



MATERNAL AND CHILD HEALTH

FACILITATOR'S GUIDE

FIRST EDITION

## ABBREVIATION

ANC	Antenatal Care
ARV	Anti-Retroviral
ASM	Agent de Santé Maternelle
AVT	Ante-Vaccine Tetanus
CHW	Community Health Workers
DHS	Demographic and Health Survey
FP	Family Planning
HBMNC	Home-Based Maternal and Neonatal Care
HC	Health Center
HF	Health Facility
ICCM	Integrated Community Care Management
IST	Infection sexually transmitted
LAM	Lactational Amenorrhea Method
MDG	Millennium Development Goal
MMR	Maternal Mortality Rate/ratio
MoH	Ministry of Health
NNMR	Neonatal Mortality Rate/ratio
PMTCT	Prevention Mother –to- Child Transmission
PNMR	Post neonatal mortality rate
PCV	Pneumonia Control vaccine
PPH	Post partum hemorrhage
VAR	Vaccin Anti-Rougeoleux
VIH	Virus Immuno-deficience humaine
WHO	World Health Organization

## PREFACE

The preventable causes and related risk factors still claim the lives of many women and children under five, as in most other Sub-Saharan countries. According to various researches, most maternal are linked to illnesses and unpredictable complications during pregnancy or delivery. These include malaria, hemorrhage, infections, eclampsia and prolonged obstructed labor, as well as unsafe abortions. In there is traditional practice using medicinal plants for activating the labor process.

## JUSTIFICATION OF TRAINING AND TRAINING MANUAL DEVELOPMENT

The training will be focused on maternal and child health and hygiene and sanitation. This last component was included because the most of diseases notified are due to lack of hygiene and poor sanitation. In order to facilitate the training and reach the objectives it was necessary to develop a Training manual for facilitator and Manual for participants. The content of this training manual is about three following components:

- Maternal health
- Child health

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# BASIC INFORMATION FOR FACILITATOR

## TRAINING METHODS

This training manual suggests trainers use interactive methods to stimulate active participation and ensure that learning objectives are met. The methods to use include the following:

- Group discussions
- Small group work
- Role play
- Brainstorming sessions
- Demonstrations
- Practical exercises

N.B.:

- Record the key points mentioned and contribute after
- Don't respond first to a question, ask the audience to answer
- Synthesize the comments/input as brief as possible

## SMALL GROUP DISCUSSION

- Divide the audience into small groups of about 8 persons
- Give an assignment and time for discussion
- Ask every group to design a note taker and team leader
- When the time is over, call them to be back for plenary session
- Ask the note taker to present their work
- Ask other groups if they may have comments or observations
- Record their ideas
- Give comments and clear messages after all presentations
- Thank all audiences/groups for their participation

## ROLE PLAYS

This will be played by four persons: one for the role of father, second for the role of mother, third for the role of member of family and the forth for the role of community leader when necessary. It is important to determine the fifth one or forth one for taking note of talking

## MATERIALS

- Flipchart for noting
- Learning objectives written on flipchart
- Ground rules written on flipchart (suggested by participants)
- Markers
- Masking tape
- Training module
- Agenda
- Handbook/Manual for participants
- Visual aids

# UNIT 1: MATERNAL HEALTH

## MALE AND FEMALE REPRODUCTIVE HEALTH

The MMR is high although different complementary interventions are being carried out. Being most vulnerable groups, the mothers die from various preventable causes. For that reason, the responsible of maternal health program in high level judged very important to involve the family members including school children age 10 to 20 years old. Their awareness will be increased through the training on the matter.

## SPECIFIC OBJECTIVES

By the end of this session, the social entrepreneurs will be able to

- Give definition of maternal mortality
- Explain in the MM epidemiological situation

## TIME REQUIRED

30 minutes

## MATERIALS REQUIRED

- Flipchart
- Masking tape
- Markers

## METHODOLOGY

### STEP 1: INTRODUCTION

- Introduce yourself to the groups and ask them also to introduce themselves
- Tell them that you are appreciating their participation
- Tell them about the expectations of the Country in general, HE SI and families
- Give a brief context of training session
- Emphasis on their fully participation and contribution

### STEP 2: ORGANIZATION ASPECTS AND OBJECTIVES

- Ask the social entrepreneurs to determine the rules/norms and post them on wall
- Ask them to mention their expectations
- Introduce the pre-test and allow maximum time to do it (not more than a half hour)
- Present the training objectives already written on flipchart and posted
- Explain clearly the learning objective
- Bring together the objectives and goal

### STEP 3: OBJECTIVE 1

- Ask someone from the social entrepreneurs to give definition of maternal mortality
- If the response is not correct, ask someone else
- When there is no volunteer to give answer, post the definition or present through PP
- Give some explanation if necessary
- Always remember to thank someone who gives true or false answer.

### STEP 4: QUESTIONS FROM PARTICIPANTS

- Ask if there are someone who has any question



- Respond accordingly

#### STEP 5: OBJECTIVE 2: EPIDEMIOLOGICAL SITUATION

- Introduce this topic by explaining that the mothers and children are the most vulnerable and reason why their mortality rate is highest
- Tell them about the source of data about maternal mortality ratio
- Answer all question, but you have to ask the social entrepreneurs what they think about it
- Thank all persons who try to give the answer.
- Post the list of causes already written on flipchart/PP presentation
- Explain how the MMR is calculated

#### STEPS 6: QUESTIONS FROM PARTICIPANTS

- Ask if there are some ones who have any question
- Respond accordingly
- Make an evaluation and summary
- Once more thank the audience

#### NOTE FOR FACILITATOR

#### DEFINITION OF MATERNAL MORTALITY

Maternal death is a death of woman who dies being pregnancy or within 42 days after delivery from any cause related to or aggravated by pregnancy or its management but not from accident without considering the duration or site of pregnancy.

