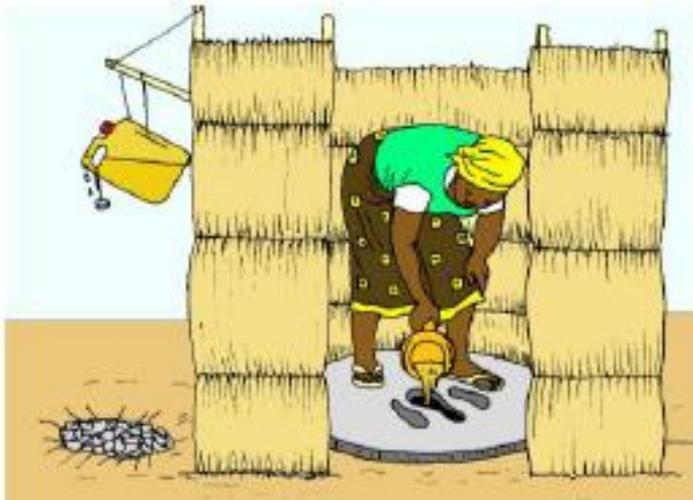


Essential Hygiene Actions

Lesson Plan

Module 3 of 6



Essential Hygiene Actions

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Lessons, stories, and activities in the *Essential Hygiene Actions Lesson Plan* complement the information provided in *Essential Hygiene Actions Leader Mother Flipchart*.

Understanding the Lesson Plan

Each lesson begins with **objectives**. These are the behavior, knowledge and belief objectives that are covered in the lesson. Make sure that each of these objectives is reinforced during the lesson. There are four types of objectives. Each is described below.

Our main goal is for caregivers to **practice healthy behaviors**. For this reason, most objectives are behavioral objectives written as action statements. These are the practices that we expect the caregivers to follow based on the key messages in the flipchart.

A few objectives are **knowledge** objectives. We want mothers to be able to name the danger signs as well as the five ways that diarrhea-causing germs are transmitted. These are things that the caregivers must memorize during the lesson, using the pictures as a reminder.

Each lesson contains one **belief** objective. We know that beliefs and attitudes affect our practices. Many times it is a person's inaccurate belief or worldview that hinders them from making a healthy behavior change. In this module we are reinforcing the belief that humans have been given dominion (authority) over all living creatures by God. Knowing this, participants understand that they are not meant to be overcome by sickness, illness and poor health from germs. Understanding the dominion principle helps participants to be in right relationship with God and their environment.

Each lesson contains one **behavioral determinant objective**. Behavioral determinants are reasons why people practice (or don't practice) a particular behavior. There are eight possible behavioral

determinants as identified in the Barrier Analysis¹ surveys done in each region. The surveys identify the most important determinants for each behavior. By reinforcing the determinants that have helped the doers (caregivers in the community already practicing the new behavior) we are able to encourage the non-doers (caregivers who have not yet tried or been able to maintain the new practices). We also help non-doers (caregivers who are not practicing new behaviors) to overcome obstacles that have prevented them from trying or maintaining the practice in the past.

Under the objectives, all of the **materials** needed for the lesson are listed. The facilitator should make sure to bring all of these materials to the lesson. Materials marked with an asterisk (*) are required for the lesson's Activity. These materials will be organized by the Activity Leader. See below for more information.



The first activity in each lesson is a **game**. Games help the participants to laugh, relax and prepare for the new teaching. Some games review key messages that the participants have already learned. Some games are used to promote the belief objectives.

Make sure that everyone participates in the games. If you make adaptations to this section, be sure to review the objectives to make sure you have not deleted the belief objective.



Following the game is the **attendance and troubleshooting** section. All facilitators will take attendance. The troubleshooting questions only apply to facilitators training others (promoters).²

The promoter follows up with any difficulties that the Leader Mothers had teaching the previous lessons. Refer to the role play in Module 1, Lesson 1 for more information.

Next the facilitator opens the **flipchart to the first picture** of the lesson. He or she reads the story printed on the back of the flipchart, adding more details and descriptions as desired.

The story reinforces a behavioral determinant or reason found to be important for behavior change in your region. Use the story, discussion and the following flipchart pages to reinforce the key determinant noted in the text.

¹ See <http://barrieranalysis.fhi.net> for more information.

² In the MYAP program, paid staff are called promoters. The role of the promoters is to train Leader Mothers to facilitate lessons with their neighbors. A few exercises, noted above, are only for promoters and do not need to be used by the Leader Mothers when sharing with their neighbors.



The story in each lesson is followed by discussion questions. These questions help the facilitator to find out the caregivers current practices (related to the lesson). This section is marked by the A (ask) in the ASPIRE method.³ This section is meant for discussion, not for teaching. Be sure to let everyone voice their opinions.



The second, third and fourth picture in each lesson are for teaching the key objectives of the lesson. After turning to the second flipchart page [the S (Show) - in ASPIRE], ask “What do you see in this picture?” Let the participants respond and describe what they think the flipchart pictures are telling them.

Next, explain the key messages written on the back of the flipchart. The key messages also appear as captions on the flipchart pages. Be sure to explain each picture using the additional bullets printed on the back of the flipchart (or in the lesson plan). The lesson plan also contains additional information for the trainer. The additional information does not need to be discussed during the lesson.



After the fourth picture of the lesson, is an **activity**. Activities are “hands-on” exercises to help the participants understand and apply what they have learned. Most of these activities require specific materials and preparations. The needed materials (those with an asterisk in the materials section) are the responsibility of the Activity Leader (see below). If no activity leader has been selected, the facilitator is responsible to bring these materials.

The **Activity Leader** meets with the facilitator ten minutes before **each lesson** to discuss the needed materials for the next lesson’s activity. The Activity Leader is responsible to talk with the others (Leader Mothers or neighbors) during the “Attendance and Troubleshooting” to organize the materials needed for the next meeting, asking them to volunteer to bring the items. The facilitator will lead the activity, but the Activity Leader will support her by organizing the volunteers and aiding the facilitator as needed during the activity. A new Activity Leader is elected for the next module during the fifth lesson.

After the activity, the facilitator completes the **P-I of the ASPIRE method**. The ASPIRE method is used to reinforce participatory methods of teaching. It is explained in detail in Module 1, Lesson 2.



In the **probe** section the facilitator asks if there are any obstacles that may prevent the caregivers from trying the new practices. They discuss these obstacles and then move to the next section.

³ For more information about the ASPIRE method review Module 1, Lesson 2.



The facilitator **informs** the caregivers of ways to overcome the concerns that are mentioned. The facilitator gives more information or a different perspective to help the caregivers understand how to move forward.

Next is **Practice and Coaching**. This section is required for the training of Leader Mothers. We want to make sure that they understand the material and can present it to others. In this small group activity, the promoter can observe and coach those who are having difficulty. Finally the facilitator completes the **R-E of the ASPIRE method**.



The facilitator **requests** a commitment from the Leader Mother (or caregivers) to begin practicing the new practices they have discussed. If they agree, the caregivers should make a verbal commitment. It is up to the caregivers to make a choice. They should not be forced to make a commitment if they are not ready.



The last section is where the facilitator **examines** the Leader Mother (or caregivers') practices based on the teaching from the last lesson. The facilitator encourages them to try the new practices they have not yet done.

All lessons follow the pattern described above. Lessons can be adapted as needed to fit the needs of your care group. Lessons should not exceed two hours in length although some lessons may take longer than others. The suggested time for each section is listed below.

Section name	Time needed for this section
Game	10 minutes
Attendance and Troubleshooting	15 minutes
Story and A sk (picture 1)	10 minutes
S how and Explain (picture 2)	5 minutes
S how and Explain (picture 3)	5 minutes
S how and Explain (picture 4)	5 minutes
Activity	15 minutes
P robe	10 minutes
I nform	5 minutes
Practice and Coaching	20 minutes
R quest	2 minutes
E xamine	5 minutes
	1 hour 50 minutes

Acknowledgements

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Lesson 1: Diarrhea Transmission, Care and Treatment



- Caregivers will be able to define diarrhea and describe the five ways that germs which cause diarrhea are transmitted to infants and children (feces, food, flies, fluids and fingers).
- For exclusively-breastfed infants (less than six months of age) caregivers will:
 - Offer at least one extra feeding of breast milk every time the infant has diarrhea.
 - Offer only breast milk; no water, herbal teas, ORS or any other foods or liquids to exclusively breastfed infants.
- For infants and children who are no longer exclusively breastfeeding (six months of age or older) caregivers will:
 - Offer Oral Rehydration Solution to the child after every loose feces.⁴ ORS is prepared by mixing one sachet of ORS with one liter of boiled or treated water. If child is vomiting, wait 10 minutes and give ORS slowly with a spoon or cup to replace the liquid lost through vomiting and diarrhea.
 - Offer nutritious fluids in addition to ORS such as breast milk, soup, coconut water, rice water, yogurt, and boiled or treated water.
 - Offer fluids more frequently to infants and children while they have diarrhea and continue for two weeks after the diarrhea has stopped to replace the weight and strength lost during illness.
- Give the child zinc supplements in addition to ORS for 10 to 14 days⁵ at the first sign of diarrhea.
- Caregivers will take the infant or child immediately to a trained health worker if any of the following danger signs are seen:
 - If child is vomiting and has diarrhea.
 - If diarrhea lasts 14 days or more.
 - If blood is seen in the diarrhea.
 - If diarrhea is very watery with white mucous.
- Caregivers will believe that diarrhea is a serious illness that can quickly result in dehydration, malnutrition and death for infants and children under age two (increased perceived severity).⁶
- Caregivers will believe that they have dominion over the earth; they have the tools, information and ability to care for and protect the health of their child.

⁴ Baseline: [DRC - 35%; MOZ - 70%] of households with diarrhea in last 2 weeks received oral rehydration solution and/or recommended home fluids.

⁵ If zinc supplements are not available locally, delete this objective and all references to zinc.

⁶ Baseline: [DRC - 39%; MOZ - 39%] of households had diarrhea in the last two weeks.

Materials:

1. Attendance Registers
2. Essential Hygiene Actions Leader Mother Flipchart
3. Blindfold or piece of cloth.
4. A plastic bag without holes and a container of water to fill the bag.*

Lesson 1 Summary:

- Game: Germ in the Circle
- Attendance and Troubleshooting
- Share the story and ask about current practices: [Hardship] Has Diarrhea
- Show pictures and share key messages on flipchart pages 6-11 about diarrhea transmission, care and treatment.
- Activity: Dehydration Demonstration
- Probe about possible barriers and help them to find solutions (inform)
- Practice and Coaching in a small group
- Request a commitment
- Examine practices related to growth monitoring.

	1. Game: Germ in the Circle– 10 minutes
--	--

1. Ask the women to stand in a circle. Choose a volunteer to stand in the middle of the circle.
2. Cover the volunteer's eyes with a blindfold or piece of cloth. After the volunteer's eyes are covered, ask everyone in the circle to move to a new place.
3. Explain: The circle is a compound. The volunteer in the middle is a diarrhea-causing germ. The women in the circle must try to walk through the compound without touching the germ.
4. The game begins when "the germ" calls out two women's names from the group.
5. These two women must quietly change places with each other, while keeping away from "the germ." "The germ" tries to touch the players as they pass by listening and reaching out for them. All of the other players must remain quiet.
6. If someone is tagged, they become "the germ" and the game is repeated.
7. Repeat the game so that everyone has a chance to play.

Now that we are energized, let's begin our lesson.

* Materials with an asterisk should be organized by theActivity Leader.



2. Attendance and Troubleshooting – 15 minutes

1. Promoter fills out attendance sheets for each Leader Mother.
2. Promoter asks if any of the Leader Mothers had problems meeting with their neighbors.
3. The Promoter helps to solve the problems that they mention.
4. Promoter thanks all of the Leader Mothers for their hard work and encourages them to continue.
5. Promoter asks the group's Activity Leader⁷ to discuss the needed items for next week's activity and solicit volunteers.

