husband and wife to spend time together, making a stronger and happier family.

HEALTHY CHILD SPACING METHODS

Note: Avoid offending the religious and cultural beliefs of your clients and their families. In areas where there has been considerable opposition to family planning or to contraceptives, describe the natural methods. Tell the participants that the PHC health workers have other methods that they may prefer because they are easier to use and more effective.

In areas where there has already been considerable promotion of child spacing, briefly describe the methods provided in the nearest facility. Ask the participants to come to the facility for more information and assistance.

Ask participants if they have ever heard, seen or used any modern method of healthy child spacing. Then fill in their knowledge gaps. Pass around samples or pictures of each method.

Natural Methods:

- Safe Days: If a woman's cycles are regular and at least 26 days long, she cannot get pregnant from Day 20 to the end of her menstrual cycle. The first day of her menstrual cycle is Day 1. On the other days, abstain from sexual relations to avoid pregnancy.
- Both *CycleBeads* available from Society for Family Health and the Standard Days Table will enable the woman to identify a few more safe days.

Barrier Methods:

- Condoms: (male and female) do not require assistance from a health worker.

Combination Method: Safe Days (CycleBeads or Standard Days Table) and condoms:

- Faithful couples can rely on the Safe Days natural method and use condoms or withdrawal instead of abstaining on the days the woman is at risk of pregnancy.

Short term methods:

- Injectables: The woman must come for her injection every 2-3 months depending on the brand.
- Pills (oral contraceptives): The woman must take a pill every day. The health worker needs to check the woman to ensure that she is eligible for the pill.

Longer term methods:

- Intrauterine contraceptive device (IUD): The health worker inserts a tiny T-shaped device into the uterus to prevent conception. It is good for 10 years and then needs to be replaced.
- Implant: The health worker implants rods smaller than matchsticks in the arm for up to five years depending on the brand.

Permanent methods:

- For people who do not want any more babies in their lifetime, the doctor cuts the tiny tubes that carry the female's eggs or the man's sperm. This does not affect sexual relations and pleasure but it does prevent any sperm from reaching an egg.

Emergency contraception:

- A health worker can prescribe pills to prevent conception within 5 days of method failure.

Visit the nearest PHC for more information. The health worker will help you find the child spacing method that suits you.

Natural, barrier and short term methods rely on the woman and her partner to use them properly. The longer term and permanent methods are more effective and easier to use.

Contraceptive side effects are not permanent.

All contraceptive methods are much, much safer than abortion or pregnancy.

7a. SAFE DAYS CALCULATION TABLE—Know when you are naturally protected from pregnancy.

DIRECTIONS: On the first day of your menstrual cycle, write an **X** under **DAY 1**. Write an **X** on every day in the row until you get to the shaded boxes (**DAY 8**). Write an **0** for each day in the shaded boxes.

You can get pregnant on the shaded days (DAYS 8-19). Start on a new row on the first day of your the next cycle.

RECORD YOUR OWN CYCLES FOR 3 MONTHS TO FIND OUT IF YOU CAN USE THIS METHOD.

DO NOT USE THIS METHOD IF:

- **YOU HAVE ANY CYCLES THAT ARE SHORTER THAN 26 DAYS OR LONGER THAN 32 DAYS.**
- **YOUR CYCLES ARE NOT REGULAR.**
- **YOU ARE BREASTFEEDING, HAVE RECENTLY BEEN PREGNANT OR RECENTLY USED A MODERN METHOD.**

		SAMPLE STANDARD DAYS METHOD RECORD FILLED IN FOR 3 CYCLES																													
CYCLES	DAY 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	1	X	X	X	X	X	X	X	0	0	0	0	0	0	0	0	0	0	0	0	X	X	X	X	X	X	X	X	X	X	X
2	X	X	X	X	X	X	X	0	0	0	0	0	0	0	0	0	0	0	0	X	X	X	X	X	X	X	X	X	X	X	
3	X	X	X	X	X	X	X	0	0	0	0	0	0	0	0	0	0	0	0	X	X	X	X	X	X	X	X	X	X		

FILL IN YOUR OWN RECORD. YOU CANNOT GET PREGNANT ON THE WHITE DAYS WITH THE X MARKS.

YOUR CYCLES	DAY 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1																															
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12																															

HEALTH PROMOTION DISCUSSION JOB AID (8)

THE VACCINATION HAND



INSTRUCTIONS FOR TEACHING THE VACCINATION HAND (VH) SCHEDULE

Note: This is a drawing of the palm (inner side) of your hand.

Introduction:

- We are going to learn an easy way to remember exactly when to take our children to the health facility for their childhood vaccinations.
- Each finger will remind us of one of the vaccination visits.
- Our right hand will serve as a poster for teaching and recalling the vaccination schedule.

Step 1: Demonstrate the timing for each vaccination visit using the Vaccination Hand.

SAY: <i>the time for the visit</i>	DO: <i>Touch the top of your</i>
1) Immediately at birth or before the naming ceremony	1) Pinky
2) At 40 days	2) Pointer finger
3) Four more weeks	3) Middle finger
4) Another four weeks	4) Ring finger
5) Come back at nine months	5) Thumb

- Hold your right hand up high so everyone can see the inside of your hand.
- Say the time for the visit while touching the finger that corresponds to the schedule for the vaccination visit. Start with your pinky and move towards your thumb.
- Repeat your **demonstration slowly clearly describing the timing for each visit.**

Step 2: Demonstrate the VH without the words so participants focus on the shape of the VH.