## CAUSES OF MATERNAL MORTALITY AND RELATED FACTORS

The maternal mortality is due to various causes. There are direct causes and indirect causes. The directed causes are from pregnant issues or aggravated by it, such as post partum hemorrhage or ante partum hemorrhage. The infections are among the indirect causes

#### SPECIFIC OBJECTIVES

By the end of this session, the social entrepreneurs will be able to

- Give at least 4 causes of maternal deaths
- Explain the difference between direct causes and indirect causes
- Cite at least 4 contributing causes/risks to MM

#### TIME REQUIRED

30 minutes

#### MATERIALS REQUIRED

- Flipchart
- Masking tape
- Markers

#### METHODOLOGY

##### STEP 1: INTRODUCTION

- Invite the wormer to create an ambiance for motivating the audience
- Invite them to be more careful for better achieving
- Tell them that you are going to continue the topic discussed on during the first session

- Emphasis on their fully participation and contribution

#### STEP 2: CAUSES OF MATERNAL MORTALITY

- Present the learning objectives already written on flipchart and posted
- Explain clearly the learning objective

#### STEP 3: OBJECTIVE 1; DEFINITION

- Ask someone from the social entrepreneurs to give one cause of maternal mortality
- If the response is not correct, ask someone else
- When there is no volunteer to give answer, post the definition or present through PP
- Give the explanation to the responses
- Always remember to thank someone who gives true or false answer.

#### STEP 4: QUESTIONS FROM PARTICIPANTS

- Ask if there are someone who has any question
- Respond accordingly

#### STEP 5: OBJECTIVE 2: EPIDEMIOLOGICAL SITUATION

- Introduce this topic by explaining that the mothers and children are the most vulnerable and reason why their mortality rate is highest
- Tell them about the source of data about maternal mortality ratio
- Thank to all who give an answer.
- Post the situation already written on flipchart/PP presentation
- Explain how each cause of MM

#### STEPS 6: QUESTIONS FROM PARTICIPANTS

- Ask if there are some ones who have any question
- Respond accordingly
- Make an evaluation and summary
- Once more thank the audience

#### STEP 7: CONTRIBUTING FACTORS

- Tell the social entrepreneurs that you are going to talk about contributing factors or risk factors from which the maternal death becomes more and more big challenge for our country
- Ask each group to design an team leader and note taker
- Divide the social entrepreneurs into 3 groups of 8 at least
- Group 1 will deal with the risk factors from woman herself
- Group 2 will discuss on risk factors from husband
- Group 3 will discuss on risk factors from family member and community
- Allow about 15 minutes to discuss in small groups
- When the time is finished, invite them to return for plenary session

#### STEP 8: PLENARY SESSION

- Ask the note taker of first group to present their results
- At the end of her/his presentation, ask the audience if there is comments or additional elements
- Ask the social entrepreneurs if they agree with the group or not
- Record all new interventions and give your inputs

- Call the second and the third group. For presentation
- Handle the comments and observation as you did with the first group

#### STEP 9: PRESENTATION OF RISK FACTORS ALREADY WRITTEN ON FLIP CHART

- Post the risk factors on the wall and ask someone to read
- Give more explanations for every item.
- Make an evaluation in relationship with the learning objectives
- Ask them how their contribution will be for reduction of MM
- Make a summary and thank all participants for their inputs

#### NOTE FOR FACILITATOR

#### CAUSES OF MATERNAL DEATH

The major causes of maternal mortality are the following:

- Post partum hemorrhage
- Intra partum hemorrhage
- Ante post-partum hemorrhage
- Septicemia
- Eclampsia
- Other infections
- Malaria
- Abortion

#### CONTRIBUTING FACTORS

Maternal and child deaths are due to the preventable causes and contributing risk factors. The major contributing factors identified are:

- Some women still give birth at home
- Home births without visiting HF for ANC
- Delay to visit the HC for ANC
- Use of traditional medicine for activating the labor
- Low coverage of postnatal care
- Lack of adequate information including danger signs to women before, during pregnancy and after delivery in their community
- Delay to make decision about place where to give birth
- Lack of appropriate home-based care after delivery

#### STRATEGIC INTERVENTIONS FOR IMPROVEMENT OF MMR

The improvement of maternal and child is among the highest priorities in governments because the mother and child are the most vulnerable groups. Many strategies are set and the different stakeholders in the national areas are implementing interventions.

#### SPECIFIC OBJECTIVES

At the end of this session, the social entrepreneurs will be able to:

- Mention at least 3 major strategies being implemented for MM reduction
- Explain at least 3 strategic interventions for MM reduction

## TIME REQUIRED

20 minutes

## MATERIALS REQUIRED

- Flipchart
- Marker
- Masking tape
- Training manual
- Handbook for participant
- Visual aid

## METHODOLOGY

- Great the social entrepreneurs and introduce the lesson
- Tell them that MM is a big challenge for developing countries
- Explain governments do their best to improve maternal and child health including the policies and strategic interventions
- Present and explain clearly the objectives
- Ask someone to mention one or two strategic intervention
- Thank him/her for answer, either correct or no correct.
- Post/present the strategies after 3 or 4 responses.
- Explain deeply each strategy.
- Make an evaluation in connection with objectives
- Thank them for their participation

## NOTE FOR FACILITATOR

Some of the strategies defined and being implemented are the following:

- ANC program
- Post partum visit for follow up
- Family planning,
- Immunization program against childhood illnesses
- Human resource development and regular capacity building
- Improvement of infrastructures and appropriate equipment
- Institutionalization of medical insurance
- HBMNHC program implemented by ASM
- Introduction of Rapid SMS for reduction of maternal and neonatal deaths and
- PPH program

## HEALTH SERVICES FOR PREGNANT WOMEN

### BASIC SIGNS ABOUT PREGNANCY

According to the research related to maternal health, the lack of knowledge about pregnancy is among the major risk factor cause for most of women who suffer from pregnancy issues because they don't know when they can become pregnant and what basic signs of being pregnant. This training will provide the social entrepreneurs with enough information about fertility period and basic signs through which they can guess if a woman is pregnant and suggest her to visit the HF for ANC.