Hardship has Diarrhea (Picture 1.1) – 10 minutes

3. Story

- Read the story on page 4 of the flipchart.
- The story emphasizes Ruth's high **perceived severity**, a behavior determinant found in Barrier Analysis. This means she perceives how severe of an illness diarrhea can be. Ruth realizes that the diarrhea is serious and her child is extremely ill. She knows that something needs to be done immediately.
- In the flipchart pages that follow, discuss the severe consequences of letting diarrhea continue without proper feeding. When a small child has diarrhea, they can become dehydrated quickly and die.

Hardship has diarrhea again. Yesterday he had watery feces twice in the evening. Today the diarrhea continues. Ruth doesn't feed him very much, because she wants the diarrhea to stop. [Hardship] has become weaker and weaker. His diarrhea is less each time, but now he doesn't even urinate. She and her mother are trying to decide what they should do next. "[Hardship] has become much worse," Ruth says. "How can I help him recover from diarrhea? What should I do? The diarrhea is killing him!"

4. Ask

- Read the questions on page 4 of the flipchart.
- Ask the first question to find out if women believe that diarrhea is a serious illness.
- Ask the second question to find out the current diarrhea care practices of the women in your group.
- **Encourage discussion. Don't correct "wrong answers."** Let everyone give an opinion. This page is for discussion, not for teaching.

⁷ The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

- After the participants answer the last question, move to the next flipchart page by saying, "Let compare your thoughts with the practices of Mary."

	<ul style="list-style-type: none"> ? Why is the child so weak? ? What do you do to help your child overcome diarrhea?
---	---

Diarrhea Defined and Transmission (Picture 1.2) - 5 minutes

5. Show:

- Ask the caregivers to describe what they see in the pictures on page 7.

	<ul style="list-style-type: none"> ? What do you see in these pictures?
--	--

6. Explain:

- Share the key messages using flipcharts pages 6 and 7.
- Use the captions to remind you which images represent each point.

<ul style="list-style-type: none"> • Diarrhea causes the body to lose water. <ul style="list-style-type: none"> ○ Every time a child has diarrhea water is drained from the body. • Like a plant without rain, the body slowly loses strength and life without water. <ul style="list-style-type: none"> ○ A mother must give liquids to a child with diarrhea to bring back his strength. ○ If a mother waits too long, the child may become so weak that he will die. • Diarrhea is three or more watery feces in one day (24 hour period). • Diarrhea is caused by germs. <ul style="list-style-type: none"> ○ They live in the soil and environment around us, but we can't see them! They are too small to see. ○ When these germs get into a child's body, the child gets diarrhea. • Germs can be passed into our body by drinking contaminated <u>fluids</u> (fluids with germs in them), eating contaminated <u>foods</u>, and by eating off <u>fingers</u> contaminated by <u>feces</u> or <u>flies</u>. <p>? What are the five ways that germs get into our body?</p>

- **fingers, fluids, flies, food and feces**

Additional Information for the Trainer

Definition

- Exclusively breastfeeding infants have soft, loose feces. This is not diarrhea. However, if a breastfeeding child has soft feces more than once after each feeding; this is diarrhea. Breastfeed more often to replenish all the liquids that are lost.

Cause or Epidemiology

- A germ is a tiny bacteria (like typhoid and cholera) or virus (like Hepatitis and Rotavirus) that can cause diarrhea and other illnesses.

Treatment

- Germs that cause diarrhea can be either bacteria or viruses. Diarrhea caused by bacteria can be treated with antibiotics. Bacteria caused by a virus can not be treated with antibiotics.
- Some medications, like Tylenol/paracetamol may help to alleviate the symptoms during a viral infection such as fever, but the body must fight off the infection on its own.
- In general, most experts recommend that parents **not** give their children anti-diarrhea medications when they have diarrhea.

Treating Diarrhea (Picture 1.3) - 5 minutes

7. Show:

- Ask the caregivers to describe what they see in the pictures on page 9.



? What do you see in these pictures?

8. Explain:

- Share the key messages using flipcharts pages 8 and 9.
- Use the captions to remind you which images represent each point.

- Every time the child has diarrhea, offer clean liquids to replace the water that the child has lost.
- For infants less than six months, offer extra feeds of breast milk.
 - Do not give water, herbal teas or any other liquids or foods to infants. Breast milk is the best medicine.
- For a child six months and older, prepare Oral Rehydration Solution. Mix one sachet of ORS with one liter of boiled or treated water.
 - Mix the water until the powder is dissolved.
 - Purchase an ORS sachet at the health clinic or market.
- After each liquid feces, give ½ cup of ORS to the child. If the child is vomiting, wait 10 minutes, then give ORS again, slowly.
- Offer other fluids such as breast milk, soup, coconut water, rice water, yogurt drinks, and clean water.
 - Offer these fluids in addition to ORS.
 - Offer fluids more frequently to infants and children while they have diarrhea and continue for two weeks after the diarrhea has stopped to replace the weight and strength lost during illness.
 - Give the child zinc tablets for 10 to 14 days.
 - Zinc helps to decrease the number of days a child has diarrhea.
 - Zinc also prevents new diarrhea for the next three months.

Additional Information for the Trainer

Treatment Continued

- For a child of two years or older, give up to one full cup of ORS after each liquid feces.
- After 12 hours prepared ORS should be thrown away. New solution should be mixed if the diarrhea continues.
- Offer fluids and foods more frequently to a child who is ill. Add an extra snack or meal to their diet during the diarrhea and for two weeks (14 days) after they have recovered. Extra foods helps to bring them energy and strength.
- Obtain zinc supplements from the local clinic. Give infants six months or older 20 mg per day for 10 to 14 days after diarrhea begins. Give infants younger than six months 10 mg per day for 10 to 14 days after diarrhea begins.

Diarrhea Danger Signs (Picture 1.4) – 5 minutes

9. Show:

- Ask the caregivers to describe what they see in the picture on page 11.



? What do you see in these pictures?

10. Explain:

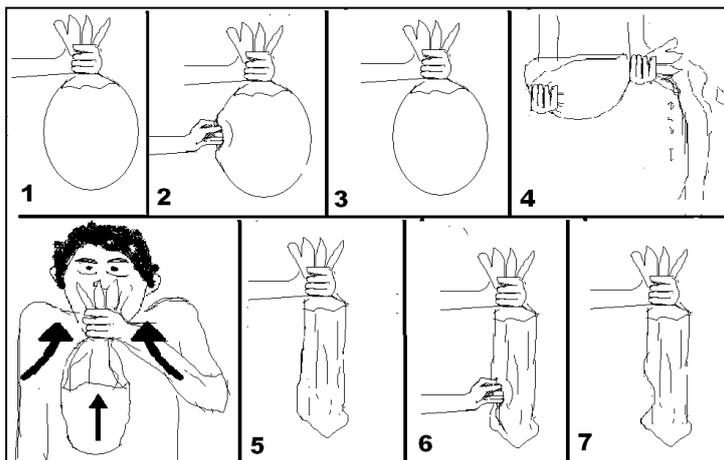
- Share the key messages using flipcharts pages 10 and 11.
- Use the captions to remind you which images represent each point.

- If you see one of these diarrhea danger signs, take the child immediately to the health clinic.
- The child has diarrhea for 14 days or more.
 - Long-lasting diarrhea may need medication to kill the germs causing the diarrhea.
- The child has blood in the diarrhea.
 - This means the child is bleeding inside their body.
- The diarrhea is very watery with white mucous.
 - This is a sign of cholera. Cholera causes a child to lose liquids extremely fast.
- The child has diarrhea and is vomiting.
 - A child can become dangerously ill quickly.
 - Breastfeed the child or bring a bottle of prepared ORS with you to feed him on the way to the clinic.



11. Activity: Dehydration Demonstration – 15 minutes

- Ask the Activity Leader to help you during the activity.
- Review the activity described below. *Text in italics tells you what to do.* Text in normal font tells you what to say.



1. Find a plastic bag with no holes. Fill it with water so that it is round and full. Explain: This bag is like a child who is breastfed and has enough water in his diet. His body is round and full.

2. When I pinch the side of the bag...
3. It returns to its normal shape. Like this bag, when our body has enough water it returns to its normal shape after we pinch it.
4. Now I will empty some of the water. When a child has diarrhea, they lose some of the water that keeps them healthy. This bag represents the body. Every time a child has diarrhea more water is lost. *Empty the ½ of the water in the bag.*
5. *Put your mouth over the top of the bag and suck out the remaining air in the bag. Make sure that your mouth covers the entire top of the bag or you will not be able to remove the air. As you do this, the bag will become thinner and the water level will rise in the bag. Quickly twist the top of the bag without letting any air get back in. Hold it firmly so no air can get inside.* Explain: When a child has loose feces many times a day and we do not give them liquids to drink, they become thin and shriveled like this bag.
6. If I pinch the skin of a child who has lost too much water...
7. The skin doesn't return to its place. Like this bag, the skin of a child who has lost too much water stays pinched for several seconds. It slowly fills in again.
 - When this happens, the child is in great danger. Take the child to a clinic immediately. The body has lost too much water. It is dehydrated and the child's life is in great danger.
 - Give your child extra fluids every time they have loose feces, so that your child does not become thin and shriveled like this bag.
 - Continue to offer more liquids than normal during and two weeks after illness.



12. Probe – 10 minutes

? What do you think about these ideas? Do you think this advice would be difficult to follow? Is there anything that might stop you from following this guidance?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share any personal concerns that they have with these practices. Together they should try to find solutions to these worries and problems. After five minutes, ask the Leader Mothers to share what they have discussed.



13. Inform – 5 minutes

Help find solutions to their concerns. Encourage them to try these new practices. If a woman offers a good solution to another woman's concern, praise her and encourage other mothers to consider using this solution when they talk with others.

Possible concerns:

Reinforce that the practices are not too difficult or too expensive to follow. They are simple practices that they can begin trying today! These simple practices can help protect our children from disease and death!

14. Practice and Coaching – 20 minutes

1. Ask Leader Mothers to share the teachings they have learned today using the first two flipchart pages. They should share with another woman in the care group using the ASPIRE method.
2. Tell the Leader Mothers listening to the message that they should give one objection to the lesson; one reason that they think this message would be difficult for them.
3. The Leader Mothers sharing the message should try to help the women overcome this obstacle.
4. After ten minutes, ask the women to switch roles.
5. The Promoter should watch, correct, and help the Leader Mothers who are having trouble.
6. When everyone is finished, answer any questions that the mothers have about the materials, or today's lesson.



15. Request – 2 minutes

? Are you willing to commit to following the new practices that we discussed today?

Ask mothers to give a verbal declaration that they will commit. For example: I commit to give my child more liquid and extra snacks when s/he has diarrhea and for 14 days afterwards. I will give my child ORS and Zinc to prevent him from becoming dehydrated.

 An illustration showing a health worker in a white coat talking to a woman and a child. To the left is a chart with three rows, each containing a small picture of a person and some text. The top row has a checkmark, the middle row has an 'X', and the bottom row has a star.	16. Examine – 5 minutes
---	--------------------------------

Ask each Leader Mother one-on-one about their behaviors in the last two weeks:

- Have you taken your child to a growth monitoring station, yet?
 - If no: When will you take your children to the growth monitoring station? What questions will you ask the health worker?
 - If yes: What did you learn from the growth monitoring visit? What did the health worker tell you about your child's growth? Have you followed the health worker's advice?