- Spread your fingers of your right hand out as wide as possible.
- Hold the middle three fingers together with your other hand. These three fingers need to stay together.
- Now spread out our thumb and pinky as far as possible and move your

left hand away from your middle fingers.

THE VACCINATION HAND (CONTINUED)

Step 3: Help the participants form the VH

Note: Circulate among the participants and help those who have difficulty forming the VH. Congratulate the participants with good VH's.

Step 4: Say the VH schedule while touching the corresponding fingers, finger by finger.

Note: The participants need to see the shape of the VH so do not move your fingers. Touch the top of each finger by coming from the back of the finger.

Step 5: Demonstrate and ask participants to copy you, finger by finger

- Say the vaccination timing of the first visit represented by the first finger (pinky) and touch the tip of the pinky.
- Ask the entire group to repeat at least 2 times.
- Repeat this process for each for each visit and finger.
- Ask a group of people sitting near each other to repeat together.
- Ask a second group of people to repeat together.
- Ask everyone to repeat together two times.

Step 5: Demonstrate the entire VH with the accompanying words (moving from your pinky to your thumb). Ask participants to imitate you after each finger, finger by finger until you have completed the VH.

- Repeat this process at least 2 times.
- Ask a group of people sitting near each other to repeat together.
- Ask a second group of people to repeat together.
- Ask one or two volunteers to repeat.
- Ask everyone to repeat together two times.

Step 6: Discuss the benefits of the VH with the participants

- Do they think they can remember the VH?
- How the VH can help them remember the vaccination visits?
- Who should know the VH?
- Do they think they can teach anyone at home?

Step 7: Final review of the VH

- Check comprehension of groups and then of individual volunteers.
- Repeat the VH with everyone together 2 times.

Step 8: Ensure everyone recalls the VH schedule of visits

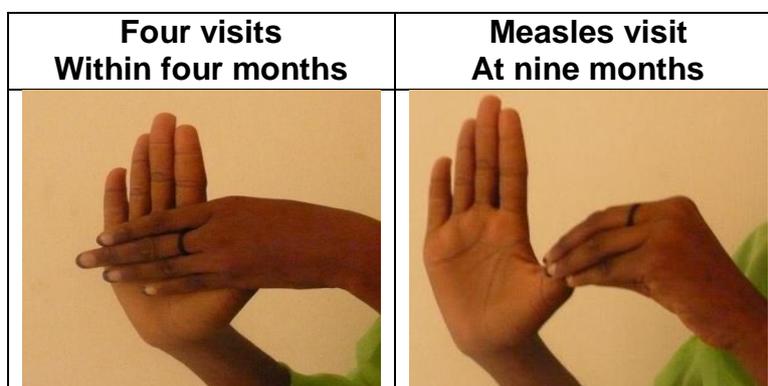
- It is not enough for parents to be aware of the vaccination schedule.
- Parents need to remember the VH at the time they need it for their newborn.
- Practice the VH two times a day during your meetings and workshops.
- Use the VH as an energizer during all meetings.

Children who are taken for their vaccination visits late are at risk for whooping cough, measles, polio and other vaccine preventable childhood diseases.

HEALTH SESSION JOB AIDS (9 &10)

9. THE VACCINATION SLOGAN

SAY & DO: Chant the Vaccination Visit Slogan with Hand Movements
Helps parents realize their tiny babies need to be vaccinated.



SAY the new information &	DO something to remember the information
4 visits Within 4 months	<ul style="list-style-type: none"> Hold up your right hand and slap the palm with your left hand fingers covering the right hand thumb with the left hand so that only the 4 fingers of your right hand (representing the 4 visits) are visible
Measles visit At 9 months	<ul style="list-style-type: none"> Pull your left hand off the right hand fingers and onto the tip of the right hand thumb. to imitate the Vaccination Hand measles finger.

1. Demonstrate the slogan while doing the hand movements

- Explain the meaning of the slogan.
- Repeat the demonstration.

2. Practice saying the slogan without the hand movements

- Ask everyone to recite together 2 times each of the following lines.
 - *4 visits within 4 months*
 - *Measles visit at 9 months.*
 - *4 visits within 4 months, measles visit at 9 months*

After teaching each line, confirm that everyone can recite it correctly before going to the next line as follows;

- Ask groups of people sitting near each other to recite the entire slogan.
- Ask 2 volunteers to recite the entire slogan.
- Ask everyone to recite the entire slogan together. 2 times.

3. Repeat all steps adding on the hand movements.

Debrief : How old is the child when he/she has completed 4 vaccination visits?

10. MIME: VACCINES BUILD LIFELONG BODYGUARDS

Note: Volunteers play the roles of the people identified below with CAPITAL LETTERS. Keep the story and action simple. The purpose is to teach the participants that vaccines produce bodyguards that protect their children. Make sure your "stage" is a large enough space so the participants can see clearly. Separate the volunteers on the stage with the UNVACCINATED CHILD on one side and the VACCINATED CHILD ON THE OTHER.

UNVACCINATED CHILD & MOTHER	VACCINATOR & 3 BODYGUARDS	VACCINATED CHILD & MOTHER
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Say: We need some volunteers to come forward and follow my directions.