### SPECIFIC OBJECTIVES

At the end of this session, the social entrepreneurs will be able to:

- Explain what period of reproductive system a woman can get the pregnancy
- Cite at least 3 possible signs of being pregnancy
- Explain how the baby grows during pregnancy

#### TIME REQUIRED

20 minutes

#### MATERIALS REQUIRED

- Flip chart
- Masking tape and markers
- Training manual
- Projector
- Laptop
- Collier

#### METHODOLOGY

Step 1: Introduce the topic in connection with MMR

Step 2: Learning objectives

- Present the learning objective and explain them clearly
- Ask someone to read them and explain each item
- Ask if there is someone who can explain what fertility period for a woman
- When they finish giving their ideas post the note written on flipchart or use PP if possible
- Explain how and when a woman can become pregnant
- Make sure if all have understood how the reproductive system functions
- Demonstrate with collier

Step 3: Signs about pregnancy

- Ask a volunteer to list at least 3 signs showing that a woman may be pregnant
- When their responses all given, post the flip chart with basic signs of being pregnancy
- Explain when it is necessary
- Evaluate the session in connection with the learning objectives

#### NOTE FOR FACILITATOR

##### MENSTRUAL CYCLE AND SIGNS OF PREGNANCY

A girl starts her period around the age of 13 years old. However, this varies from person to person. She loses some blood once a month. Usually this happens every 26 to 23 days.

This bleeding lasts from 3 to 5 days. The periods stop when the woman is between 40 and 50 years old. .

A woman has two ovaries, one on each side. About 14 days before her period starts one of the ovaries releases a very tiny egg. This egg travels along a tube to the pocket in the belly/uterus where the baby grows.

If the woman has sex around the time when the egg is released, one of the seeds/spermatozooids in the man's fluid may join with the egg to make a baby. The baby is planted in the rich earth of womb and here it grows for 9 months (42 weeks) floating in a bag of liquid

If the woman does not have sex around the fertile time when the egg is released, the egg and the rich lining the womb, which was prepared for the baby, leave the body when the woman has her period

## SIGNS OF PREGNANCY

- Missing period for 6 weeks or more
- Morning sickness
- Bigger belly and breasts with dark areas around nipples, belly and face
- Frequent urination

## ADVANTAGES OF ANTENATAL CARE AND NORMS

Antenatal care is a great method to find out about certain issues and problems in a woman's body when she is pregnant. It gives insight in the status of the pregnancy and helps you to prevent problems during delivery or after delivery.

### SPECIFIC OBJECTIVES

At the end of this session, the social entrepreneurs will be able to:

- Cite at least 3 advantages from ANC and disadvantages from not adhering to it
- Mention at least 3 disadvantages due to not visiting the ANC services
- Describe the what they can do to motivate a pregnant woman to frequent the ANC services
- Mention at least 2 complications related to pregnancy

### TIME REQUIRED

20 minutes

### MATERIALS REQUIRED

- Flip chart
- Masking tape and markers
- Training manual
- Handbooks for participants
- Visual aids

### METHODOLOGY

1. Greet the social entrepreneurs and introduce the new topic
2. Tell them that you are going to work in small groups
3. Present the objectives and explain clear each
4. Divide the audience into 3 groups of 8 persons at least
  - Group 1 will discuss on advantages of ANC
  - Group 2 will discuss on disadvantages of not adhering to ANC program
  - Group 3 will suggest what the husband, family members have, community/CHWs have to do to motivate the pregnant women visit the ANC services
  - Allow about 15 minutes to discuss in small groups
  - When the time is finished, invite them to return for plenary session
5. Plenary session
  - Ask the note taker of first group to present their results
  - At the end of her/his presentation, ask the audience if there is comments or additional elements
  - Ask the social entrepreneurs if they agree with the group or not
  - Record all new interventions and give your inputs
  - Call the second and the third group. For presentation
  - Handle the comments and observation as you did with the first group
6. Presentation of advantages ANC t

- Post the advantages written on flipchart or PP presentation
  - Give more explanations for every item.
  - Present the information about complications during the pregnancy
  - Make an evaluation in relationship with the learning objectives
  - Ask them how their contribution will be for reduction of MM
  - Make a summary and thank all participants for their inputs
7. Presentation of disadvantages from not visiting the ANC services

#### NOTE FOR FACILITATOR

#### DEFINITION OF ANC

It is a type of preventive care given to a pregnant woman in terms of follow up the maternal and child health.