Lesson 2: Hand Washing and Tippy Taps



- Caregivers will wash their hands with soap and water at the appropriate times:
 - Before preparing or eating food and after using a latrine
 - After throwing child's feces or other waste into a latrine
 - After cleaning containers or cloth used to collect child feces or urine.
 - Before feeding children.
- Caregivers will help infants and children to wash hands after using the latrine, before touching food, eating, or feeding others.
- Caregivers will wash their hands appropriately:
 - Wet hands and soap with water.
 - Rub hands with soap until a lather forms.
 - Rub in between fingers and under fingernails for 30 seconds.
 - Rinse off the lather with running or dripping water.
 - Allow hands to air dry or dry them with a clean cloth.
- Caregivers will encourage family members to wash hands after using the toilet, before touching food, eating or preparing meals.
- Caregivers will know how to make a Tippy Tap.⁸
- Caregivers will be able to sing the Hand Washing Song and have a Tippy Tap⁹ with soap and water next to their latrine at home (cues for action).
- Caregivers will believe that they have dominion over the earth; they have the tools, information and ability to care for and protect the health of their child.

Materials:

1. Attendance Registers
2. Essential Hygiene Actions Leader Mother Flipchart
3. Water and a Tippy Tap to demonstrate how a hand washing station is used.*
4. The materials used to make a Tippy Tap: string, a plastic container, a nail, a candle, a tin, some small rocks and a bar of soap.*

⁸ The Tippy Tap will be encouraged throughout this lesson to conserve water and make hand washing easy for family members. If a different type of washing station is available and more feasible, adapt the instructions, illustrations, and objectives as needed. See the following link for more options: <http://www.schoolsanitation.org/BasicPrinciples/HandwashingFacilities.html>

⁹ Baseline: [DRC - 0.3%; MOZ - 14%] of households have essential hand washing supplies readily available. [DRC - Not Measured; MOZ - 42%] of mothers wash hands at two or more appropriate times.

* Materials with an asterisk should be organized by the Activity Leader.

Lesson 2 Summary:

- Game: The Food Chain
- Attendance and Troubleshooting
- Share the story and ask about current practices: The Family Has Diarrhea
- Show pictures and share key messages on flipchart pages 14-17) about how and when to wash hands.
- Share key messages about making Tippy Taps (pages 18-19) while demonstrating each step in front of the Leader Mothers.
- Activity: Practice hand washing with the hand washing song
- Probe about possible barriers
- Inform them of possible solutions to the barriers
- Practice and Coaching in a small group
- Request a commitment
- Examine practices related to diarrhea care and treatment.



1. Game: The Food Chain – 10 minutes

1. *Assign each woman a different insect or animal in a food chain. This means that each of the insects or animals is eaten by (or feeds on) one of the other insects or animals.*
 - a. *For example: fly, spider, bird, snake, hawk, hyena. Spider eats a fly. Bird eats the spider. Snake eats the bird. Hawk eats the snake. Hyena eats the hawk. Fly sits on the hyena's back and feeds off of the feces, food scraps, and small insects living on the hyena.*
2. *Tell the women that they should make the sound and actions of their insect or animal when you tell them to start.*
3. *The animals and insects need to find food. They should look for the largest, living insect or animal to satisfy their hunger.*
4. *When they find their food, they should use their left hand to hold onto the arm of the insect or animal. Each person can only choose ONE food and you can not share it with someone else.*
5. *The game ends when everyone is standing in a circle with their left hand on another insect or animal.*
6. *If they are having trouble, give them clues to help them get into the right order.*

? Where would a human fit in this chain? Why?

Humans can eat all of the insects and animals in the chain. However, we may *choose* to avoid some of them!

- Just as animals have a certain order of authority over one another; humans have been put in authority over all of the animals, insects and germs in the world.
- In the Bible God commanded the first man and woman to "Fill the earth and take charge. Be responsible for the fish in the sea and the birds in the air, and for every living thing that moves."¹⁰
- We are not told to be frightened of living things like germs or insects or let them overcome us with illness. We have been given the responsibility and ability to overcome them!

Now, let's begin our lesson.



2. Attendance and Troubleshooting – 15 minutes

1. Promoter fills out attendance sheets for each Leader Mother.
2. Promoter asks if any of the Leader Mothers had problems meeting with their neighbors.
3. The Promoter helps to solve the problems that they mention.
4. Promoter thanks all of the Leader Mothers for their hard work and encourages them to continue.
5. Promoter asks the group's Activity Leader¹¹ to discuss the needed items for next week's activity and solicit volunteers.

The Family Has Diarrhea (Picture 2.1) – 10 minutes

3. Story:

- Read the story on page 12 of the flipchart.
- This story emphasizes the cues for action (or inaction) of hand washing. The boy doesn't remember to wash his hands and takes some food before his mother reminds him.
- In the flipchart pages that follow, emphasize the need to remind others to wash hands. Set up a place where the family members can wash hands too. This will help them to remember.

Ruth's oldest son did not wash his hands after he left the latrine. While his mother wasn't looking, he grabbed some of the food from the table. When they all sat down, Ruth asked, "Did you wash your hands?" "No," they replied. They dipped their hands into a bucket one by one to wash. Ruth stirred the food and then served it to everyone. That night the

¹⁰ Translation from *The Message*, Eugene H Peterson.

¹¹ The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

family began to get stomach aches. Soon they were all running to the latrine.

4. Ask:

- Read the questions on page 12 of the flipchart.
- Ask the first question to find out what the women believe causes diarrhea.
- Ask the second question to find out the current diarrhea care practices of the women in your group.
- **Encourage discussion. Don't correct "wrong answers."** Let everyone give an opinion. This page is for discussion, not for teaching.
- After the participants answer the last question, move to the next flipchart page by saying, "Let compare your thoughts with the practices of Mary."



- ? Why does everyone have diarrhea?
- ? When do you wash your hands?

When to Wash Hands (Picture 2.2) – 5 minutes

5. Show:

- Ask the caregivers to describe what they see in the pictures on page 15.



- ? What do you see in these pictures?

6. Explain:

- Share the key messages using flipcharts pages 14 and 15.
- Use the captions to remind you which images represent each point.

- Germs that cause diarrhea are too small to be seen. Even hands that look clean can be covered in germs!
 - In the picture, one hand is washed with soap and water, the other is covered in germs. We can't tell which one is clean.
 - Washing with soap and water is the only way to kill the tiny germs.
- Help young children to wash their hands with soap and water after

- using the latrine.
- Help young children to wash their hands with soap and water before eating.
 - Infants and children are too young to wash on their own.
 - Help them to wash hands with soap and water every time they use the latrine and before they eat or touch foods.
 - Wash your hands with soap and water before preparing or eating food and after using the latrine.
 - Wash your hands after cleaning up a child’s feces.
 - Encourage all family members to wash hands with soap and water before preparing or eating food and after using the latrine.
- ? What are some other times that it might be important to wash your hands?
- When caring for someone who is sick, helping deliver a baby, caring for a newborn, and helping someone with an injury where the skin is broken.

Additional Information for the Trainer

Definitions

- A germ is a tiny bacteria or virus that causes disease.

Effectiveness

- Manufactured soap and water is the best and most effective virus and bacteria killer. If manufactured soap is not available, homemade soap and ashes are the best substitutions.
- A study showed that newborns where birth attendants and mothers washed hands before handling them had a 41% lower illness rate compared to newborns where the mother and birth attendant did not wash hands.¹²

How to Wash (Picture 2.3) – 5 minutes

7. Show:

- Ask the caregivers to describe what they see in the picture on page 17.

	<p>? What do you see in these pictures?</p>
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8. Explain:

¹² Rhee V. et al. 2008. “Maternal and birth Attendant Hand Washing and Neonatal Mortality in Southern Nepal.” Archives of Pediatrics & Adolescent Medicine. Vol 162 (No. 7), pp 603-608. July 2008

- Share the key messages using flipcharts pages 16 and 17.
- Use the captions to remind you which images represent each point.

- Wet your hands and the soap with water.
 - Washing with soap and water is the only way to kill the tiny germs.
- Rub your hands and fingers together so that the soap lathers.
 - Lather hands for 30 seconds while singing the Hand Washing Song. You will learn the song later in the lesson.
- Rub between your fingers.
- Rub under your fingernails.
 - Continue rubbing your hands together until the Hand Washing Song is finished.
- Pour clean water over your hands to rinse off the soap.
 - If washing hands by yourself, use a cup to pour clean water over both hands to get them wet.
 - Use the cup again to rinse the soapy water off your hand.
 - NEVER wash and rinse your hands in one basin. The water will hold the germs and spread them to everyone else who dips their hands in the water.
- Let your hands air dry.
 - If you use a towel, it is important to clean the towel every few days.
 - A wet towel can easily gather germs and put them back onto your hands.

Additional Information for the Trainer

Hand Washing Prevents Diarrhea:

- Hand washing with soap is the most cost-effective intervention to prevent death and disease from diarrhea.¹³ Hand washing before eating, preparing food and after using the toilet can reduce diarrhea in children by 50 percent.¹⁴

Germs on Towels:

- Germs grow and multiply quickly on damp surfaces and fabrics. Towels for drying hands should be avoided, unless washed frequently (every few days).
- Hang the towel on a tree limb or rack in the sun after each use. The sunlight and heat from the sun kills the bacteria and virus as the towel dries.

¹³ Cairncross, S. Valdmanis V. 2006. *Water Supply, Sanitation and Hygiene Promotion. Chapter 41. Disease Control Priorities in Developing Countries. Second Edition.* Edt. Jameson et al 2006. The World Bank. Washington DC: National Institutes of Health.

¹⁴ Curtis, V., and S. Cairncross. 2003. "Effect of Washing Hands with Soap on Diarrhea Risk in the Community: A Systematic Review." *Lancet Infectious Diseases* 3: 275–81.

Making A Tippy Tap (Picture 2.4) – 20 minutes

9. Show:

- Ask the caregivers to describe what they see in the picture on page 19.

	? What do you see in these pictures?
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10. Explain:

- Every time this lesson is taught a Tippy Tap is made. Mother leaders should also make Tippy Taps when teaching Mother Beneficiaries.
- It is best if all Tippy Taps are made from free, locally available materials (like gourds or discarded plastic containers) but can also be made from purchased 5L plastic jugs.
- Use flipchart pages 18 and 19 for guidance.
- While you are sharing, demonstrate each step.
- Use the captions to remind you which images represent each point.

- Use a clean, plastic, five liter container. Warm the end of the handle over a candle.
- Pinch the warm handle with pliers until it seals tight.
- Make a small hole with a hot nail above the sealed area and two holes on the back of the container.
 - Heat the point of a nail over a candle.
 - Put the holes just over half way up the bottle.
 - Leave a thumbs-width space between the holes.
 - Thread string through the two holes at the back.
- Tie the string to a stick. Add two more strings: one around the lid and one for the soap.
- Make a hole through the tin and soap with a nail. Hang them on the string with a knot under each one.
 - Fill the Tippy Tap with water up to the holes in the back.
- Hang the Tippy Tap near your latrine.
- Add gravel and rocks below the Tippy Tap.
 - Remove the top layer of soil in a circle under the spout.
 - Fill the circle with rocks or gravel so the water will not become muddy after each hand washing.
 - A Tippy Tap makes hand washing easy. It is also saves water.

Additional Information for the Trainer

Water Conservation

- Tippy Taps use less water than traditional basin hand washing methods. Tippy Taps also make it easier for an individual to wash hands in a sanitary way.

Tippy Tap Adaptations

- Hand washing stations can be adapted based on locally available materials. For more ideas, visit the following website <http://www.schoolsanitation.org/BasicPrinciples/HandwashingFacilities.html>



11. Activity: Practice washing hands with the hand washing song – 15 minutes

Song Example:

Chorus:

Hand washing keeps my child healthy.

I wash with soap.

I wash with ash.

I wash a long time.

I wash because I love my child.

