

# HEALTH, HYGIENE AND SANITATION

## *Manual*





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SEND Sierra Leone is fully responsible for the content of this manual, including any omissions or errors.

## **About the Manual**

This manual has been developed for the WHH and BMZ funded health and nutrition projects implemented by SEND Sierra Leone. Even though this manual was developed specially for our projects, it can also be used by other development agencies wishing to engage in participatory health and hygiene education in rural communities.

The manual's objective is to contribute to raising communities' awareness on the linkages between health, hygiene and nutrition towards sustainable behavior change, and to encourage good health seeking behaviors in rural communities in Kenema and Kailahun Districts and beyond.

### **Health and Hygiene in Sierra Leone**

The recent Ebola outbreak spread widely in the West African region and claimed thousands of lives. Among the factors contributing to this spread was partly lack of capacity of the health system (including inadequate health facilities), low trust and confidence in the health system resulting in poor health seeking behaviors of the population, as well as a low awareness among the population of the importance of hygiene and sanitation for disease prevention and control.

Health and hygiene continue to be major challenges for rural communities in Sierra Leone.

The government even though has made many strides to strengthen the health sector and reach the most vulnerable population through the introduction of the Basic Package of Essential Health Services and the Free Health Care Initiative. However, rebuilding and strengthening the health sector is a gradual process which requires many resources. Government budget allocations to the health sector as of 2016 remain at 11. 1%. As such, the health sector continues to lack the necessary and sufficient resources for improved health and hygiene services delivery in the country, especially in rural areas. Poor standards of health facilities, lack of sufficient qualified health staff, lack of equipment and drugs, and lack of logistics for community outreach and monitoring are among the challenges to effective health service delivery in rural areas. Furthermore, the cost of health care and the distance of many rural communities to the nearest facilities may deter some community members to seek care at the PHUs and instead make use of traditional health care providers such as herbalists or local drug peddlers.

At community level, lack of access to adequate hygiene and sanitation facilities such as safe water sources and improved latrines contribute to a high burden of diseases such as diarrhea. Furthermore, behavior change towards safe hygiene and sanitation practices can be slow to take root despite many previous interventions addressing health, hygiene and sanitation issues.

Many women, men and children are continuously exposed to common illnesses and infections that can easily be prevented by improved hygiene and sanitation at household and community level. High malnutrition rates among especially women and children are caused both by poor daily diets lacking diversity and nutrients, and by poor hygiene and sanitation conditions causing a high prevalence of diarrheal diseases. Furthermore, poor diets and malnutrition weakens the body's immune system and capacity to fight off diseases.

This manual recognizes that it is both the responsibility of the health system and of the population itself to promote and work towards improved health, hygiene and sanitation in Sierra Leone.

It encourages the health sector – from government to rural health workers – to prioritize the development of the health sector, and to allocate and use resources in an effective and transparent manner to reach the most vulnerable populations.

And it encourages rural communities to actively mobilize and participate in health, hygiene and nutrition promotion activities and support each other in the move towards sustainable behavior change. It encourages families and communities to work together to promote the practices and behaviors that are key to preventing hygiene and sanitation related diseases, and to invest their own resources in the installation and maintenance of hygiene and sanitation facilities such as latrines and water sources. Finally, it encourages communities to support and cooperate with the health workers, and to actively monitor both their own health issues and the health services being provided at their local health facilities.

### **Users and Target Groups of the Manual**

The manual has been prepared as a facilitation resource which can be used to raise awareness in a participatory manner about health and hygiene issues affecting rural households - and to promote household and community action towards improved health and hygiene.

SEND Field Staff and Community Multipliers are the primary end users of this manual. SEND Field Staff will use it to train and mentor Multipliers to cascade health and hygiene trainings to Gender Model Families (GMFs) and other community members. The Multipliers are community based volunteers who will assist the SEND field staff in moving households and communities towards sustainable behavior change in the areas of health, hygiene and sanitation. The Multipliers will refer to the manual in the training of Gender Model Families. The Multipliers will continuously be active at community level supporting the GMFs to engage in improved health and hygiene practices, through mentoring, monitoring, and facilitation of experience-sharing sessions.

SEND's Gender Model Family (GMF) approach is used to organize the communities as participants in the participatory health and hygiene education activities for several reasons.