#### NORMS

- Determine how prenatal care consists of 4 visits during pregnancy until delivery (42 weeks).
- The first visit is recommended within first quarter of pregnancy (the initial antenatal care visit)

#### ADVANTAGES FROM ANC FOR PREGNANT WOMEN

- Diagnosing pregnancy (uncommon)
- Detect infections: Heart diseases, diabetes, IST, VHI, kidney diseases, anemia, etc.
- Detecting physical abnormalities
- Monitoring the fetal growth
- Check for multiple fetuses
- Receiving medical information: Nutrition, hygiene,
- Folic acid, vitamins supplement
- Promotion of healthy lifestyles that benefit both mother and child
- Assess possible risks to the mother (e.g., miscarriage, blighted ovum, ectopic pregnancy)
- Preparation for delivery
- Immunization against TTN

#### DISADVANTAGES DUE TO NOT VISITING THE ANC SERVICES

- Lack of information about maternal and baby health
- Infections related to pregnancy or aggravated by it
- Lack of information about basic/relevant advises necessary for pregnant women
- Lack of information about birth period

#### COMPLICATION DURING THE PREGNANCY

##### Before delivery

- Excessive vaginal bleeding
- Eclampsia
- Abdominal presentation: transverse lie, brow or face presentation
- Intrauterine death

##### During labor

- Delay in first stage of labor
- Delay in second stage of labor

- Retained placenta with or without bleeding
- Excessive vaginal bleeding
- Eclampsia
- Third degree tears

After delivery

- Vaginal bleeding
- Puerperal fever

Community/CHWs

- Identify and register the pregnant women
- Mobilize the pregnant women for ANC
- Refer her or accompany her to HC
- Follow up the appointments given to the woman
- Send a Rapid SMS when a problem occurs
- Sensitize and mobilize the pregnant women to give birth at HF

## DANGER SIGNS DURING PREGNANCY

The inadequate access to the information about danger signs during the pregnancy is one of the leading causes of MM. If the women were aware of the danger signs, they would visit the HF without delay when they experience any alarming sign. This session will be very interesting for the social entrepreneurs because they will have all information about danger signs for pregnant women.

### SPECIFIC OBJECTIVES

At the end of this session, the social entrepreneurs will be able to:

- Cite at least 2 danger signs during the pregnancy
- Describe what they can do when any women experiences one of alarming sign

### TIME REQUIRED

20 minutes

### MATERIALS REQUIRED

- Flip chart
- Masking tape and markers
- Training manual
- Projector
- Laptop

### METHODOLOGY

1. Greet the social entrepreneurs and introduce the new topic
2. Tell them that the lack of information about the danger signs is one of the leading causes of MM
3. Present the objectives and explain clear each
4. Ask someone to mention one or two strategic intervention
5. Thank him/her for answer, either correct or no correct.
6. Post/present the strategies after 3 or 4 responses.
7. Explain deeply each strategy.

### NOTE FOR FACILITATOR



<b>Danger Signs</b>	<b>Advice</b>
Swollen feet: if she has no other complaints	To rest as much as possible with her feet up on pillow or stool Not to add salt to her food Visit the HC for treatment
If her feet are still swollen after 1 week	Visit the HC for treatment
If the swelling has spread to the hands and face, and /or if she has headache, vomiting trouble with vision or belly pains	Visit the HC for treatment
Weakness and tiredness	Visit the HC for treatment
Lower eyelid (conjunctivitis) are very pale	Visit the HC for treatment
Swollen ankles, hands and face	Visit the HC for treatment
Bad persistent headache	Visit the HC for treatment
Fever	Visit the HC for treatment
Vomiting in the 3 last months	Visit the HC for treatment
Vaginal or discharge bleeding	Visit the HC for treatment

## IMMUNIZATION AGAINST TETANUS

The tetanus is one of the most killers for the newborn. Due to good immunization coverage rate, it is necessary to vaccinate all pregnant women in order to protect their babies. Two injections are enough to protect a baby for the first pregnancy. For being protected forever, a woman has to get 5 injections.

### SPECIFIC OBJECTIVES

At the end of this session, the social entrepreneurs will be able to:

- Explain the importance of VAT given to pregnant women
- Explain the immunization schedule
- Explain the role of family and community in increasing the coverage rate

### TIME REQUIRED

20 minutes

### MATERIALS REQUIRED

- Flip chart
- Masking tape and markers
- Training manual
- Handbooks for participants
- Visual aids

### METHODOLOGY

1. Greet the social entrepreneurs and introduce the new subject
2. Tell them that you are going to discuss about VAT immunization and why
3. Ask them if there is someone who has seen the patient with TNN
4. Tell them that the vaccination for pregnant woman will help the country to control regularly 7. Present the objectives and give the explanation for each item
8. Ask the social entrepreneurs if there is someone immunized against that diseases
9. Ask if someone know about immunization schedule
10. Present the PP or flipchart about the immunization calendar
11. Explain each item
12. Make an evaluation

### 13. Give a summary and thank the social entrepreneurs for their participation

#### NOTE FOR FACILITATOR

Tetanus leads to many deaths of newborns. It is necessary to vaccinate all pregnant women in order to protect their babies. Two injections are enough to protect a baby for the first pregnancy. For being protected forever, a woman has to get 5 injections according to the current immunization\ schedule of the country. Go to the health care center for more information.

#### AVT SURVEILLANCE

The AVT is included in list of childhood diseases under surveillance because they are the most killers among the children. The diseases are the following: Polio, Measles, Gastro-enteritis, Pediatric meningitis and AVT. Immunization should continue in terms of control and making sure that all eligible children are immunized.