I wash his hands before he eats.
I wash his hands after visiting the latrine

I wash after changing diapers

I wash before preparing food.

- *Chorus*

I rub between my fingers

I rub under my fingernails

I rinse with clean water

And let the air dry my hands.

- *Chorus*

1. *Practice the Hand Washing Song with the Leader Mothers.*
2. Explain: In order to kill all the germs, hands need to be washed for at least 30 seconds. To help us remember to wash our hands for 30 seconds we will sing this song.
3. Each person in your home should learn the song and sing it after they wet their hands and begin to scrub their hands.
4. When the song is finished, it is time to stop scrubbing and rinse.
5. Hang the Tippy Tap in a tree nearby.
6. *Give each mother a chance to use the Tippy Tap. Make sure they use the song and wash their hands appropriately, lathering and scrubbing and rinsing.*



12. Probe – 10 minutes

? What do you think about these ideas? Do you think this advice would be difficult to follow? Is there anything that might stop you from following this guidance?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share any personal concerns that they have with these practices. Together they should try to find solutions to these worries and problems. After five minutes, ask the Leader Mothers to share what they have discussed.



13. Inform – 5 minutes

Help find solutions to their concerns. Encourage them to try these new practices. If a woman offers a good solution to another woman's concern, praise her and encourage other mothers to consider using this solution when they talk with others.

Possible concerns:

14. Practice and Coaching – 20 minutes

1. Ask Leader Mothers to share the teachings they have learned today using the first two flipchart pages. They should share with another woman in the care group using the ASPIRE method.
2. Tell the Leader Mothers listening to the message that they should give one objection to the lesson; one reason that they think this message would be difficult for them.
3. The Leader Mothers sharing the message should try to help the women overcome this obstacle.
4. After ten minutes, ask the women to switch roles.
5. The Promoter should watch, correct, and help the Leader Mothers who are having trouble.

6. When everyone is finished, answer any questions that the mothers have about the materials, or today's lesson.



15. Request – 2 minutes

? Are you willing to commit to following the new practices that we discussed today?

Ask mothers to give a verbal declaration that they will commit. For example: I will commit to washing my hands and my child's hands with ash before eating, before preparing food, after using the latrine or changing his/her diaper.



16. Examine – 5 minutes

Ask each Leader Mother one-on-one about their behaviors in the last two weeks:

- Has your child had diarrhea in the last two weeks?
 - If no: What will you do when your child has diarrhea? Do you have an extra ORS packet for emergencies? What are the steps for preparing ORS?
 - If yes: What foods or fluids did you give to your child during the illness? What foods or fluids were given to the child after the illness? Did you prepare ORS? How? Do you have an extra ORS packet for emergencies?

Lesson 3: Feces Disposal, improved latrines and deworming



- Caregivers will appropriately dispose of child feces.¹⁵
 - Child feces will be placed in a latrine. If latrines are not available, feces will be placed in a hole dug in the ground and then covered with soil.
 - If a young child defecates into a container, the feces will immediately be thrown into a pit latrine or buried. Caregivers will wash the container and their hands after the feces are disposed.
 - Caregivers will immediately wash the child's hands after the child uses the latrine.
 - Caregivers will keep animal and human feces away from walking paths, water and food sources.
- Caregivers will be able to construct (with the help of others in the community) an improved pit latrine for their family.
 - The latrine has a roof that protects the latrine from rain.
 - The latrine has walls so that people can use the latrine in privacy.
 - The latrine has a lid that covers the pit to keep flies and rain water from entering the latrine.
 - The pit is at least 20 meters downhill from water sources.
 - The latrine will have a Tippy Tap hanging nearby.
 - Latrine is cleaned weekly to prevent insect breeding and smell.
- Caregivers will take children to the clinic for deworming medication every six months beginning at twelve months of age. If worms are seen in child's feces, caregivers will take the child to the health clinic for another dose of deworming medication.¹⁶
- Caregivers will believe that it is God's will that we dispose of feces under the earth (perceived divine will).
- Caregivers will believe that they have dominion over worms and parasites; they have the tools, information and ability to protect the health of their child from diseases caused by feces.

Materials

1. Attendance Registers
2. Essential Hygiene Actions Leader Mother Flipchart

¹⁵ Baseline: [DRC - 58%; MOZ - 16%] of households appropriately dispose of child feces.

¹⁶ Baseline: [DRC - 27%; MOZ - 28%] of children had deworming medication in the last six months.

Lesson 3 Summary:

- Game: Catch the Fly
- Attendance and Troubleshooting
- Share the story and ask about their faith: Reading from the Holy Book
- Show pictures and share key messages on flipchart pages 22-27 about good latrines, disposal of feces, and deworming.
- Activity: Village Feces Walk
- Probe about possible barriers
- Inform them of possible solutions to the barriers
- Practice and Coaching in a small group
- Request a commitment
- Examine practices related to hand washing.



1. Game: Catch the Fly – 10 minutes

1. Ask all of the women to stand (or sit) in a circle.
2. Each person should stand with their left hand open, palm up. With their right index finger, point down into the left palm of the person standing to their right. Their fingertip should lightly touch the palm of the person next to them.
3. In this game we try to catch flies with our left hand by closing onto the finger in our left palm. We also try to escape the grasp of the hand of the person on our right. Every time we feel the person on our right beginning to close their hand we must quickly lift our finger out of their grasp. But you must then put it back, lightly touching their palm. Continue trying to catch flies, and escape and until I say, "Stop."
4. When everyone understands the instructions, say, "Go."
5. Each person should try to "escape" the grasp of the person on their right, while trying to "catch" the finger of the person on their left. It is very difficult to do both at the same time. If the person is caught, they can try again.
6. Continue for several minutes until everyone is laughing.

Now that we are energized, let's begin our lesson.



2. Attendance and Troubleshooting – 15 minutes

1. Promoter fills out attendance sheets for each Leader Mother.
2. Promoter asks if any of the Leader Mothers had problems meeting with their neighbors.

3. *The Promoter helps to solve the problems that they mention.*
4. *Promoter thanks all of the Leader Mothers for their hard work and encourages them to continue.*
5. *Promoter asks the group's Activity Leader¹⁷ to discuss the needed items for next week's activity and solicit volunteers.*

Reading from the Holy Book (Picture 3.1) – 10 minutes

3. Story:

- Read the story on page 20 of the flipchart.
- This story emphasizes Ruth's lack of perceived divine will, a behavior determinant found in Barrier Analysis. Ruth doesn't think that God cares what she does with her feces.
- This Bible story refers to when the Israelites were traveling in the wilderness. The Israelites moved frequently and could not dig pit latrines. For people who are not traveling, a pit latrine provides a long-term toilet option that still follows the guidelines given in the scripture.

Ruth's family visits a religious service. The teacher begins with this question, "What does God say about feces?" Everyone in the audience laughs. Then, the teacher explains that God taught his people about disposing of feces when they were camping or traveling through the wilderness.¹⁸ God said, "Mark out an area outside of your compound to relieve yourselves... After you relieve yourself, dig a hole with the stick and cover your feces. God walks through your compound. Keep your compound clean. Do not allow things to remain in your compound that are offensive to God's eyes."

4. Ask

- Read the questions on page 20 of the flipchart.
- Ask the first question to find out about the beliefs of the caregivers in your group. Many faith teachings talk about the importance of good sanitation. Reinforce these teachings during this discussion.
- Ask the second question to find out the current feces disposal practices of the women in your group.
- **Encourage discussion. Don't correct "wrong answers."** Let everyone give an opinion. This page is for discussion, not for teaching.
- After the participants answer the last question, move to the next flipchart page by saying, "Let compare your thoughts with the practices of Mary."

¹⁷ The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

¹⁸ Bible reference is Deuteronomy 23:12.



- ? What does your faith say about feces?
- ? Where do people in your house go to relieve themselves?

A Good Latrine (Picture 3.2) – 5 minutes

5. Show: Ask the caregivers to describe what they see in the pictures on page 7.



- ? What do you see in these pictures?

6. Explain:

- Share the key messages using flipcharts pages 22 and 23.
 - Use the captions to remind you which images represent each point.
- Build your latrine more than 20 meters away from wells, lakes, streams, or springs.
 - If the latrine is too close, the feces may seep into the ground water. Feces in your drinking water will bring sickness.
 - Latrines should have walls for privacy, a roof to keep out the rain, and a fitted lid to keep out flies.
 - The lid keeps flies out and reduces insect breeding in the pit.
 - Always replace the lid after you use the pit latrine.
 - After using the latrine, throw a handful of ash or sawdust into the pit to reduce smell and the number of flies.
 - If you don't have ash, a handful of dirt or dry leaves after each use will reduce the smell.
 - Materials for anal cleaning should be kept inside the latrine.
 - Hang a Tippy Tap next to the latrine.
 - This helps remind people to wash their hands.
 - Clean the latrine weekly.
 - This reduces flies, smell and makes it safe and pleasant for adults and children.

? What should you do if you don't have a latrine?

 - Designate an area away from your household to use for feces and urine.
 - Dig a hole and relieve yourself there. Fill the hole with dirt using a designated shovel or stick.

Additional Information for the Trainer

Flood and Rain Water

- During rainy season, diarrhea episodes often increase as flood waters wash through latrines and carry germs into all water sources. Build latrines on higher ground which does not flood. Construct the hole and lid to your latrine to prevent rain water from entering the latrine and filling it with water.

Water Table

- In areas with high water tables, dig shallow latrines on elevated ground. If the pit begins to fill with ground water, the pit has been dug too deep. Move to higher elevation.
- In areas where the water table is near or at ground level, raised latrines need to be constructed out of a material that prevents the latrine water from entering the ground water and floodwaters from entering the latrine. (See the reference below for more information.)

Well Construction

- For more information on well construction see “Technology Notes” at <http://www.wateraid.org/uk/>

Disposing Child Feces (Picture 3.3) – 5 minutes

7. Show:

- Ask the caregivers to describe what they see in the pictures on page 25.



? What do you see in these pictures?

8. Explain:

- Share the key messages using flipcharts pages 24 and 25.
- Use the captions to remind you which images represent each point.

- Feces contain germs that have been excreted from the body.
 - Even tiny bits that are left on a child’s hands or fingers can bring sickness if it gets into the mouth.
- If the child uses a pot, empty the feces into a latrine immediately.
- Wash the pot after each use.
 - This will keep the pot clean so germs will not multiply.

- Wash your hands and your child’s hands with soap and water after cleaning up child feces.
- If you don’t have a latrine, designate a place away from your house.
- Dig a hole for the child’s feces. Cover the feces with dirt.
 - Leave a stick or shovel for digging next to the area.
 - Teach the entire family to use this area as a latrine.
 - Keep feces away from walking paths, water and food sources.
 - If there are feces on the paths around your house, scoop them up with a leaf or shovel and throw them in a latrine.

Additional Information for the Trainer

Bacteria

- There are good and bad bacteria, just as there are good and bad (poisonous) plants. We have good bacteria inside our stomach that helps to break down and digest foods. Without these bacteria we would not survive.
- There are also small amounts of bad bacteria (poisons) in our stomach and intestine. If there are too many bad bacteria in our stomach and intestines (by ingesting too many germs), sickness develops.
- The bad bacteria attack the cells that make up our intestines, destroying them and causing inflammation, diarrhea and other symptoms.
- Both the good and bad bacteria are excreted with our feces.

Deworm your child every 6 months (Picture 3.4) – 5 minutes

9. Show:

- Ask the caregivers to describe what they see in the picture on page 27.



? What do you see in these pictures?

10. Explain:

- Share the key messages using flipcharts pages 26 and 27.
- Use the captions to remind you which images represent each point.

- If worms are seen in the child’s feces, take the child to the clinic again for deworming medicine.
 - Remember, not all worms can be seen! The child may have worms even if you can not see them.