- Two volunteers come forward to act as children and two more volunteers come forward and act as their MOTHERS/FATHERS.
 - The UNVACCINATED CHILD stands with his MOTHER on my right. His MOTHER will refuse to allow her child to be vaccinated.
 - The VACCINATED CHILD stands on my left. His MOTHER/FATHER will be happy to have her child vaccinated.
- One volunteer comes forward to act as a VACCINATOR.
- Three volunteers come to act as the BODYGUARDS. They stand in line behind the VACCINATOR.
- One volunteer stays in the audience. You will act as the CHILD WITH MEASLES.

Tell this story while the volunteers act out the story.

1. The VACCINATOR tries to vaccinate the UNVACCINATED CHILD. His/her MOTHER refuses.
2. The VACCINATOR vaccinates the VACCINATED CHILD (with a biro). Watch what happens when the CHILD is vaccinated.
 - **The THREE BODYGUARDS come and stand around the CHILD. See how they hold hands to guard and protect the VACCINATED CHILD.**
3. Now watch what happens when a CHILD WITH MEASLES lives in the same neighbourhood. The CHILD WITH MEASLES is shivering with fever and coughing. Measles germs are in the air around him/her but we can't see them. The CHILD WITH MEASLES comes up close to the UNVACCINATED CHILD.
4. Watch the UNVACCINATED CHILD become sick within ten days. The invisible germs are making her/him sick with measles. Now the UNVACCINATED CHILD is shivering with fever and coughing.
5. **Now the CHILD WITH MEASLES comes close to the VACCINATED CHILD but the BODYGUARDS wave their hands to fight the invisible measles germs. The vaccine BODYGUARDS protected the VACCINATED CHILD.**

DISCUSSION

- a) What happened to the child who was not vaccinated?
- b) What happened to the child who was vaccinated?
- c) What did the vaccination do to protect the child?

SUMMARISE

- a) Vaccinations make the body make bodyguards.
- b) Whenever the bodyguards see germs that cause their disease, the bodyguards destroy the germs.
- c) Vaccinations protect for life but some vaccinations such as polio require multiple boosters to provide enough protection.

REPEAT the entire mime, discussion and summary with other volunteers to make sure that everyone has understood the mime and the way vaccinations protect our children.



HEALTH PROMOTION DISCUSSION JOB AID (11)

POLIO, THE SNEAKY DISEASE

1. EXPERIENCE: Why do we keep having polio campaigns? Have you seen a small child crippled by polio in the last five years?

Listen to the responses and explain the following key information.

- Polio spreads very fast
- It is true that very few children have been crippled in the last few years.
- The polio campaigns have been very effective----but they have not been effective enough.
- If we stop the campaigns before we completely eradicate polio it will start spreading again like wildfire.

2. PRESENTATION: People spread polio rapidly without realising they are spreading polio

Note: Technically polio is spread by a virus; however, use the local word for germs among people who have not learned to distinguish viruses from bacteria.

A. Polio spreads very fast but we don't see many crippled children because the polio virus affects children differently.

SAY & DO: Different ways polio affects infected children/people	
SAY	DO something
Some people infected with polio	to remember this information
1. Die	• Make the mourning sign
2. Get crippled in both legs	• Touch both legs
3. Get crippled only in an arm or leg	• Let your arm flop and stand on one strong leg
4. Get fever	• Make the fever sign
5. Never get visibly sick and never get crippled	• Smile

B. Polio is a sneaky disease. Polio hides from us as it spreads. People spread polio from one person to another very easily without realising that they are spreading the disease.

- Most children infected with the polio virus do not get crippled. They may only have a bad cold.
- **If one child is crippled by polio in your area, 200 other children are likely to be infected with the virus.**

Note: Use Say&Do. Spread your hands to encompass everybody.

- So the virus can spread fast from one child who doesn't look sick to another.
- Do you want your child to be the one that gets crippled and dies?

C. Stool spreads the polio virus for up to 2 months and then the polio virus dies and no longer spreads.

- When children are infected with the polio, they have the polio virus in their body.
- **Every child who is infected with the polio whether or not he is crippled will continue to stool the virus for up to 2 months.**
Note: Use Say & Do by putting your hand near your anus when saying, "pass the polio virus in his stool".
- Then the virus dies but if the child becomes crippled, the child stays crippled.

D. Polio drops are very safe. Polio drops do not harm the body. They make long lasting bodyguards.

- The drops cannot give a baby or child polio.
- There are no side effects from the polio drops.
- Some children get full bodyguard protection faster than others.

E. We are having many polio campaigns to ensure that during each round more and more babies and children are getting fully protected.

- Only children who skip or reject their polio drops can get infected and spread polio.

F. To give your child the best protection against polio,

- Ensure your child gets polio drops during every campaign until age five
- Take your child for his vaccination visits at the health facility. Polio drops are given to babies during the first "four visits by four months".

G. As community members, what is our responsibility?

Note: Ask the participants to say what they believe.

CLOSING: What questions do you want to ask? What else do you want to know?

Talk about this information with your husband, family and friends.