#### ROLE OF FAMILY AND COMMUNITY

- To remind the woman to visit the ANC with first three months
- To follow up the visits and appointments given on ANC card

#### NUTRITION FOR PREGNANT WOMAN

The pregnant women have to eat the healthy and balanced food for her health and for baby. They should eat more food than usual because they are eating for themselves and the baby. They need to make themselves strong and the baby; they need to eat more so that they can make more breast milk. They have to eat the locally available food

#### SPECIFIC OBJECTIVES

At the end of this session, the social entrepreneurs will be able to:

- Explain the importance of good nutrition for pregnant women
- Cite 3 types of foods which are necessary for pregnant women and give an example
- Explain how the pregnant women/ can do to protect herself from malnutrition

#### TIME REQUIRED

20 minutes

#### MATERIALS REQUIRED

- Flip chart
- Masking tape and markers
- Training manual
- Handbooks for participants
- Visual aids

#### METHODOLOGY

1. Greet the social entrepreneurs and introduce the new subject
2. Explain that the malnutrition is very big challenge in especially the children under 5 and breastfeeding mothers
3. Tell them that you are going to discuss with them about nutrition for pregnant women
4. Tell them that the malnutrition is big challenge in especial the children under 5 and breastfeeding mothers
5. Ask them if there is someone who have seen pregnant women or children with malnutrition

6. Present the objectives and explain them clearly.
7. Divide the audience into 3 groups of 8 persons at least
  - Group 1 will discuss on protective food
  - Group 2 will discuss on energy foods
  - Group 3 will work on staple foods
  - Allow about 15 minutes to discuss in small groups
  - When the time is finished, invite them to return for plenary session
8. Plenary session
  - Ask the note taker of first group to present their results
  - At the end of her/his presentation, ask the audience if there is comments or additional elements
  - Ask the social entrepreneurs if they agree with the group or not
  - Record all new interventions and give your inputs
  - Call the second and the third group. For presentation
  - Handle the comments and observation as you did with the first group
  - Make an evaluation in connection with learning objectives
  - Give a summary and thank the social entrepreneurs for their participation

#### NOTE FOR FACILITATOR

#### FOODS FOR PREGNANT WOMEN

Type of food	Sources
Protective foods	Green leafy vegetables such as: Spinach, palm, oil, tomatoes, mangoes, plum, passion fruits, leak and other fruits.
Super energy foods	These foods give more energy and make the mother fat faster than any other type of food:  These food are the fats and oils, nuts, groundnuts and sesame, fat from fish and milk,
Main staple foods	Such as wheat, sorghum and vegetables

#### HYGIENE FOR PREGNANT WOMEN

The pregnant woman is more vulnerable than never because the changes occur in the body in terms of physiology and immune. In order to maintain her good health, she has to prevent herself from sicknesses. For that, she has to respect hygiene measures in all aspects so that she can prepare her future state of mother and educator.

#### SPECIFIC OBJECTIVES

By the end of this session the participants should:

- Contribute to the efforts united to fight against the diseases/infections resulted from lack or poor hygiene and sanitation for pregnant women.
- Explain the importance of hygiene respect for pregnant woman
- Mention at least 4 hygiene aspects for pregnant woman

#### TIME REQUIRED

15 minutes

#### MATERIALS REQUIRED

- Flip chart
- Masking tape and markers
- Training manual
- Handbooks for participants
- Visual aids

## METHODOLOGY

1. Greet the social entrepreneurs and introduce the new subject
2. Tell them that you are going to discuss on hygiene for pregnant women
3. Ask someone to tell you about hygiene for pregnant women
4. Listen to all responses and don't give the comment but seem to be very interested of what they are answering
5. . Present the objectives and give the explanation for each item
6. Justify the hygiene in general and for pregnant women particularly
7. Present each hygiene aspect and explain it until all aspects are well understood
8. Make an evaluation
9. Give a summary and thank the social entrepreneurs for their participation

## NOTE FOR FACILITATOR

### PERSONAL HYGIENE FOR PREGNANT WOMAN

#### SKIN CARE

- The glands of the skin may be more active during pregnancy and the patient may tend to perspire more. Frequent baths or showers are recommended.
- Baths can be therapeutic--relaxes tensed and tired muscles, helps counter insomnia, and makes the patient feel fresh and sweet smelling.
- Baths may pose a physical maneuverability problem which increases the chance of falling late in the pregnancy, showers are recommended, bat with caution when getting in and out moving around in the shower
- The possibility of infecting the vaginal tract as a result of tub baths is considered highly
- Tub baths are contraindicated after rupture of the membranes.

#### HAIR CARE

- The hair tends to become oily more frequently during pregnancy due to over activity of oil glands of the scalp and may require shampooing more frequently. The hair may grow faster during pregnancy and may require cutting more often.

#### BREAST CARE

It is important to begin preparing the breast for breastfeeding during the prenatal period.

- A well-fitting support bra cups should be worn at all times. This will provide good support for the enlarging breasts. As the breasts enlarge, an increase in bra and cup size should be worn
- Pads may be worn inside the bra cups to absorb possible colostrum leakage from the nipples. The pads should be changed if they become wet from leakage.
- Prolonged moisture against the nipples may lead to tenderness and cracking once the newborn infant begins nursing.
- The breasts should be washed daily (without soap) to remove dried colostrum and to prevent irritation to the nipples. Lanolin may be applied to the nipples to prevent evaporation of perspiration, thereby softening the skin.

## DENTAL CARE

The patient must maintain normal, daily dental care. There is no documentation that supports increased dental cavities during pregnancy.

- Minor dental work, such as fillings and simple extractions, may be done during pregnancy. However, patients are advised to avoid anesthetics.
- Major dental work, to include all dental surgery, should be postponed until after the pregnancy because of the need to use anesthetics because it can affect the fetus.