- When a child has worms, it can cause anemia.
- Anemia reduces a child's ability to overcome illness.
- Anemia reduces a child's ability to do well in school.
 - Beginning at 12 months, all children should receive deworming medication every six months.
 - Many clinics give both vitamin A drops and deworming medication together at a growth monitoring station.
 - If you are not sure if your child has been treated, ask the health worker at your next visit.

Additional Information for the Trainer

Symptoms

- Children with worms often have a round and bloated stomach. After taking the medication, the worms will be killed and expelled in two to three days.

School Age Children

- Worm load (number of worms) is usually highest in school age children. Deworming every six months should be continued until worm load is no longer an issue for the child.

Types of Worms

- There are many different types of worms: pinworms, hookworms, roundworms, tape worms and liver fluke are some.
- Worm eggs and larvae can be found in feces, soil, and meat that is not cooked through. Review Module 2, Lesson 3 for more information about food handling.

Anemia

- Find more information about anemia in Module 1, Lesson 4.



11. Activity: Village Feces Walk – 30 minutes

1. Visit the households of some of the women in your group.
2. Ask them to take you to the places where people defecate. If the households use an open area for defecation, walk to this area. Spend as much time as possible in the open defecation areas asking questions. People will become very uncomfortable standing with the open defecation and smell. The longer you are able to stand and ask questions about the feces the better. This will trigger them to take action and increase the social pressure for others to change too.¹⁹
3. Ask the following questions.

¹⁹ Activity adapted from Kamal kar and Robert Chambers' *Handbook on Community-Led Total Sanitation*. Plan UK and the Institute of Development Studies. Available: <http://plan-international.org>

- a. "Where do women defecate? Men? Children? The ill?"
 - b. Ask the children in the group, "Where do you defecate?"
 - c. "Are there rules about where people can defecate in your village? Do people follow these rules? What happens if they don't follow the rules?"
 - d. Pointing to fresh feces ask, "Do you see any living things on the feces (mosquitoes, flies, maggots, insects, etc)? Are these the same flies that land on your food? Do you think they carry feces with them into your house?"
 - e. "Do all the feces look the same? Why not?" Point out the number of watery feces in the area.
4. Draw attention to the chickens and other animals that are eating or lying near the feces.
 5. Visit several latrines on your way.
 - a. Are the people using the latrine? Why not? Is it clean? Does it have a lid? Does it have a hand washing station?
 6. Ask the women to discuss what they have learned from the village walk.



12. Probe – 10 minutes

? What do you think about these ideas? Do you think this advice would be difficult to follow? Is there anything that might stop you from following this guidance?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share any personal concerns that they have with these practices. Together they should try to find solutions to these worries and problems. After five minutes, ask the Leader Mothers to share what they have discussed.



13. Inform – 5 minutes

Help find solutions to their concerns. Encourage them to try these new practices. If a woman offers a good solution to another woman's concern, praise her and encourage other mothers to consider using this solution when they talk with others.

Possible concerns:

14. Practice and Coaching – 20 minutes

1. Ask Leader Mothers to share the teachings they have learned today using the first two flipchart pages. They should share with another woman in the care group using the ASPIRE method.
2. Tell the Leader Mothers listening to the message that they should give one objection to the lesson; one reason that they think this message would be difficult for them.
3. The Leader Mothers sharing the message should try to help the women overcome this obstacle.
4. After ten minutes, ask the women to switch roles.
5. The Promoter should watch, correct, and help the Leader Mothers who are having trouble.
6. When everyone is finished, answer any questions that the mothers have about the materials, or today's lesson.



15. Request – 2 minutes

? Are you willing to commit to following the new practices that we discussed today?

Ask mothers to commit to improved feces disposal through a verbal declaration. For example I will deworm my child every six months, put all feces in the latrine, and put a lid and roof on my latrine in the next month. Or I will talk to the village council about the problem of open defecation in our village and work with them to find a solution for the disposal of feces.



16. Examine – 5 minutes

Ask each Leader Mother one-on-one about their practices in the last two weeks:

- Please show me how to wash my hands?
- When did you wash your child's hands yesterday?
- When did you wash your hands yesterday?
- Where is your hand washing station?

Lesson 4: Improved water sources and water purification



- When possible, caregivers will gather drinking water from an improved water source (covered well, capped spring, piped water, public tap, or protected rain water tank).²⁰
 - Avoid rivers, stagnant water, irrigation canals, and uncapped water sources.
 - Avoid water sources that are too close to a latrine (less than 20 meters).
 - Keep animals away from the area around the water source. Washing stations for dishes, and laundry should be at least 20 meters from the water source.
 - Water is drawn from the water source using a spout, spigot, or clean container. Buckets, ropes or containers used to draw water will be kept off the ground to avoid contamination.
- Caregivers will carry water from the water source in a clean, covered container.
- Caregivers will purify their water before drinking using one of two recommended methods.
- Caregivers will store water for cooking and hand washing in a clean, closed container and use a designated cup, ladle or tap to dispense the water.²¹
- Caregivers will clean household purification materials (pots, filters, utensils, ladle) each week (or as recommended).
- Caregivers will believe that purifying water works to prevent diarrhea (action efficacy).
- Caregivers will believe that they have dominion over bacteria, virus and cysts; they have the tools, information and ability to care for and protect the health of their child.
- Caregivers will be able to establish a household purification system (with the help of other family members).

Materials

1. Attendance Registers
2. Essential Hygiene Actions Leader Mother Flipchart
3. A ball of string or yarn
4. Bring supplies for the two types of water purification that you are promoting as well as several liters of unpurified water *
5. Ask each mother to bring a clean drinking cup with them to the lesson.*

²⁰ Baseline: [DRC - 46%; MOZ - 20%] have an improved water source within 200 meters.

²¹ Baseline: [DRC - 54%; MOZ - 69%] of households store household drinking water in a container with a lid.

Lesson 4 Summary:

- Game: Spider's Web
- Attendance and Troubleshooting
- Share the story and ask about their water purification practices: Selling Chlorine
- Show pictures and share key messages on flipchart pages 30-35 about protected water sources, purifying and storing water.
- Activity: Water Taste Test
- Probe about possible barriers
- Inform them of possible solutions to the barriers
- Practice and Coaching in a small group
- Request a commitment
- Examine practices related to using a latrine, disposal of feces and deworming.



1. Game: Spider's Web – 10 minutes

1. Ask the women to stand or sit in a circle.
2. The facilitator holds a ball of string in her hands. She will begin, by telling the group one change (or improvement) she has made in her life since she began learning the health lessons.
3. While still holding tightly to one end of the string, the facilitator will toss the ball of string to another participant on the other side of the circle.²²
4. This woman should explain one change (or improvement) she has made since she began attending the group. This participant will hold tightly the string that connects her to the facilitator and toss the ball of string to another woman in the circle.
5. As the participants continue sharing, a web will form. Continue until all of the women have shared.
6. Then ask, "Why were you able to change? What helped you to change?" Reinforce the positive messages that the women share.

One line of string is not very strong, but when we work together, and encourage one another, we can take the knowledge, skills, and experiences that we have and build a very strong community.

Let's begin today's lesson.

²² This game works best with a ball of string. If Leader Mother do not have string, the facilitator can reach out and take the hand of a Leader Mother and tell her a change she has made. That Leader Mother grabs the hand of a different Leader Mother and tells her a change she has made, continuing until the whole group is inter-connected.



2. Attendance and Troubleshooting – 15 minutes

1. Promoter fills out attendance sheets for each Leader Mother.
2. Promoter asks if any of the Leader Mothers had problems meeting with their neighbors.
3. The Promoter helps to solve the problems that they mention.
4. Promoter thanks all of the mothers for their hard work and encourages them to continue.
5. Promoter asks the group's Activity Leader²³ to discuss the needed items for next week's activity and solicit volunteers.

Selling Chlorine (Picture 4.1) – 10 minutes

3. Story:

- Read the story on page 28 of the flipchart.
- Ruth believes that the water from her well is clean. We can tell from the picture, that it is vulnerable to contamination.

At the market, Ruth meets someone trying to sell her chlorine. The salesman says, "Do you purify your water? If you add chlorine drops to the household drinking water; it will clean away the germs that cause diarrhea!" Ruth shakes her head and smiles, "No one adds chlorine to the water in my community. Our water comes from a well. It's already clean!"

4. Ask

- Use the discussion questions on page 28 of the flipchart to find out the water purification practices of the women in your group. **Encourage discussion. Don't correct "wrong answers."** Let everyone voice their opinion. This page is for discussion, not for teaching.
- After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your thoughts with the practices of Mary."



- ? Why doesn't Ruth clean her drinking water?
- ? Do you purify your water?

²³ The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.

Protected Water Source (Picture 4.2) – 10 minutes

5. Show:

- Ask the caregivers to describe what they see in the pictures on page 31.



? What do you see in these pictures?

6. Explain:

- Share the key messages using flipcharts pages 30 and 31.
- Use the captions to remind you which images represent each point.

- Always take water for drinking, cooking, washing dishes, hands and bodies from a protected source.
 - A protected source has a cover or an enclosed tank like a well with a cover, or water that comes from a pipe. Protected sources keep out rain, animals, insects and other insects.
 - Avoid still water. Germs grow quickly in still water.
 - Avoid rivers and open wells. Germs easily fall into the water and contaminate it.
 - Keep the area clean. Keep buckets and ropes used for drawing water off the ground.
 - Keep animals away so they do not contaminate the area with feces.
 - Set up a fence around the water source.
 - Animals contaminate the area with feces and urine.
 - Do not allow people to wash clothes or dump trash within 20 meters of the well.
- The water can sink into the ground and contaminate the well.
- ? If you don't have a protected water source in your area, what should you do?
- Talk with community leaders about improving the source.
 - Ask the Food for the Hungry staff to help you educate community leaders on ways to improve the water source that you have.

Additional Information for Trainers

Definitions

- A contaminant is something or someone that carries germs.

- Protected water sources include a capped spring, a capped well, tube wells, piped water, public water tap, or capped rain water tank.

Rivers and Lakes

- If a protected source is not available and lake or river water is the only option, then avoid sources containing floating material and water with a dark color or an odor. Generally, flowing water is better than stagnant water.

Pesticides in Water

- Never use a fertilizer container or old pesticide bottle for storing or collecting water. The chemicals left in the container can mix with the water and cause severe sickness and death if ingested.

Water Purification (Picture 4.3) – 5 minutes

7. Show:

- Ask the caregivers to describe what they see in the pictures on page 33.



? What do you see in these pictures?

8. Explain:

- Share the key messages using flipcharts pages 32 and 33.
- Use the captions to remind you which images represent each point.

- Always purify water before drinking.
 - Even if you draw water from a protected source, germs can still get into the water.
 - Purifying your water removes bacteria, germs, worms, and cysts.
 - This will reduce diarrhea and sickness in your family.

Additional Information for the Trainer

Organisms in Water

- Organisms (small living creatures) and chemicals contaminate water sources. Organisms include viruses like Hepatitis and Rotavirus, bacteria like cholera and typhoid, and cysts like Giardia.
- Purifying our water at home kills these organisms. This prevents infection and illness.

Clean Water versus Clear Water

- Often people think their water is clean if it is clear. Repeat the fact that clear water does not mean it's free of contaminants. Even clear water and water taken from protected water sources needs to be treated before drinking.

Cooking Water

- Water used for cooking should also be purified water. The only time when unpurified water can be used in cooking is if the water (while cooking) boils for 15 minutes or more.

Water Storage (Picture 4.4) – 5 minutes

9. Show:

- Ask the caregivers to describe what they see in the pictures on page 35.



? What do you see in these pictures?

10. Explain:

- Share the key messages using flipcharts pages 34 and 35.
- Use the captions to remind you which images represent each point.