- First, through the GMF approach, all members of the family are mobilized to participate in and support health and hygiene promotion activities.
- Second, through the GMF approach, increased family resources/assets will be devoted to addressing health and hygiene issues of the household and ensuring good health care for its most vulnerable members such as children and mothers.
- Third, the GMF approach advocates the sharing of domestic tasks related to improving hygiene and sanitation, to reduce the workload on women and strengthen child care.

Addressing the gender issues relating to health and hygiene as well as promoting improved health and hygiene as a shared responsibility of the household will move households and communities to take action together and enhance the adoption of new learning and practices.

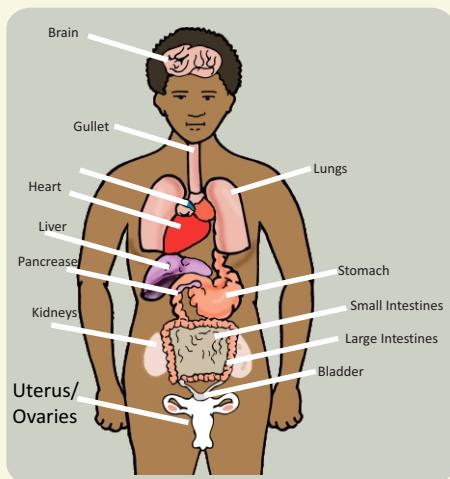
## Structure of the Manual

The manual is organized into 12 training modules. Each module aims to equip the GMF and other community members with the knowledge, skills and confidence to practice good health and hygiene in their communities. This will help them to prevent common illnesses and infectious diseases—and to live happy, healthy and prosperous lives.

In addition, the training modules stress on good health seeking behaviors – encouraging all members of the community to make good use of the existing health services in rural areas. Prevention of diseases through good hygiene and nutrition behaviors is of key importance – likewise, timely seeking of good care from qualified health care providers can save lives. Strengthened cooperation and dialogue between communities and health care providers can help to ensure good use of health facilities.

Each of the training modules are organized based on the following elements:

Learning Outcome	The specific knowledge, awareness or skills the GMFs and other community members are expected to acquire by the end of the training module
Key messages 	Key learning points of the module and recommendations for changes in health and hygiene practices.
Discussion points 	<p>Key questions for discussion the facilitator should make sure are addressed during training on the module.</p> <p>The facilitators should allow plenty of room for discussion. Through discussions with each other and with the health workers, GMF and other community members can reflect on their own health and hygiene situation in their households and communities.</p> <p>The facilitator should encourage the GMF and other community members to discuss opportunities and challenges to adopting the improved health and hygiene practices recommended under each module.</p>
Facilitation process	<p>The methods and process the facilitator should use to conduct the training module to make the module lively and participatory and engage the GMF in discussion.</p> <p>The facilitation process for each module typically includes interactive tools case stories, skits, games and practical demonstrations.</p> <p>Visual training aids with pictures and key messages support the facilitation and learning</p>
Action points 	<p>Ideas for activities to start the process of change at household and community level, and to share the new knowledge with more community members.</p> <p>The facilitator should allow the GMF to come up with their own action points based on the key messages and discussions in the module.</p>



## Materials needed

- Flipchart and marker
- Counselling card showing the male and female body and organs
- Counselling card showing community member getting treatment at health facility and community member getting treatment from a herbalist.

## Learning outcome

People do not always go to the health facilities in due time when they are sick, or sometimes they go to a different place that is not able to provide proper diagnosis or treatment (such as herbalists and drug peddlers). This can put their health at risk.

However there might be different reasons that prevent people from making good use of health facilities.

## Good health seeking behaviors therefore means:

- Communities are aware of the benefits of always seeking health care from health facilities in due time
- Communities identify barriers for use of health facilities and services, and come up with strategies to overcome them

## Key messages

- ✓ Community members and care giver should always go to the health facilities when you are ill without delay
- ✓ Contact first CHW for basic diagnosis and referral
- ✓ Health care providers may refer to a herbalist but always consult them first
- ✓ Avoid buying drugs from un-authorized drug peddlers

## Discussion Points

- ❓ How do people decide on what type of health provider they seek health care from?
- ❓ What prevents people from seeking care at the health facilities?
- ❓ How can the whole family come together to promote and encourage good health seeking behavior in the household?
- ❓ How can you build good trust and cooperation between population and health care providers?

## Facilitation process

### 1. Brainstorm

- ❓ Brainstorm with participants on common diseases in the community.
- ❓ What are some of the key health issues and sicknesses affecting the community?