## BREASTFEEDING

The breast milk is nutritive and full of to protect a child until 6 months. For that reason, the Mother has to put her newborn to breast within 30 minutes after delivery

## SPECIFIC OBJECTIVES

By the end of this session, the social entrepreneurs will be able to:

- Explain the benefits of putting the baby to the breast as soon as possible after delivery
- Describe the importance of colostrum to the baby
- Advise the mother on how to make plenty of breast milk
- Explain the benefits of giving only breast milk in the first 6 months of life

## TIME REQUIRED

30 minutes

## MATERIALS REQUIRED

- Audiovisual Aids
- Marker + Flipchart
- Training manual

## METHODOLOGY

1. Greet the audience and introduce the subject by emphasizing on its importance
2. Present the objectives and explain clearly
3. Use the brainstorming methods as follows:
4. Is there someone who can tell us the advantages of breastfeeding?
5. Thank her/him and ask someone else
6. Describe the advantages of breastfeeding for child, mother, family and country
7. Use brainstorming method about the contributing factors including nutrition, role of husband and mother .
8. Record .the answer from each respondent and discuss it later
9. Ask the social entrepreneurs how they will be helpful in their community
10. Make an evaluation and summarize
11. Thank the audience

## NOTE FOR FACILITATOR

According to the health surveys and different research, the vulnerability among the children under 5 is found more often among the children insufficiently breastfed, especially the children who did not benefited the breast milk during first 6 months. For that reason, the nutritional counsel for the newborns is exclusive breastfeeding during the first 6 months of life

## HEALTH BENEFITS FROM BREASTFEEDING

The advantages of breastfeeding are among others:

- Provides the best nutrition for the child: It contains all nutritive elements: Vitamins, proteins, lipids, glucoses, and mineral salts water etc.
- Protects the baby from life threatening diarrhea caused by contaminated foods or water
- Passes the mother's immunity to the child, which helps protect the baby from life-threatening infections, such as measles
- Helps develop a close relationship between mother and child
- May help protect the mother against breast cancer
- Helps delay another pregnancy if it is sufficiently practiced during the 6 first months of life (LAM). It means breastfeed a child without giving any substantial food
- Helps the mothers to recovery the energy and the physical resistance
- The milk is always available and to be consumed
- Prevents from postpartum hemorrhage (helping to evacuate the remainders from uterus)
- Less costs

It is recommended to breastfeed newborn with the 1 hour after delivery for encouraging the increase of breast milk. Furthermore, within the first days after delivery, the breast milk is full of colostrum needed for a newborn because it contains all nutritive elements including antibodies from mothers.

#### CONTRIBUTING FACTORS TO THE BREAST MILK

Even though the mother can best be giving breast feed, not all who have the breast milk. Some of them have low quantity while others have enough. But there are contributing factors for increase, decrease or not having any.

#### IMPORTANCE OF BREAST MILK

Breast milk is still valuable food even the second year of life. Furthermore, frequent sucking also helps to space births by delaying the return of periods. Mother should stop breastfeeding gradually after the child is able to eat 3 good meals a day and has no illness.

#### ROLE OF THE FAMILY MEMBERS:

- To help mothers to breastfeed during first hour after birth
- To provide the balanced food and enough drinks for increasing the breast milk
- To ensure food security
- To protect the breastfeeding mothers from GBV
- To avoid all kind of conflicts (domestic or community)
- To help her find /access to health facility if there is any issue related to breastfeeding

#### PMTCT

The HIV is known as IST but it can be transmitted from mother to child. In order to prevent HIV from mother to the baby, the MoH introduced the PMTCT program in ANC services. When a pregnant woman visits the HF for ANC, she is automatically tested. If the result is positive, they determine her treatment during and after pregnancy

#### SPECIFIC OBJECTIVES

At the end of this session, the social entrepreneurs will be able:

- Explain the importance of PMTCT program
- Encourage the pregnant women to visit HC for ANC services including PMTCT

## TIME REQUIRED

30 minutes

## MATERIALS REQUIRED

- Training manual for facilitator
- Flipchart
- Audio-visual Aids
- Marker and masking tape

## METHODOLOGY

1. Greet the social entrepreneurs and introduce the new subject
2. Explain that the HIV is transmission from mother to child is big challenge for world.
3. Ask them if they have seen any child with HIV positive and how her/his care was
1. Present the objectives and explain clearly each
5. Discuss with them about each objectives
6. Describe the care for a child whose mother is HIV positive
2. Make an evaluation and summarize the session.

## NOTE FOR FACILITATOR

### HOW BABIES GET HIV

A mother can give HIV to her baby during pregnancy, during labor and delivery, and by breastfeeding. A baby can also get HIV if an HIV-positive mother puts her breast milk in the baby's eyes. Putting breast milk in the baby's eyes does not help the baby's eyes when they are red, swollen, and itching. To prevent transmission the following actions can be taken, but always consult a health care center.

- To prevent HIV from mother to the baby, the mother must take ARVs and deliver the baby at the health center.
- The baby must take antiretroviral syrup.
- The baby also has to take antibiotics (such as Bactrim).
- All pregnant women should go to the health center for prenatal consultations including an HIV test, and have a CD4 count to determine her treatment during and after pregnancy.
- All pregnant women should be encouraged to go to the health center for an HIV test. If a woman is HIV-positive, she will be enrolled in PMTCT

### PRENATAL CARE IN PMTCT

Prenatal care is very important to making sure that the mother and the baby are healthy.

- At the prenatal visit, the doctor or nurse will check the mother's blood pressure, check the mother for anemia, give the mother vitamins, give vaccines to the mother to keep her and the baby safe, check for infections that might hurt the mother or baby, test for HIV, get a CD4 count if she is HIV-positive, and note the mother's blood type in case she needs a blood transfusion later.
- All women who are in the early stages of HIV should be watched for side effects of the ARVs, such as pale skin, dizziness, and fatigue. If this occurs, the mother should go to the health center.

### THE IMPORTANCE OF DELIVERY IN A HEALTH FACILITY

HIV-positive women should deliver their babies at the health center. This decreases the chance that the mother will pass HIV to the baby, because the doctor or nurse will make sure labor is not prolonged,

will give the mother additional ARVs and will give the baby ARVs. Additionally, routine newborn care will be provided.