- Carry your water in a container with a lid to keep out germs.
 - Purify you're a portion for drinking once you reach home.
- Store purified drinking water in a clean covered container with a small opening and fitted lid.
 - This keeps children's hands and other contaminants from getting into the water.
- Serve the purified water with a designated cup or ladle. Keep it covered in a clean place.
 - Do not let it fall to the ground.
 - Do not let anyone drink directly from the stored water container. It will contaminate all of the water in the container.

- Clean the storage container and the purification materials weekly.
 - This includes any filters, utensils and cups or ladles.
 - This prevents germs from growing inside the container.
- ? Other than drinking water, what other water should be purified?
 - Water used to wash fruits or uncooked foods.
 - Water used for quick cooking. Water must boil for at least 15 minutes to kill germs.
 - Water used to clean a newborn child.
 - Water used to clean a wound.

Additional Information for Trainers

Improved Containers

- Storage containers with a spigot or tap are best for keeping water clean and uncontaminated.

Dangerous Chemicals

- Chemicals such as pesticides and herbicides can be very dangerous even if small quantities get into the water supply.
- Never store water in a pesticide or fertilizer container. Clothes and containers used for chemicals should not be used or stored near food or water stores.



11. Activity: Water Taste Test – 15 minutes

1. *Bring supplies for the two types of water purification that you are promoting as well as several liters of water. Ask each mother to bring a clean cup with them to the lesson.*
2. *Demonstrate how to prepare water with each method.*
3. *Wait for the recommended period of time and then ladle a cup of water for each mother to taste and compare.*
4. *Discuss the positive and negative of each method including taste, cost, and maintenance.*
5. *Answer questions as needed. Allow each mother to choose the method that is best for her.*



12. Probe – 10 minutes

? What do you think about these ideas? Do you think this advice would be difficult to follow? Is there anything that might stop you from following this guidance?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share any personal concerns that they have with these practices. Together they should try to find solutions to these worries and problems. After five minutes, ask the Leader Mothers to share what they have discussed.

	13. Inform – 5 minutes
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Help find solutions to their concerns. Encourage them to try these new practices. If a woman offers a good solution to another woman's concern, praise her and encourage other mothers to consider using this solution when they talk with others.

	14. Practice and Coaching – 20 minutes
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1. Ask Leader Mothers to share the teachings they have learned today using the first two flipchart pages. They should share with another woman in the care group using the ASPIRE method.
2. Tell the Leader Mothers listening to the message that they should give one objection to the lesson; one reason that they think this message would be difficult for them.
3. The Leader Mothers sharing the message should try to help the women overcome this obstacle.
4. After ten minutes, ask the women to switch roles.
5. The Promoter should watch, correct, and help the Leader Mothers who are having trouble.
6. When everyone is finished, answer any questions that the mothers have about the materials, or today's lesson.

	15. Request – 2 minutes
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? Are you willing to commit to following the new practices that we discussed today?

Ask mothers to give a verbal declaration that they will commit. For example, I will purify my drinking water and store it in a container with a small fitted lid.

	16. Examine – 5 minutes
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Ask each Leader Mother one-on-one:

- *Where did you dispose of your child's feces yesterday?*
- *When was the last time you had your child dewormed? When will you go again?*
- *Where do members of your household dispose of feces? Can you describe the place?*

Lesson 5: Proper Feeding of Sick Children



Objectives

- For exclusively-breastfed infants (under six months of age):
 - Caregivers will offer at least one extra breast milk feed to sick infants during illness and for two weeks after illness; no other liquids or foods will be given.
- For infants and children who are no longer exclusively breastfeeding (six months of age or older):
 - Caregivers will offer foods and fluids more frequently²⁴ (an extra meal each day) during illness and for two weeks after the illness.
 - The extra food and fluids help the child recover and regain the energy and water lost during the sickness.
- Caregivers will actively encourage infants and children to eat during and after sickness.
 - Offer small portions of soft food frequently. Offer favorite foods and foods high in vitamin A.
- Caregivers will immediately take the child to the health clinic if any of the following danger signs are seen:²⁵
 - Child has a cough for thirty days or more, or child has difficulty breathing.
 - Child has a fever.²⁶
 - Child vomits everything (food, breast milk and water) every time he eats or drinks.
 - Child is unable to suck or swallow when offered a drink or breast milk.
 - Child is lethargic or unconscious.
 - Child has convulsions, fits or spasms.
- Caregivers will believe that giving extra fluids and foods will improve the child's health (increased perceived action efficacy).
- Caregivers will believe that they have dominion over malnutrition in children; they have the knowledge, resources and ability to care for their children during and after sickness and restore their health.

Materials

1. Attendance Registers
2. Essential Hygiene Actions Leader Mother Flipchart

Lesson 5 Summary:

²⁴ Baseline: [DRC - 29%; MOZ - 36%] of mothers gave the same or more food during child.

²⁵ Baseline: [DRC - 12%; MOZ - 25%] of mothers knew at least three signs of childhood illness.

²⁶ Baseline: [DRC - Not Measured; MOZ - 37%] of caregivers took a child with fever to the health clinic within the first day.

- Game: Scream Game
- Attendance and Troubleshooting
- Share the story and ask how they care for a sick child: Ruth helps a neighbor
- Show pictures and share key messages on flipchart pages 38-43 about the story of the thief, feeding guidelines and danger signs.
- Activity: The Danger Sign Song
- Probe about possible barriers
- Inform them of possible solutions to the barriers
- Practice and Coaching in a small group
- Request a commitment
- Examine practices related to purifying drinking water.

	<p>1. Game: Scream Game – 10 minutes</p>
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1. Ask the women to stand in a circle.
2. There are only two sets of instructions for this game "heads down" or "heads up." When the facilitator says "heads down," everyone should look down.
3. When the facilitator says "heads up" everyone looks up and immediately looks into the eyes of one person in the circle.
 - a. If the person is looking at someone else, nothing happens.
 - b. However, if you look into the eyes of someone who is staring back you, then each person should scream and point at each other and step out of the circle. If participants are not comfortable screaming, replace it with a shout such as "I SEE YOU!" Adapt as needed. The screamers are "out" of the game and take their places outside of the circle to observe.
4. Once the screamers have left the circle, the circle closes in and the game continues.
5. When only two people are left, the game is over.
6. The game may seem unusual at first, but should provide lots of laughter. Many times the screaming increases the stress of the game, but also increases the laughter as the game continues.

Now that we are energized, let's begin reviewing your work over the last two weeks.

	<p>2. Attendance and Troubleshooting – 15 minutes</p>
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1. Promoter fills out attendance sheets for each Leader Mother.

2. *Promoter asks if any of the Leader Mothers had problems meeting with their neighbors.*
3. *The Promoter helps to solve the problems that they mention.*
4. *Promoter thanks all of the mothers for their hard work and encourages them to continue.*
5. *Promoter asks the group's Activity Leader²⁷ to discuss the needed items for next week's activity and solicit volunteers.*
6. *Ask the group to select a new Activity Leader who will be responsible to coordinate the supplies and preparations for the activities in the next module of six lessons. She will make sure that each volunteer brings one or more of the needed items for the lesson's activities. She will come to each of the six meetings ten minutes early so the promoter can give her the list of needed items and explain the activity for the next lesson. The Activity Leader will then ask for volunteers who are willing to bring the needed items during the "Attendance and Troubleshooting" section. She will also assist the promoter during the day's activity. A new Activity Leader will be elected after she has completed six lessons.*

Ruth Helps Her Neighbor (Picture 5.1) - 10 minutes

3. Story

- Read the story on page 36 of the flipchart.
- This story emphasizes the neighbor's low perceived self efficacy, a behavior determinant found in Barrier Analysis. The neighbor does not know how to help her child recover from illness and asks Ruth for help. Use this story and discussion to discuss the changes in Ruth. At first she did not know how to care for her children, but now her confidence and knowledge has increased. Encourage the women in the group that they too have gained new skills and tools to make great changes in the health of their children.

Ruth's neighbor comes to visit Ruth. She says, "My son has been sick for two weeks. First, he was sick with fever. I took him to the clinic for malaria treatment. But even now, he doesn't eat very much and is not interested in playing. I see that [Hardship] recovers from illness much faster than the other children. How do I help my child recover too?"

4. Ask

- Ask the discussion questions on page 36 to find out the sick child care practices of the women in your group. **Encourage discussion. Don't correct "wrong answers."** Let everyone voice their opinion. This page is for discussion, not for teaching.

²⁷ The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.



- ? Why is Ruth so confident that she can make improvements?
- ? How do you keep your food from being damaged?

The Story of the Thief²⁸ (Picture 5.2) - 5 minutes

5. Show:

- Ask the caregivers to describe what they see in the pictures on page 39.



- ? What do you see in these pictures?

6. Explain:

- Share the key messages using flipcharts pages 38 and 39.
- Use the captions to remind you which images represent each point.

- Ruth tells a story...
- A thief breaks into someone's home to take his valuables.
- When the owner realizes it, he chases him out of the village.
- When the owner returns, he reinforces his house so another thief won't break in.
 - ? Why does the owner have to chase the thief out of the village?
 - He must make sure the thief does not hide in the bushes and break in again, or steal from others in the village.
 - ? Why does the owner need to reinforce his house?
 - The owner knows that if one thief is able to break in, other thieves can also come and steal.
 - He must protect the valuables in his home from being taken again.
 - The owner sees the weaknesses in his house. He must strengthen those places to keep out thieves.

²⁸ Story adapted from *Facing Illnesses That Attack Our Children*. Copyright © 2002, 2001 Freedom from Hunger used by permission.

Feeding Guidelines (Picture 5.3) – 5 minutes

7. Show:

- Ask the caregivers to describe what they see in the pictures on page 41.

	<p>? What do you see in these pictures?</p>
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8. Explain:

- Share the key messages using flipcharts pages 40 and 41.
- Use the captions to remind you which images represent each point.

<ul style="list-style-type: none">• Ruth explains... A child is like the house. Illness breaks in and steals the child's health.<ul style="list-style-type: none">○ A good caregiver is like the owner in the story.• Chase the illness far away. Offer extra food and fluids to the child each day. Give all the medicine from the health worker.<ul style="list-style-type: none">○ If caregivers give the same amount of food as normal, or only half of the medicine, the thief will wait in the bushes for another chance to break in.• Give the child his favorite foods, soft foods and food rich in Vitamin A.<ul style="list-style-type: none">○ Soft foods are easier for children to swallow when they are sick. Eating favorite foods will encourage the child to eat.○ Vitamin A foods help the child to recover quickly.• Reinforce the child's body. Offer extra foods and fluids each day for two weeks after the child has recovered.<ul style="list-style-type: none">○ For infants less than six months, offer one or two extra breast milk feeds per day during the sickness and for two weeks after the illness. <p>? Do you think Mother B is giving good advice?</p> <ul style="list-style-type: none">○ Yes, she has learned many things from Mary. She has grown in wisdom. Now, she is able to share these messages with others.
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Additional Information for the Trainer

Vitamin A

- Foods rich in vitamin A protect against severe illness. Vitamin A also helps to shorten the length of an illness.

- Foods high in vitamin A include liver, papaya, carrots, plantains, orange sweet potatoes, pumpkin, peas, tomatoes, deep green leafy plants and mango. See Module 2, Lesson 4 for more information on vitamin A.

Medication

- The reference above to “taking all the medication” refers to medication such as antibiotics or malaria pills that must be taken at certain times for a series of days to treat illness. This would not apply to Tylenol /paracetamol or other drugs to alleviate symptoms which are only taken as needed.

Danger signs (Picture 5.4) – 5 minutes

9. Show:

- Ask the caregivers to describe what they see in the picture on page 43.



? What do you see in these pictures?