- ?
- What are the causes of the various kinds of sicknesses?
- ?
- What is the treatment for those sicknesses?
- ?
- Where do they normally go for treatment for those sicknesses?
- ?
- When do people go to health facilities? When do they go to herbalists? Are there any others offering health care or medicines in and around the community?
- ?
- What are the challenges for seeking good health care in the households and in the community?
- ?
- Are there some things people used to believe about health in former times that they do not believe anymore?

## 2. Body mapping

Ask participants how you can tell if somebody is healthy or not healthy.

Answers may include:

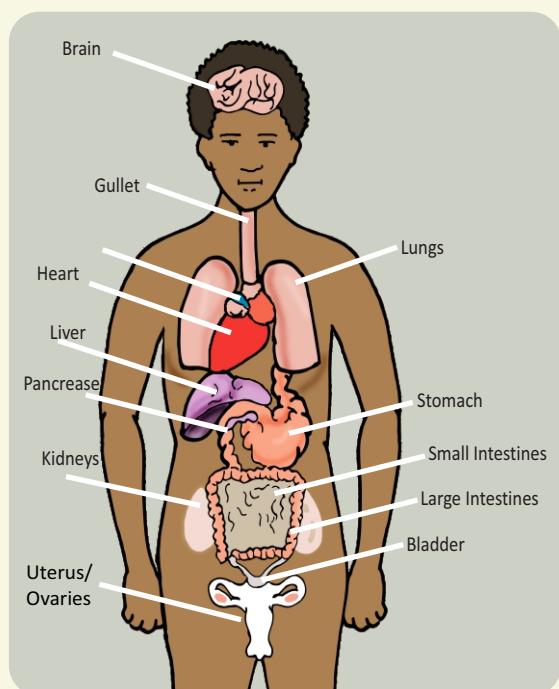
Healthy person	Sick/unhealthy person
Lot of energy	Tired, no energy
Strong	Weak
Good appetite	No appetite, losing weight
Hair, nails, skin and eyes looking shiny and strong	Dull appearance, hair and nails easily breaking
Happy, relaxed	Tense, unhappy
	Specific symptoms, pain

Ask a volunteer from the participant group to come and lie down on two pieces of flipchart. Use a marker to trace around her/his body and head – make sure she/he is looking to the side so you capture the face.

**Then draw the inside of the body:** The brain, the mouth connecting to the throat (esophagus), the heart, the lungs, the stomach and intestines, kidneys, and if it is a woman, the womb.

Ask participants if they can identify any of these internal organs and their function in the body. If not, explain it to them. Circulate counseling cards to participants and let them observe them.

Explain that sickness can come if something enters the body from the outside – such as germs through the mouth – but can also be a result of the system inside the body not working properly.



## **Doctors and nurses are like motorbike mechanics**

- ?** Ask participants if they can give examples of what parts of the body are affected by different kinds of diseases?

Emphasize that different diseases have different signs and symptoms depending on which part of the body is affected.