Encourage parents to ensure each under-5 child gets polio drops:

- during every polio campaign and
- during their routine vaccinations at the health facility

HEALTH PROMOTION DISCUSSION JOB AID (12)

NARRATED MIMES: BREAKING THE GERM ROAD FROM THE STOOL OF ONE CHILD TO THE MOUTH OF ANOTHER CHILD VIA FLIES & UNSAFE WATER SOURCES

Diarrhoea, polio and some other terrible diseases like typhoid are spread by invisible germs in the stool of an infected person that somehow get into the mouth of another person. We will do mimes together to show ways the invisible germs get into our mouths.

Mime: NARRATED MIME: BREAKING THE GERM ROAD VIA FLIES FROM STOOL TO MOUTH, FROM ONE CHILD TO ANOTHER
Or The flies, stool and your favourite food (*tuwo, pounded yam, jollof rice*)

Note: Volunteers play the roles identified with CAPITAL LETTERS.

SMALL CHILD infected with polio

FLY (a participant acts like a fly flapping his/her wings)

A MOTHER

TWO MORE CHILDREN

Narrator: Asks for volunteers to act out the mime while demonstrating their main actions in the mime. For instance, the narrator says, "We need a volunteer to play the role of a two year old child who has the polio germ/virus in his stool." The Narrator stoops pretending to stool by making sounds of noisy stooling.

INFECTED CHILD WHO STOOLS IN THE COMPOUND	FLY WHO FLIES 1ST TO SIT ON THE STOOL & 2ND TO SIT ON THE UNCOVERED FOOD	MOTHER WHO PREPARES FOOD & FEEDS HER CHILDREN
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1. Here is a two year old CHILD. See the CHILD stool in the compound.
ALTERNATIVELY: Here is a two year old CHILD. He has just stooled in the compound. (Point to a rock or a crumpled piece of paper.) See the stool.
2. Watch the MOTHER. She finishes preparing the favourite meal. See her stirring (or pounding). Now she scoops it out and puts it in bowls for her children.
3. Watch the FLY. It flies over and sits on the stool.
4. Now watch the FLY. The FLY flies over and sits on the favourite food. What is on its legs?
Desired response: The invisible polio germs from the stool.
5. But the food looks delicious. Watch me call TWO CHILDREN to come from the audience. See how they enjoy it.

Debriefing Questions

- a) What will happen to the child/children?
- b) What is the route the polio germs took from the first child to the second child?
What is the route from stool to mouth?
- c) How can we cut/break this route to protect our children?
- d) Can we always be sure everyone will break this route from stool to mouth? *NO!*

Summary

1. The polio virus pathway goes from the stool of an infected person, to the water we drink and then into our mouths when we drink unprotected water.
2. We must keep our environment clean.
 - Use the latrine and chamber pot for stooling.
 - Wash our children's stool immediately.
 - Don't allow the children to play near their stool.
 - Wash our hands after stooling, before eating and before preparing food.
3. We can't be sure that everyone will keep the environment clean.
4. To protect our children, we must vaccinate them against polio at every opportunity.
5. Repeat each mime and debriefing with different participants.

THE STOOL AND THE DRINKING WATER SOURCE (STREAM, POND, UNPROTECTED WELL)

Use the same process as above to obtain participant actors and to debrief.

INFECTED SMALL CHILD WHO STOOLS IN THE COMPOUND	MOTHER DRAWING DRINKING WATER FROM CONTAMINATED SOURCE	MOTHER GIVING WATER TO THE THIRSTY SECOND CHILD
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Narrator:

1. Here is a SMALL CHILD infected with polio germs. You see him/her leave the house and stool outside near the family's water source. Polio germs are in the stool.
ALTERNATIVELY: Here is a SMALL CHILD infected with polio germs. He has just stooled outside near the family's water source. (Point to a rock or crumpled piece of paper.) See his stool. Polio germs are in the stool.
2. And then the rain comes or someone washes away the stool. (*Make the sound of rain or washing away the stool.*) The rain carries the stool and the polio germs into the stream.
3. Now here comes A MOTHER to draw drinking water. She carries the water to the house and gives a drink to a SECOND CHILD who is thirsty.



HEALTH PROMOTION DISCUSSION JOB AID (13)

DIARRHOEA HOME CARE

- 1) Diarrhoea for a child is like a maize plant that has not received rain — they both wilt. Rain or watering makes the plant recover; otherwise it dies.
- 2) **Diarrhoea dehydrates the child's body**--drains the body making the child weak.
ORS rehydrates the child's body—replaces lost water so the child's body grow stronger.

Dehydration & Rehydration Demonstration to persuade caretakers to believe in the ORS treatment even though it seems like the treatment will cause more stooling		
Preparation:		
a) Practice the demonstration.		
b) Materials: a nylon bag, a large bottle of water & two small bowls to catch the water.		
Step	Demonstrate	SAY what the demonstration represents
A child with diarrhoea is like a nylon bag full of water that leaks.		
Step 1	Show participants a nylon bag half filled with water	We are going to pretend that the water is the food and liquid in the body.
Step 2	Puncture the nylon bag with a sharp object (a biro cap)	This represents the watery stool coming from the child with diarrhoea.
Step 3	Show everyone the emptied, wrinkled bag.	Dehydration: The dried out, wrinkled bag is like a dehydrated child's body. During diarrhoea, the stool water keeps removing food and liquid from the body. <u>Explanation:</u> If a child loses too much liquid during diarrhoea, he becomes dehydrated. Dehydration causes death in children and even in adults just like plants that get dehydrated during dry season and die.
Step 4	Pour water into the empty bag. Keep pouring the water so that the water level in the bag gets high and stays high.	Rehydration treatment: Pouring water into the bag represents giving your child extra liquids so that some water stays in his body. <u>Explanation:</u> Pouring water is like giving your child extra fluids to prevent dehydration.