10. Explain:

- Share the key messages using flipcharts pages 42 and 43.
- Use the captions to remind you which images represent each point.

- If you see one of these signs, take the child to the clinic immediately.
 - Do not wait to see if the child gets better.
- Child has difficulty breathing or a **cough** for thirty days or more.
- Child has a fever (malaria).²⁹
- Child is **unable to suck, swallow or drink**.
- Child **vomits every time** he eats or drinks.
- Child doesn't respond when touched or spoken to.
 - He is very drowsy or unconscious.
- Child has **convulsions** and doesn't respond when spoken to.
 - The child's arms and legs stiffen with fits and spasms.
- ? Are there any other danger signs that we have missed?
 - The child has diarrhea for 14 days or more.
 - The child has blood in the diarrhea.
 - The child's diarrhea is very watery with white mucous.

²⁹ Baseline: [DRC – Not Measured; MOZ – 37%] of caregivers took a child with fever to the health clinic within the first day.

Additional Notes for the Trainer:

Vomiting

- If the child vomits every time they eat or drink, this means that the child is unable to receive any fluids or nutrients. The child can become dehydrated and severely ill quickly.

Malaria

- Fever is usually the first sign of malaria. Take the child to the clinic immediately to test or treat malaria.



11. Activity: The Danger Sign Song – 15 minutes

Sample Song:

Chorus: Take your child to the clinic.

Don't wait another minute.
The child's life is in danger.

He cannot breath.
He coughs and coughs for 30 days
He cannot swallow food or drink.

He vomits every time he eats and drinks (chorus)

His body is hot with fever.
He does not respond
And he's shaking and stiff
He does not respond
And he is drowsy all day (chorus)

1. *Practice the Danger Sign Song with the mothers.*
2. Explain: Each adult in your home should learn the song so that they know when the child needs to go to the clinic.
3. *Give each mother a chance to sing the song for the others.*



12. Probe – 10 minutes

? What do you think about these ideas? Do you think this advice would be difficult to follow? Is there anything that might stop you from following this guidance?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share any personal concerns that they have with these practices to this woman. Together they should try to find solutions

to these worries and problems. After five minutes, ask the Leader Mothers to share what they have discussed.



13. Inform – 5 minutes

Help find solutions to their concerns. Encourage them to try these new practices. If a woman offers a good solution to another woman's concern, praise her and encourage other mothers to consider using this solution when they talk with others.

14. Practice and Coaching – 20 minutes

1. Ask Leader Mothers to share the teachings they have learned today using the first two flipchart pages. They should share with another woman in the care group using the ASPIRE method.
2. Tell the Leader Mothers listening to the message that they should give one objection to the lesson; one reason that they think this message would be difficult for them.
3. The Leader Mothers sharing the message should try to help the women overcome this obstacle.
4. After ten minutes, ask the women to switch roles.
5. The Promoter should watch, correct, and help the Leader Mothers who are having trouble.
6. When everyone is finished, answer any questions that the mothers have about the materials, or today's lesson.



15. Request – 2 minutes

? Are you willing to commit to following the new practices that we discussed today?

Ask mothers to give a verbal declaration that they will commit. For example, *I will give my child extra foods and fluids when they are sick each day during the illness and for 14 days after they recover. OR I will feed my child foods high in vitamin A, give them soft foods, and*

encourage them to eat more when they are sick and for 14 days after they recover.

	16. Examine – 5 minutes
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Ask each Leader Mother one-on-one about their behaviors in the last two weeks:

- *Where did you gather your drinking water yesterday? Can you describe the place?*
- *What type of container do you use to store your water? Can you describe it?*
- *How did you purify your water yesterday?*
- *When was the last time that you cleaned your water storage container?*

Lesson 6: Dish Drying Racks and Proper Storage of Food



- Caregivers will store grains in a dry place where moisture cannot enter.
- Caregivers will store grains appropriately:
 - Above cooking fires where the smoke keeps grains dry, kills insects and deters rodents.
 - Or on a shelf or table off of the ground with collars to keep rodents from climbing the legs.
- Caregivers will repel insects from stored goods with wood ash, ground Neem seed or dried, strong smelling plants such as Neem leaves, chilies, and eucalyptus.
 - Dry the plant and grind it to a powder. Mix 1 handful of the powder or ash with each kilo of grain or beans to keep insects out. Wash the grains well before eating.
- Caregivers will dump food scraps and other household trash in a pit which is burned or buried each day to reduce flies in the house.
- Caregivers will keep animals away from the house and rooms where food is prepared, stored, or eaten.
- Caregivers will keep animal feces away from house, paths and areas where children play.
- Caregivers will sweep the home regularly to keep out pests and nesting area for insects, and other rodents.
- Caregivers will believe that they have the skills, the time and the confidence needed to improve their household for better health (increased self efficacy).
- Caregivers will believe that they have dominion over weevils, flies, and rodents; they have the tools, information and ability to protect their food from contamination.

Materials

1. Attendance Registers
2. Essential Hygiene Actions Leader Mother Flipchart
3. Materials needed to build a dish rack or food storage container *

Lesson 6 Summary:

- Game: Musical Chairs
- Attendance and Troubleshooting
- Share the story and ask about their food storage practices: Damaged Foods
- Show pictures and share key messages on flipchart pages 46-51 about dish washing, and keeping rodents, insects and moisture away from stored foods.
- Activity: Building a Dish Rack or Storage Rack
- Probe about possible barriers
- Inform them of possible solutions to the barriers
- Practice and Coaching in a small group
- Request a commitment
- Examine practices related to the care of sick children.

	1. Game: Musical Chairs – 10 minutes
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1. Ask the women to stand in a circle with something to sit on (a chair or a mat behind them). The facilitator stands to the side.
2. Now remove one of the chairs (or mats) so that one person does not have a seat.
3. Tell the women that you are going to sing a song. They should walk around the circle clapping and dancing as you sing. When you stop singing, they must find the closest chair and sit down. The woman who doesn't find a seat is out of the game.
4. The facilitator should turn their back (so she can't see the women) and begin singing. Stop suddenly in the middle of the song. The woman without a seat leaves the game.
5. Remove one more chair (or mat). Then begin the song again with the remaining women. Continue until there is only one chair and one woman sitting.

Now that we are energized, let's begin our lesson.

	2. Attendance and Troubleshooting – 15 minutes
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1. Promoter fills out attendance sheets for each Leader Mother.
2. Promoter asks if any of the Leader Mothers had problems meeting with their neighbors.
3. The Promoter helps to solve the problems that they mention.

4. *Promoter thanks all of the mothers for their hard work and encourages them to continue.*
5. *Promoter asks the group's Activity Leader³⁰ to discuss the needed items for next week's activity and solicit volunteers.*

Ruth's Damaged Foods (Picture 6.1) - 10 minutes

3. Story:

- Read the story on page 44 of the flipchart.
- This story emphasizes Ruth's high perceived self efficacy, a behavior determinant found in Barrier Analysis. She is confident that she can make improvements because she knows the causes of illness. She also knows that she has dominion over weevils, rodents and flies. She has the skills and knowledge to continue to make healthy changes.

Ruth has learned the importance of healthy practices to prevent diarrhea. She and her family wash their hands before eating, preparing foods or using the latrine. They also purify their drinking water. Her family's health has already improved.

One day as Ruth is storing harvested food, she realizes that her foods are at risk of being damaged by mold, insects and rodents. "Our food is in trouble," Ruth says. "We need this food to keep the family healthy until the next harvest." "How can we keep our food from being damaged?" her son asks. "I will show you. I know exactly what we need to do!" says Ruth.

4. Ask:

- Read the questions on page 44 of the flipchart.
- Use the first question to reinforce how much Ruth has improved since we met her in the first lesson. She is now thinking about change, and confident because of the progress that she has made so far. Use the discussion to increase the confidence of participants – they too can make changes in their houses to improve child health!
- Use the second question to find out the current food storage practices of the women in your group. Encourage discussion. Don't correct "wrong answers." Let everyone voice their opinion. This page is for discussion, not for teaching.

³⁰ The Activity Leader should arrive ten minutes prior to each care group meeting to get the description of the activity and the list of needed items from the promoter.



- ? Why is Ruth so confident that she can make improvements?
- ? How do you keep your food from being damaged?

Dish Washing and Cleaning (Picture 6.2) – 5 minutes

5. Show:

- Ask the caregivers to describe what they see in the pictures on page 47.



- ? What do you see in these pictures?

6. Explain

- Share the key messages using flipcharts pages 46 and 47.
- Use the captions to remind you which images represent each point.

- Wash dishes right after eating. Put wet dishes on a rack in the sun or under a thin cloth.
 - Wash dishes with soap and water. Dirty dishes attract flies.
 - The sunlight and heat kills any germs that stay on the wet dishes.
 - Place the dishes so that flies do not land on the eating surface.
 - A thin cloth can also be used to cover the dishes to protect them from flies.
- Sweep the storage room regularly. Remove food scraps, animal droppings, and other trash.
 - Keep animals away from the food stores. Animals carry germs on their feet, in their urine and feces.
- Take the trash to a pit and burn (or bury) it each day. Throw dirty
 - water in a field or garden.
 - Put the trash pit at least 20 meters away from your house and water source.
 - Burning (or burying) the trash lowers the number of flies and rodents.
- Do not throw trash or water in a latrine. It will fill the latrine and increase the smell and number of flies.

Additional Information for the Trainer

Insect Breeding

- To prevent water from pooling under Tippy Taps and Dish racks, remove the top layer of soil where the water falls. Add gravel, bricks, rocks or other materials to keep the ground from making puddles.
- Mosquitoes and black flies breed in small puddles of standing water. This is why it is important to prevent water puddles under dish racks and Tippy Taps.
- Mosquitoes can carry many diseases such as malaria, filariasis, and yellow fever. Black flies can carry river blindness.
- In hot, dry climates, it may not be necessary to put gravel under a dish rack as it is a small amount of water that quickly evaporates.

Composting

- Composting is the best way to recycle unwanted food scraps. It turns trash such as old plants, vegetable peelings and dead leaves into nutritious and fertile soil. While composting occurs naturally, the process can be accelerated and improved by building a composting pile for food scraps and following a few guidelines. For more information see the following website:
http://www.hesperian.info/assets/EHB/18_Chapter18.pdf

Rodents and Moisture (Picture 6.3) – 5 minutes

7. Show

- Ask the caregivers to describe what they see in the pictures on page 49.



? What do you see in these pictures?

8. Explain

- Share the key messages using flipcharts pages 48 and 49.
- Use the captions to remind you which images represent each point.

- Make sure grains, legumes and seeds are dry before storing.
- Germs grow quickly on damp surfaces and foods.
 - Eating the spoiled food will bring sickness.
 - To dry grains, legumes and seeds, spread them on a screen or cloth in the sun to dry before storing.
- Keep rain out of food stores. Repair leaks where water comes in.
- Store food off the ground to keep it from being contaminated by

children's hands.

- Put collars on the legs (of food storage tables) to keep rodents from climbing up.
- Store food (on a high shelf) above the cooking fire. The smoke will keep stored grains dry, kill insects, and chase away rodents.
- Leave a space between each board. Place the table away from the wall to let air circulate.
 - As the air moves around and under the food, it will dry up any remaining moisture.
 - Moisture can damage foods and help germs to grow.

Additional Information for the Trainer

Preventing Mold

- Germs grow quickly in warm, dark, damp places. As the germs grow on food, they can turn the food green, white or black. This colored growth is called mold. The smell of mold can cause respiratory illness such as coughing, sneezing, and wheezing.
- A few molds can become toxic; eating them causes severe illness. Do not give moldy food to livestock or milk producing animals. They too may become sick. If milk producing animals eat moldy foods the toxins can pass into the milk and contaminate others.
- The bottom of the storage shelf should have gaps between each rung to allow air to reach the bottom of storage bags. Place the rack away from the wall, to allow air to flow on all sides. This air flow helps to keep the bags dry.