#### AFTER DELIVERY

The CHW should make sure that:

- The mother has ART syrup for the baby and herself and learns how to give it to the baby.
- A follow-up appointment at the health center has been set for the mother and baby.
- A follow-up appointment at the health center has been made for the baby at 6 weeks old. Babies will have monthly visits until they are 18 months old for growth monitoring, vaccinations and general health.

#### ROLE OF HUSBAND

- To visit the HC for test
- To support his wife in adherence and follow up visits
- Collaborate with his wife in preparation for baby's nutrition

#### ROLE OF FAMILY MEMBERS

- Encouraging the mother for adherence and regular test
- Help the mother to carry out the daily duties



## UNIT 2: CHILD HEALTH

### IMPROVEMENT OF CHILD HEALTH

The child health is hindered by a set of health problems including diseases, lower education of mothers, poverty, family's size, nutritional issues, maternal health issue and so on.

#### SPECIFIC OBJECTIVES

At the end of this session the social entrepreneurs will be able to:

- Give definition of child mortality

#### TIME REQUIRED

30 minutes

#### MATERIALS REQUIRED

- Training manual for facilitator
- Flipchart
- Audio-visual Aids
- Marker and masking tape

#### METHODOLOGY

1. Greeting the audience and introduce your
2. Tell them that you are going to discuss on the mortality among the children
3. Present the learning objectives
4. Ask someone to read the objective.
5. Explain each objective
6. When all objectives are presented. Present the notes about two objectives
7. Ask the participants if they may have any question and answer accordingly
8. Make an evaluation to ensure if the objectives were achieved
9. Thank them for their participation

#### NOTE FOR FACILITATOR

#### CHILD HEALTH

The child health is hindered by a set of health problems including diseases, lower education of mothers, poverty, family's size, nutritional issues, maternal health issues, etc. Related to child health are the following definitions:

- Neonatal mortality (NNM): the probability of dying within the first month of life
- Post-neonatal mortality (PNM): the probability of dying between the first month of life and first birthday (computed as the difference between infant and neonatal mortality)
- Infant mortality: the probability of dying between birth and the first birthday
- Child mortality: the probability of dying between the first and fifth birthday
- Under-5 mortality: the probability of dying between birth and the fifth birthday

#### MAIN LEADING CAUSES

- Status of mothers before and during pregnancy
- Status of mother within the labor and after delivery
- Lack of emergency care after birth
- Neonatal and post neonatal infections
- Diarrhea diseases

- Respiratory infection
- Malaria

#### STRATEGIES FOR CHILD HEALTH IMPROVEMENT

- There are many strategies planned and being implement for improvement. Some of them are bellow listed:
- ANC program
- Growth monitoring
- Medical insurance
- Promotion of giving birth at HF
- Integration of CCM implemented by CHWs
- Immunization against childhood illnesses
- Childhood diseases surveillance
- MCH bimanual organized
- Vitamin A supplement
- De-worming
- Folic acid distributed to pregnant women
- Improvement of communication through Rapid SMS program implemented by ASMs

### IMMUNIZATION PROGRAM

In the process of improving the child health and reducing the mortality rates through immunization activities. The table bellow shows the child illnesses concerned and the immunization schedule

#### SPECIFIC OBJECTIVES

- At the end of this session, the social entrepreneurs will be able concerned and importance of immunization program
- Cite at least 4 child illnesses under EPI
- Explain the schedule of immunization program

#### TIME REQUIRED

30 minutes

#### MATERIALS REQUIRED

- Training manual
- Flipchart & marker
- Audio-visual aids
- Handbook for social entrepreneurs

#### METHODOLOGY

1. Greeting the audience and introduce your
2. Tell them that you are going to discuss on the mortality among the children
3. Present the learning objectives
4. Ask someone to read the objective.
5. Explain each objective
6. When all objectives are presented. Present the notes about two objectives
7. Ask the participants if they may have any question and answer accordingly
8. Make an evaluation to ensure if the objectives were achieved
9. Thank them for their participation

#### NOTE FOR FACILITATOR

In the process of improving the child health and reducing the mortality all HCs conduct the immunization activities. The table below shows the child illnesses concerned and the immunization schedule:

Age	Sickness/Vaccines
After birth	TB + Polio
1 ½ week	Polio, diphtheria, whoop cough, tetanus, Hep B, Pneumonia (PCV 13), gastro-enteritis
2 ½ weeks	Polio, diphtheria, whoop cough, tetanus, Hep B, Pneumonia (PCV 13), gastro-enteritis
3 ½	Polio, diphtheria, whoop cough, tetanus, Hep B, Pneumonia (PCV 13), gastro-enteritis
9 months	Measles + Rubella
15 months	Measles
12 years	Cervical cancer

## GROWTH MONITORING

There is a nutritional program called “Growth monitoring”. The purpose of this program is to monitor growth of a child since the birth up to five years old. A child is monthly weighed at community level by CHWs and HC. The regular weigh shows if a child is healthy when he/she gets heavier month-by-month and unhealthy when she/he loses weight.