Debrief:

- Why should we give extra liquids to children with diarrhoea?
Desired Response: To replace the stool water and prevent dehydration.
- What should we give a breastfeeding baby?
Desired Response: Many extra, short breastfeeds
- Why should we continue feeding the child?
Desired Response: To replace the nourishment the body needs to prevent the body from becoming so weak that the child gets other sicknesses.

PRESENTATION: Home treatment to prevent dehydration and mal-nourishment

- A. As soon as diarrhoea starts, continue feeding and giving extra fluids.
- Give a breastfeeding child, breastmilk and give extra feeds. Breastmilk has essential nutrients and medicines that protect your child.
 - Give other children watery cooking water (very watery pap, white rice water, boiled yam water, coconut water, etc.).
 - *Note:* Only use Sugar Salt Solution (SSS) if you know the correct measurements.
- B. **Give LO-ORS or ORS** as soon as diarrhoea starts or as soon as you can get it.
- **LO-ORS is the new ORS. LO-ORS reduces stooling and vomiting while replacing lost fluids. Follow the measurements and directions on packet.**
- C. Persuade the child to drink and eat small amounts and sips.
- Give little drinks and feeds at a time, more frequently if the child does not want to eat. You can give as often as every 15-60 minutes.
 - Do not force feed to avoid choking.
- D. Start giving a **daily zinc tablet on the first day and every day for 10 days**
- Do not use for babies under 6 months.
 - Use a ½ tablet daily for children 6-24 months.
 - **Zinc tablets fight the diarrhoea and reduce the chance of complications.**
 - **Zinc tablets prevent another case of diarrhoea for up to 3 months.**
- E. **Continue feeding** and actively feed the child instead of leaving the child to feed on his/her own to ensure that he is getting enough food for energy and protection

PRESENTATION: Diarrhoea Emergency Danger Signs: Rush to the nearest PHC

- a. Refuses to eat
- b. Vomiting so much the child does not retain anything
- c. **Signs of dehydration:**
 - Sunken eyes
 - Top of the infant's head begins to sink
 - Deep yellow urine or doesn't urinate as often as normally
 - Pinched skin takes 2 seconds to return to normal position
- d. Blood or flecks in the stools
- e. Very low on energy, almost unconscious; stares blankly; doesn't respond when touched or spoken to.

PRESENTATION: Don't use treatments that delay recovery

- a. Anti-diarrhoea drugs hide signs that the diarrhoea is dangerous and keep the thing causing the diarrhoea inside the body.
- b. Antibiotics cannot kill the viruses (a type of germ) that cause most diarrhoea.

Closing: Spend your money and time on

- **L-ORS (or ORS)**
- **zinc and**
- **continued feeding.**

HEALTH PROMOTION DISCUSSION JOB AID (14)

MALARIA PREVENTION & CARE

1. EXPERIENCES: What do you know about simple and severe malaria?

Listen to the responses and summarise with the following:

- Malaria is a very dangerous disease.
- Simple malaria can quickly and unexpectedly become dangerous, severe malaria that causes death if it is not immediately treated in a health facility.
- Children and pregnant women are at greatest risk of getting malaria.
- **In Nigeria malaria causes the death of**
 - **1 out of every 3 children who die under 5**
 - **1 out of every 10 women who die during pregnancy, delivery and after**
- Malaria is NOT CAUSED BY drinking palm oil, witchcraft and spells, standing in the sun, bad air and bad water, working too hard or too long, or eating too much pounded yam.

2. PRESENTATION: Block the malaria transmission road.

A. Mosquitoes cause malaria.

- Mosquito injects the malaria parasite into your body when they bite you.
- Mosquitos get infected by biting someone who has malaria in his blood.
- The mosquitos that pass malaria feed on you at night between 10pm and 4am.
- Don't let these mosquitos bite you or your family members.

B. Sleep under a long lasting insecticidal net (LLIN) for the best protection against malaria.

- LLINs have special insecticide on them that kills and repels mosquitos but does not harm people including babies.
- Hang up LLINs in all sleeping places.
- Ensure that everyone, especially children and pregnant women, sleep under an LLIN every night.
- **Take care of your LLIN. It can protect your family for 4-5 years.**
 - Wash with ordinary bar soap. Do not use powdered soap because it is too strong and will weaken the bednet.
 - Lay the bednet in the shade to dry. The sun will weaken the bednet.
 - The bednet will keep its insecticide for about 20 washes.
 - Stitch any holes so the mosquitos cannot get in under the net.

C. Spraying the walls of your rooms with special insecticide (RDT) also kills and repels mosquitos.

- Government organises spraying teams to reduce the number of mosquitos in your home and in the homes in your neighbourhood to protect your family.
 - Mosquitos rest on the walls inside your home.
 - Allow indoor residual spraying. It is safe for you and your children.
- Malaria is not safe. Malaria causes thousands of deaths every year.