Insects and Stored Foods (Picture 6.4) – 5 minutes

9. Show

- Ask the caregivers to describe what they see in the pictures on page 51.



? What do you see in these pictures?

10. Explain

- Share the key messages using flipcharts pages 50 and 51.
- Use the captions to remind you which images represent each point.

- Protect your stored foods from insects.
 - Insects burrow into stored grain and lay eggs in food supplies.
- Add a handful of wood ash or ground Neem seed to a kilo of grain to repel insects.
 - Strong smelling plants like chilies and eucalyptus can be used as well as dried Neem leaves.
 - Dry the plants. Grind them into a powder.
 - Mix the ground powder or ash so it is distributed through the grain.
 - Rinse the grains with water before eating.
- Sew bags closed or use containers with fitted lids to keep out flies.
- Store clean dishes under a cloth or in a cabinet so that flies cannot land on them.

Additional Information for the Trainer:

Storing Leftovers

- Storing leftovers for young children was discussed in Module 2, Lesson 3. Remember that leftover foods for infants and children should be kept cool. Keep them in a bowl of water, covered with a damp cloth, or placed in a hole underground to keep cool. If not eaten in three hours, leftovers for infants should be thrown away. (Length of time depends upon climate and type of food storage available).
- Bacteria and virus grow quickly in cold foods, especially liquids. Reheat the foods until they are hot all the way through to kill bacteria before feeding to children. Refer back to Module 2 for more information about storing cooked foods.



11. Activity: Building a Dish or Food Storage Rack – 15 minutes

1. Demonstrate (step by step) how to build a local dish rack or food storage unit using local, inexpensive materials.
2. Build either of the models illustrated in the flipchart or another locally adapted model.



12. Probe – 10 minutes

? What do you think about these ideas? Do you think this advice would be difficult to follow? Is there anything that might stop you from following this guidance?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share any personal concerns that they have with these practices. Together they should try to find solutions to these worries and problems. After five minutes, ask the Leader Mothers to share what they have discussed.

	<p>13. Inform – 5 minutes</p>
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Help find solutions to their concerns. Encourage them to try these new practices. If a woman offers a good solution to another woman’s concern, praise her and encourage other mothers to consider using this solution when they talk with others.

Possible concerns:

	<p>14. Practice and Coaching – 20 minutes</p>
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1. Ask Leader Mothers to share the teachings they have learned today using the first two flipchart pages. They should share with another woman in the care group using the ASPIRE method.
2. Tell the Leader Mothers listening to the message that they should give one objection to the lesson; one reason that they think this message would be difficult for them.
3. The Leader Mothers sharing the message should try to help the women overcome this obstacle.
4. After ten minutes, ask the women to switch roles.
5. The Promoter should watch, correct, and help the Leader Mothers who are having trouble.
6. When everyone is finished, answer any questions that the mothers have about the materials, or today’s lesson.



15. Request – 2 minutes

? Are you willing to commit to following the new practices that we discussed today?

Ask mothers to give a verbal declaration that they will commit. For example, I will wash my dishes immediately after eating and dry them on a dish rack in the sun. OR I will sweep my food storage room and burn the trash each day in a pit 20 meters from my house. OR I will store foods above the cooking fire to keep out rodents, insects and moisture.



16. Examine – 5 minutes

Ask each Leader Mother one-on-one:

- *When was the last time your child was ill? How did you care for your child while he was ill?*
- *When was the last time you took your child to the clinic because of sickness? What was the danger sign that sent you to the clinic?*
- *What can you do to actively encourage a child to eat when they are sick?*

Lessons 1 – 6 Pre and Posttest

Two questions from each lesson are listed below. Before and after teaching the materials to staff and trainers, give the posttest to evaluate their comprehension. For those who score less than 75%, give them more training to help them grasp the key content. Open a Leader Mother Flipchart to picture 3.6.2 for question 11. Allow each participant to view the picture to answer question 11.

1. Name the five ways that diarrhea-causing germs are transmitted.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

2. Which one of the following statements is FALSE? Choose ONE statement.

- a. Offer fluids to a child after each loose stool to help replace the water that has been lost.
- b. If diarrhea lasts for 14 days, take the child to the health clinic.
- c. ORS should be given to children who are exclusively breastfed.
- d. If blood is seen in the diarrhea, immediately take the child to the health clinic.
- e. Breast milk, ORS, soup, coconut milk and rice water are good fluids to offer a child with diarrhea.

3. Name THREE of the FIVE most important times to wash hands.

- a. _____
- b. _____
- c. _____

4. Which of the following statements is FALSE? Choose ONE statement.

- a. Scrub and lather your hands while singing the Hand Washing Song. Rinse your hands when the song is finished.
- b. Use a plastic container that holds at least five liters to make a Tippy Tap.
- c. A family should wash and rinse their hands in one water basin before eating.
- d. Hanging a Tippy Tap near the latrine will help people remember to wash their hands after using the latrine.
- e. A Tippy Tap makes hand washing easy and also conserves water.

5. An improved latrine must have four of the five characteristics below. Choose the statement which is FALSE and should not be followed.

- a. Latrines should have a lid that covers the pit to keep out flies and reduce insect breeding.
- b. A latrine should be 20 meters away from lakes, streams and other water sources.
- c. Reduce smell and flies by cleaning the latrine weekly.
- d. A latrine should be close to the well to remind people to wash their hands.
- e. Latrines should have walls for privacy and a roof to keep out the rain.

6. Which of the following statements is FALSE? Choose ONE statement.

- a. Feces contain germs that have been excreted from the body. Even tiny bits of feces that are left on a child's hands can bring sickness if the feces get into the child's mouth.
- b. Immediately dispose of child feces in a latrine or bury in a hole and cover it.
- c. Beginning at 12 months, all children should go the clinic for deworming medication every six months.
- d. When a child has worms, they may develop weak blood (anemia) and become more vulnerable to sickness.
- e. If you do not have a latrine, designate an area away from your household. Dig a large hole for the whole family to use. When the hole is full, cover the hole with dirt.

7. Is the following statement TRUE or FALSE? Circle your answer.

Clear water from a protected water source (water source with a cover or enclosed tank) does NOT have to be purified before drinking. It is already clean.

8. Name TWO DIFFERENT, but effective methods of water purification.

a. _____

b. _____

9. Which of the following statements is FALSE? Choose ONE statement.

- a. Your child is sick with malaria. Once the child's health begins to improve, stop giving the child malaria medication. The medication has already worked and does not need to be finished.
- b. Give at least one extra snack or meal to a child during illness and 14 days after the illness to help reinforce the child's strength.
- c. Give foods rich in vitamin A (red, yellow and orange foods) during and 14 days after illness to help a sick child recover and gain new strength.
- d. If an exclusively breastfed infant has diarrhea, give them one or two extra breast feeds during the illness and for 14 days after the illness to help reinforce their strength.
- e. Children may need more encouragement to eat when they are sick. Feed soft foods which are easier to swallow and their favorite foods to encourage them to eat.

10. Name five danger signs which tell you to take the infant or child to the clinic immediately.

a. _____

b. _____

c. _____

d. _____

e. _____

11. Look a picture 6.1 in the Leader Mother Flipchart. Name three things that are WRONG with the way the food is kept in this picture.



- a. _____
- b. _____
- c. _____

12. Read the following statements about the stories that are used at the beginning of each lesson. Choose ONE statement that is FALSE.

- a. The story is used to find out the current practices of the mothers in your group related to the content of the lesson.
- b. Use the story for teaching. Once everyone has given their response, you should correct the wrong answers and tell them the right answer.
- c. The story reinforces certain behavioral determinants (reasons that help or hinder people from making health changes). The story is designed so that the facilitator knows what determinants to reinforce in the story and throughout the lesson.
- d. The story discussion is important. Let everyone give their opinions about the story and current practices.

- e. The story follows the lives of two mothers and their families. Throughout the Modules we see Ruth learning and gaining new information to help her family to stay healthy and strong.

Posttest Answer Key

For those who score less than 75%, give them more training to help them grasp the key content.

1. Name the five ways that diarrhea-causing germs are transmitted into the body.

- a. fluids
- b. foods
- c. fingers
- d. flies
- e. feces

2. Which one of the following statements is FALSE? Choose ONE statement.

- c. ORS should also be given to children who are exclusively breastfed.

FALSE – Exclusively breastfed infants should ONLY receive extra breast milk feeds. No other liquids or foods should be given.

3. Name THREE of the FIVE most important times that a person should wash their hands.

Any three of the following are correct:

- a. wash hands before eating
- b. wash hands after using the latrine (or throwing away child feces)
- c. wash hand before preparing (or touching) food
- d. wash hands of child after they use the latrine
- e. wash hands of a child before they eat or touch food

4. Which of the following statements is FALSE? Choose ONE statement.

- c. A family should wash and rinse their hands in one water basin before eating.

FALSE - The germs will remain in the water basin and will return to the hands when rinsed with the dirty water.

5. An improved latrine must have four of the five characteristics below. Choose the statement which is FALSE and should not be followed.

- d. A latrine should be close to the well to remind people to wash their hands. FALSE – A latrine should be placed at least 20

meters AWAY from water sources. Otherwise the feces may sink into the ground and contaminate the water source.

6. Which of the following statements is FALSE? Choose ONE statement.

- e. If you do not have a latrine, designate an area away from your household. Dig a large hole for the whole family. At the end of the day, cover the hole with dirt. FALSE – the feces or other waste should be covered immediately. This prevents animals, rodents and flies from spreading the feces in the compound.

7. Is the following statement TRUE or FALSE? Circle your answer.

Water from a protected water source (water source with a cover or enclosed tank) does NOT have to be purified before drinking. It is already clean. FALSE – ALL water should be purified before drinking, even water from a protected source.

8. Name TWO DIFFERENT methods of water purification? (insert the 2 methods you will be promoting during lesson 4)

- a. _____
- b. _____

9. Which of the following statements is FALSE? Choose ONE statement.

- a. Once a child's health begins to improve, stop giving the medication from the health worker. The medication has already worked and does not need to be finished. FALSE – even if the child is getting better, you need to continue given the medicine until you have finished the prescription from the health worker. The child's body needs to be reinforced by giving the full dosage so that he recovers and his body is reinforced with new strength.

10. Name five danger signs for an infant or child. If you see one of these signs, you should take the child to the clinic immediately.

Any 5 of the following 8 signs are acceptable.

- a. child has cough for 30 days or has trouble breathing
- b. child has fever
- c. child is unable to suck, swallow, or drink
- d. child is lethargic or unconscious and does not respond when spoken to
- e. child vomits every time he eats or drinks
- f. child has diarrhea for 14 days

- g. child has blood in the diarrhea
- h. child's diarrhea is very watery with white mucous (cholera)

11. **Look a picture 3.6.1 in the Leader Mother Flipchart. Name three things that are WRONG with the way the food is kept in this picture.**

Any three of the following are appropriate.

- a. Grain is not stored up off the floor away from rodents and moisture
- b. Rodents and animals have contaminated the food
- c. There is a hole in the roof so that the food is getting wet
- d. Eating utensils are sitting on the floor where insects, and animals can reach them
- e. Foods are not stored in sealed containers
- f. Insects have contaminated the foods

12. **Read the following statements about the stories that are used at the beginning of each lesson. Choose ONE statement that is FALSE.**

- b. Use the story for teaching. Once everyone has given their response, you should correct the wrong answers and tell them the right answer. FALSE – the story is NOT for teaching, but for discussion. The story is to help the woman share about their current practices. Do not correct the women on their current behaviors. The following three flipchart pages are for teaching and explaining best practices.