### SPECIFIC OBJECTIVES

At the end of this session, the social entrepreneurs will be able to:

- Explain the importance of growth monitoring
- Cite at least 2 two diseases related to malnutrition
- Explain the types of foods
- Explain at least 3 interventions implemented to improve the nutritional status among the children
- Describe the role of social entrepreneurs in the process of improving the nutritional status of the children

### TIME REQUIRED

30 minutes

### MATERIALS REQUIRED

- Training manual
- Flipchart & marker
- Audio-visual aids
- Handbook for social entrepreneurs

### METHODOLOGY

1. Introduction

- Greeting the audience and introduce your talk
  - Tell them that you are going to discuss a very interesting
  - Ask someone to tell you the importance of growth monitoring
  - Give comments to the answers
  - Ask them about if they now what issues due to malnutrition
  - Present the objectives and explain each objective
2. Group discussion
- Divide the audience into 3 groups of 8 persons at least
- Group 1 will mention types of foods and those available locally
  - Group 2 will discuss how an husband can contribute to the woman's health
  - Group 3 will discuss the role of social entrepreneurs in nutritional promotion
  - Allow about 20 minutes to discuss in small groups
  - When the time is finished, invite them to return for plenary session
3. Plenary session
- Ask the note taker of first group to present their results
  - At the end of her/his presentation, ask the audience if there is comments or additional elements
  - Ask the social entrepreneurs if they agree with the group or not
  - Record all new interventions and give your inputs
  - Call the second and the third group. For presentation
  - Handle the comments and observation as you did with the first group
  - Ask them if someone has any question and answer self
  - Demonstrate how the women can examine the breast
  - Make an evolution in connection with learning objectives
  - Give a summary and thank the social entrepreneurs for their participation

#### NOTE FOR FACILITATOR

There is a nutritional program called “ Growth monitoring”. The purpose of this program is to monitor growth of a child since the birth up to five years old. A child is monthly weighed at community level by CHWs and HC. The regular weight shows if a child is healthy when he/she gets heavier month-by-month and unhealthy when she/he loses weigh.

#### STRATEGIC INTERVENTION

- Monthly growth monitoring
- Screening
- Kitchen garden strategy
- Rehabilitation for severe malnutrition
- Community -Based Nutrition Program
- Vitamin a supplement
- De-worming

#### RECOGNIZING LIMITATIONS IN CHILD HEALTH

In order to scale up the child health improvement and more involve the community in child health, limitations of child health should be recognized.

#### SPECIFIC OBJECTIVES

At the end of this session, the social entrepreneurs will be able to:

- Explain the importance of ICCM program

- Cite four diseases in charge of ICCM program
- Mention at least 2 dangers signs for each disease related to ICCM program
- Describe the role of social entrepreneurs in ICCM program

#### TIME REQUIRED

30 minutes

#### MATERIALS REQUIRED

- Training manual
- Flipchart & marker
- Audio-visual aids
- Handbook for social entrepreneurs

#### METHODOLOGY

1. Greeting the audience and introduce your
2. Tell them that you are going to discuss on the mortality among the children
3. Present the learning objectives
4. Ask someone to read the objective.
5. Explain each objective
6. When all objectives are presented. Present the notes about two objectives
7. Ask the participants if they may have any question and answer accordingly
8. Make an evaluation to ensure if the objectives were achieved
9. Thank them for their participation

#### NOTE FOR FACILITATOR

The following table shows the related diseases handled by CHWs and the related danger signs on which the CHWs base their decision for giving treatment or referring to HCs when the case presents the alarming signs:

- Fever/Malaria
- Pneumonia
- Diarrhea diseases
- Malnutrition
- Runny noses and cough

#### DANGER SIGNS AMONG CHILDREN UNDER 5 ABOUT SOME DISEASES

If a parent or caretaker brings a sick child to the CHW, he/she examines the patient. When the child presents the alarming signs, the CHW fills out the form/card and refers to HC

The table bellow reflects some diseases and alarming signs:

#### MALNUTRITION

- Very thin
- No fat, unusually quiet
- Miserable and crying all the time
- Legs swollen
- Edema in feet and ankles
- Round puffy face
- Looks like an old person in the face
- Reddish thin hair

- Hair falls out
- Loosing weight
- Gaining weight

#### DIARRHOEA

Symptoms for a child (a four month old) with severe dehydration:

- Watery stools
- Dry lips and mouth
- Dry and tenting skin
- Sunken eyes
- Sunken fontanel
- Sunken fontanel
- Skin elasticity
- Respiration issue: Increases 40 to 60 deep breaths per minute
- Pulse: Increased over 140 beats per minute and weak
- Urine output: Decreased or absent

#### MEASLES

- High fever
- Runny nose
- Red eyes
- Cough
- Rash
- Headache
- General tiredness (day 1)
- Small whit spots on cheeks (day 2)
- Reddish rash on faces and entire body (day 3)
- Fever an rash begin to fade followed by peeling skin (day 7)

#### PROBLEMS OF NEONATAL TETANUS

- Inability to suck
- Jaw spasms
- Rigid posture
- Redness or foul odor around the umbilical stump
- Jaundice
- Vomiting
- Fever
- Trouble breathing
- Crying and irritability
- Weakness
- Red, pussy eyes
- Mucous membrane of the mouth

## APPENDIX - PRE AND POST TEST

RESPOND TRUE (T) OR FALSE (F) ACCORDINGLY

1. Delay to ANC visit and delay in decision making for HF birth are among the leading causes of maternal mortality
2. First visit to ANC services is recommended to be done in the first months of pregnancy
3. Bleeding and vomiting are not among the alarming signs for pregnant women
4. Two injections of ATV are enough for providing full protection to a woman
5. Eating balanced foods and hygiene respects are necessary to the pregnant women
6. A women can play a role in prevention/control of breast cancer
7. Lactational Amenorrhea methods is one of contraceptive methods
8. Both abstinence and injections are natural contraceptive methods
9. A child whose mother lives with HIV since the birth
10. Tuberculosis and measles are vaccinated at 9 months old.
11. HPV vaccine is given at 15 years old
12. Malnutrition issues are treated with injection and tablets from HF
13. A monthly weigh is recommended for children under 10
14. Rheumatism is one of diseases handled in community case management at Umudugudu
15. The components of community cases management are about 5