- Do not cover the sprayed walls. Do not wash, smear, paint or paste pictures onto walls after spraying.
- Covering the walls will reduce the effectiveness of the insecticide

D. **Stop mosquitos from breeding around your home.** They lay their eggs in open pools of still water. A broken pot with water in it is enough water for the mosquito to lay its eggs. Remove or cover all objects that have water in them.

3. PRESENTATION: Treat malaria with ACTs to fight the new, resistant malaria.

A. **Malaria** is resistant to the drugs that we used to use; they no longer cure malaria.

B. Government has given our facility very effective new malaria drugs. They are more costly than the former drugs but the health facility is giving them for free or selling them at a very low price.

- Some private medicine vendors also sell the new malaria drugs.

C. **Artemisinin-based Combination Therapy (ACTs) are the only recommended malaria drugs. Other drugs are not strong enough.** Only two types are recommended for use in Nigeria. They have different dosages.

- Artemether/Lumefantrine
- Artesunate/Amodiaquine

D. Follow the directions on the packet.

- **Do not overdose.** The dose of medicine can be repeated if the child vomits within 30 minutes of taking it but, to avoid overdose, do not repeat the dose if the child vomits after 30 minutes.
- **Complete the entire dosage even if the child seems to have gotten well.** The malaria can still be hiding in the body.
- Side effects: Some children will have nausea, vomiting, rejection of food, and/or dizziness. These side effects are not usually serious.
- **Warning:**
 - **Do not give these malaria drugs to pregnant women.**
 - **They must go to the facility to take different anti-malarial tablets.**
 - **Never give a pregnant woman the malaria tablets before the baby kicks.**

4. PRESENTATION: Take children and adults with high fever or fever that does not get better to the facility immediately to ensure that severe malaria fever does not cause death.

- Children under 5 and pregnant women are most at risk for complicated, life-threatening malaria.
- Not every FEVER is malaria; however, early diagnosis and CORRECT treatment saves lives.
- **You don't want to look back and realise that you could have protected your child or wife if you had taken him or her to the facility on time.**
- Go to the health facility if the child reacts to the ACTs or fever persists for more than 2 days.

HEALTH PROMOTION DISCUSSION JOB AID (15)

PNEUMONIA PREVENTION AND CARE

EXPERIENCES: Have you seen or cared for a child with severe difficulty breathing? What did you do and what happened?

Listen to the responses and then give the next presentation.

PRESENTATION: What is pneumonia?

- Pneumonia is an infection that fills the lungs with fluid making it is difficult for the child or person to breathe.
- Pneumonia can suddenly and rapidly become severe pneumonia when the lungs become so filled with fluid that the child or adult cannot breathe causing death.
- Pneumonia is caused by
 - breathing into the lungs one of the many types of germs (bacteria, fungi and viruses) that cause the lungs to fill up with fluid or
 - germs that are normally in the nose and mouth without harming us but, if the body is weak, they can invade the lungs and cause the lungs to fill up with fluid
- Almost one in five of the deaths of children under-5 in Nigeria is caused by pneumonia

PRESENTATION: Prevent transmission of pneumonia.

- A. There are two main ways pneumonia is passed from one person to another
 - Air droplets containing germs and phlegm from an infected person
 - A weakened body due to malnourishment or sickness can let the germs that are normally in the nose and throat, invade the lungs
- B. Prevent germs in the air and environment
 - Do not let people with cough, cold or pneumonia symptoms near the child.
 - Do not let them sleep in the same room
 - Ensure there is ventilation in the room where the child sleeps to reduce the air droplets
 - Wash hands regularly to remove invisible germs
- C. Keep the child healthy and well fed so his body is strong
 - Continue feeding when a child is sick and give extra feeds when he is recovering
 - Breastfeed exclusively for 6 months and continue breastfeeding for 2 years.
 - Keep child away from the smoke from cooking or cigarettes because it can harm the child's lungs
 - Ensure that the child has all his vaccinations according to the Vaccination Hand schedule

PRESENTATION: Watch for pneumonia danger signs and rush to the facility for expert medical care

A. Watch for these pneumonia signs

- Fast breathing
- Difficulty breathing with or without cough or wheezing
- Sometimes fever and/or chills

- B. Pneumonia cannot be treated or cured at home. It requires specific medications depending upon the type of germ that caused the infection.
- C. Pneumonia can quickly turn into severe pneumonia that quickly causes death. Get medical care for pneumonia before it turns into severe pneumonia.
- D. Note that a cough or cold is not life threatening unless it changes to pneumonia
 - Give extra fluids and food
 - Keep the body warm but not hot
 - Give treatments to relieve cough

PRESENTATION: Emergency danger signs for pneumonia. Rush immediately to the health facility

- A. If the child isn't able to get enough air into his lungs, his/her brain and body can be damaged and quickly cause death.
- B. Rush immediately to a health facility if the child shows any of these pneumonia-specific danger signs.
 - a. **Chest in-drawing**: In-drawing occurs if the lower chest wall goes in when the child breathes in (picture on the right). To check for in-drawing, watch the child to determine when the child is breathing in and when the child is breathing out.



Out breathing

Chest in-drawing

- b. **Fast breathing or difficulty in breathing**: Children breathe fast or are not able to breathe very well because they are not getting enough air in their lungs. Sometimes you can hear a wheezing sound from the lungs.
- c. **High/Persistent Fever**
- d. Any other general danger signs

HEALTH PROMOTION DISCUSSION JOB AID (16)

DEMONSTRATION: GERMS ARE INVISIBLE LIKE HOT PEPPER

DEMONSTRATION: Germs are invisible like hot pepper

1. Leader breaks a hot pepper in his hands and tries to put his hands on the eyes of several participants.
 - Everyone refuses.
2. Leader rinses the pepper off his hands and asks if the participants can see the pepper
 - Everyone agrees they cannot see the pepper.
 - Leader tries again to put his hands on the eyes of some participants.
 - Participants refuse again saying the pepper on his hands will sting.
3. Leader asks why they refuse even though they can't see any pepper.
 - Everyone agrees that the pepper stings even though we can't see it.

Presentation

- **Germs are like the invisible thing in pepper that burns. We can't see the germs with our naked eyes but they still hurt us.**
- Doctors use a special instrument called a microscope to see the invisible germs. Using the microscope, doctors can see the germs that cause each of the diseases.
- Germs are living things that multiple fast. Each disease has its own germs. Different medicines kill different germs.
- **The pepper demonstration reminds us that invisible germs cause diseases so we must protect our newborns, children and ourselves from the invisible germs.**

Note: The Director of Medical Care Development International (MCDI)/Benin shared this activity with us.



HEALTH PROMOTION DISCUSSION JOB AID (17)

CLEANLINESS DESTROYS INVISIBLE GERMS

Use Health Talk 12 (mimes about spreading germs) before Health Talks 16 and 17.

EXPERIENCES/PRESENTATION: the benefits of cleanliness

A. What does your religion say about cleanliness?

- *Expected Muslim response:* Cleanliness is part of religion.
- *Expected Christian response:* Cleanliness is next to Godliness.

B. What does cleanliness prevent?

Listen to responses and summarise as follows:

- Cleanliness prevents invisible germs from passing from one person to another
 - from passing many diseases
 - from passing infections that cause fevers and sores and serious harm
 - diarrhoea that weakens the body and makes the person vulnerable to other sicknesses and death from dehydration
- about **1/3 of newborn deaths are caused by infection**. If hygiene is poor, newborns may become infected with germs which can cause serious infections in the skin, umbilical cord, lungs, gastro-intestinal tract, brain, or blood.

MIME: HANDWASHING—THE EASIEST & MOST EFFECTIVE WAY TO PREVENT INVISIBLE GERMS FROM SPREADING

BABY WHO VOMITS	TALK LEADER	OTHER BABY WHO VOMITS
MOTHER WHO DOESN'T WASH HER HANDS WITH SOAP & WATER		OTHER MOTHER WHO DOES WASH ES HER HANDS WITH SOAP & WATER

Talk Leader: We need some volunteers to come forward and follow my directions.

1. Four volunteers come forward to act as
 - BABY WHO VOMITS &
 - CLEAN MOTHER WHO DOES WASH HER HANDS WITH SOAP AND WATER after cleaning her BABY'S vomit
 - OTHER BABY WHO VOMITS &
 - OTHER MOTHER WHO DOES NOT WASH HER HANDS after cleaning her BABY'S vomit
2. Volunteers who come from the audience when called to act as their slightly older CHILDREN

The Facilitator tells the story and the volunteers act out the story.

1. BOTH BABIES VOMIT
2. BOTH MOTHERS comfort their BABY and then clean up the vomit and throw it in the latrine
3. The CLEAN MOTHER washes her hands with soap and water.
4. OTHER MOTHER finishes cooking the favourite food without washing her hands and calls two participants to act as HER CHILDREN and enjoy eating the favourite food.
5. CLEAN MOTHER finishes cooking the favourite food without washing her hands and calls two participants to act as HER CHILDREN and enjoy eating the favourite food.

DEBRIEF

- a) What happened to the child of the mother who did not wash her hands?
- b) What happened to the child of the mother who did wash her hands?
- c) How did the clean mother block the road of the invisible germs from the vomiting child to her older children?

EXPERIENCES: When do we need to wash our hands and body?

Listen to responses and summarise as follows:

- **Wash your hands with soap and water often**
 - after stooling or cleaning a baby or child's stool
 - after cleaning a person's vomit , phlegm or wound
 - after cleaning or working in dirty places
 - before preparing and/or eating food
- **Bathe every day.**

DEMONSTRATION & PRACTICE: Correct handwashing

DEMONSTRATION & PRACTICE: Correct handwashing

Note: Use the 2 times method to ensure each person learns the steps. Actually it will take revision on several occasions to successfully build this skill.

1. **Demonstrate the entire process using soap (or ash) and water. Call out the instructions above as you move from step to step.**
1. Wet your hands and wrists and apply soap rubbing palms together.
2. Rub the palm of one hand over the back of the other hand.
 - a. Do it again for the back of the other hand.
3. Rub your hands palm to palm interlacing your fingers.
4. Grip your hands together and rub your fingernails against each other.
5. Rub your hands around your right thumb.
 - a. Do it again for the other thumb.
6. Rub the finger tips and thumb of the right hand against your left hand.
 - a. Do it again for the fingertips of your left hand.
7. **Pour water over your hands and wrists to rinse well.**
 - a. **Warning: Do not dip your hands in a bowl to rinse as this will contaminate them.**
 - b. Collect water in a basin or a tippy tap to pour over your hands.
8. Air dry. Do not dry with a cloth unless the cloth is clean.

Debrief:

Do you think your sore hands will help you recall the correct handwashing technique so you can use it for yourselves and teach family and friends?

HEALTH PROMOTION DISCUSSION JOB AID (18)

BODY BUILDING, PROTECTIVE AND ENERGY FOODS

WAYS TO REMEMBER THE THREE FOOD GROUPS	
QUESTIONS TO HELP US REMEMBER THE FOODS IN EACH FOOD GROUP	DESIRED ANSWERS
BODY BUILDING FOODS	
<p>(protein): Children, pregnant women and breastfeeding mothers need more body building foods than other adults. The baby in the womb depends on the mother for food. If the baby in the womb, the breastfeeding child and children do not eat enough body building food, their brains and body will not grow well and they will easily become sick. The pregnant or breastfeeding mother may become sickly.</p>	
<p>Milk: Pretend you have an infant in your arms and move your arms away from each other pretending that a baby is growing in your arms.</p> <p>Ask:</p> <ul style="list-style-type: none"> • <u>What food does an infant drink to grow from a tiny newborn to a four month old?</u> • <u>How do older children and adults take milk?</u> 	<ul style="list-style-type: none"> • Breast milk • Milk, cheese, yogurt, sour milk (<i>nono in fura de nono</i>)
<p>Eggs: Think about an egg. Make a fist with one hand. Tell the participants to pretend this fist is an egg. Then suddenly open your hand while saying, <i>Pop! See the egg crack open and the chick come out.</i></p> <p>Ask:</p> <ul style="list-style-type: none"> • <u>What did the chick use to grow big enough to break out of its shell?</u> 	<ul style="list-style-type: none"> • Something in the egg that a chick needs to grow from an egg into a chick
<p>Beans: Let's think about planting beans. (Bend over and pretend to put a bean into the ground.)</p> <ul style="list-style-type: none"> • <u>If you want to grow beans, what do you plant in the ground?</u> • <u>Does the bean contain body building (growth) food?</u> <p><i>Note: Beans are some of the best foods because they also give protection and energy. They help prevent anaemia too.</i></p>	<ul style="list-style-type: none"> • Beans • Yes
<p>Other things that grow when we plant them</p> <p><i>Note: maize, millet, corn, rice have a small amount of body building food in them; they are energy foods. Grind and eat the skin of grains. Body building and protective foods are in the skin of grains.</i></p>	<ul style="list-style-type: none"> • Groundnuts, Soya beans • Seeds: sesame, <i>egusi</i>, pumpkin seed, <i>iru</i> • Nuts: palm kernels, cashew, <i>ogbono</i>, baobab
<p>What living things do we eat that have already grown?</p> <ul style="list-style-type: none"> • Name big and small animals. Name flying things • Name things that live in the water • Name tiny living things. 	<ul style="list-style-type: none"> • Meat: Goats, cows, sheep, bush meet • Fowl: chickens, guinea fowl, ducks • Fish: sardines, tilapia, dried fish, crayfish • Insects, flying ants

Summary: Everyone (especially babies, growing children, and pregnant and breastfeeding mothers) needs body building foods every day.

Body building foods include:

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Pretend to be holding the growing baby 2. Make a fist and suddenly open it shouting, Pop! 3. Bend over and plant some seeds and raise your hand as though the seeds are growing. 4. Pretend to eat a piece of meat or chicken leg. | <ol style="list-style-type: none"> 1. Breast milk 2. Eggs 3. Beans, seeds and nuts that we plant 4. Living creatures |
|--|--|

PROTECTIVE FOODS

(vitamins and minerals) help protect the body from sickness

1. Bright **coloured** foods contain vitamins and minerals that protect our health

Name some green, red, orange and yellow vegetables

Note: dark green leaves contain iron that helps prevent anaemia. Tomatoes help the body use the iron.

- Green leaves (*alayyaho, efo, zogali*), pumpkin leaves, cassava leaves
- Okra
- Tomatoes, pepper
- Pumpkin/squash, carrots
- Garden eggs

Name some red, orange, yellow and green fruits

Note: Oranges, lemons, and melons help the body use iron.

- Pawpaw, mangoes, sorrel, *agbalamo*
- Oranges, lemons, grapefruit
- pineapple
- Cashew fruit

Summary: Everyone (especially babies, growing children, and pregnant and breastfeeding mothers) need protective foods every day.

ENERGY FOODS

(carbohydrates): These foods give us the strength to carry out our daily activities.

Note: Grind all of the grain together. The skin has body building and protective powers.

Staple/energy foods:

- What is your favourite food? The answers will usually be one of the staple foods.
 - Most, but not all, energy foods are white.
- Note: Beans are a very healthy food. Beans also provide growth and protection. All the energy foods provide some protection except for cassava and garri.*

- Pounded yam or yam
- *Jollof* rice or rice
- Beans
- Millet, sorghum, maize
- Plantain
- Couscous, bread, spaghetti
- Yam flour, semolina, wheat, *garri*

+ Oil (only a teaspoon of oil)

Note: Palm oil is red and has Vitamin A; however, palm oil is high in cholesterol that helps cause heart disease. Avoid too much palm oil. Soya bean oil and groundnut oil do not have the dangerous cholesterol.

Summary: Everyone needs to eat energy foods every day.