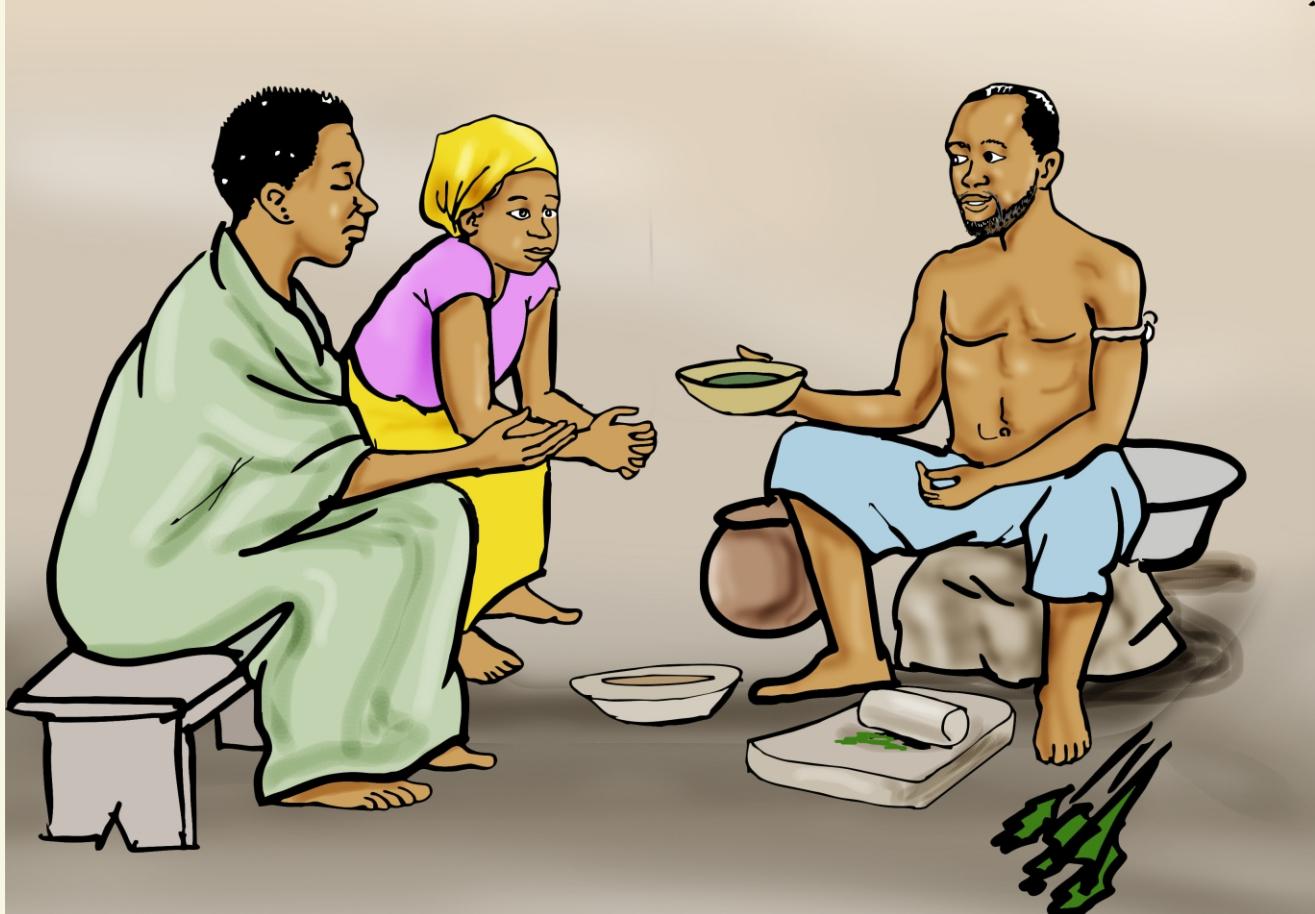
When a person is not feeling well, we need to find out what is going on in the body. This is called making a diagnosis. This is done to be able to decide on the appropriate treatment and cure. To do that, you need to know what the body looks like inside and how it is working.

- ?** Ask participants, what are some of the things doctors and nurses do to find out what is wrong with the body when a person is feeling sick?

Emphasize that the body is a machine with parts working together – like a motorbike. If you are sick, it is therefore best to go to the doctors and nurses - They are like the mechanic, who is trained to find out which parts are faulty and affecting the other parts and the way the machine as a whole works. They are trained to know how the different parts of the body are working together, when the common man cannot easily look inside. The health facility is like a garage – with the equipment needed to test and fix the machine (the body).

To find out more, the doctors and nurses can also do testing of some of the fluids coming from inside of the body, such as blood, urine and stools. Emphasize that only the doctors and nurses can do this testing – herbalists and quacks cannot.

Unlike an actual motorbike, the body is not always immediately fixed in the 'garage' (the health facility) – and it still needs some time to heal afterwards. The nurses and doctors can also advise you if the body is healing as expected or if more treatment is necessary.



### 3. Case story on health seeking behaviors

#### Kadiatu's Foot

*Kadiatu lives in a remote forest-edge community with her husband and 2 young children. They are farmers and only have a small income.*

*One day, Kadiatu is experiencing a pain in her foot. The next day, she develops a fever.*

*She mentions it to her husband, but he says that they hardly have money to take transportation to the PHU. So better she waits for a few days and maybe the pain will go away on its own.*

*The next day Kadiatu's foot is swollen.*

*Kadiatu's mother in law comes to the house to look at the foot. She says the problem may be the result of witch-craft and tells Kadiatu to go to the community herbalist. The mother in law says she knows the herbalist her whole life and he even cured her for boils last month. Kadiatu does not really believe too much in witchcraft, but goes to the herbalist.*

*The herbalist gives her some herbs and barks to drink. It relieves the pain but the swelling and fever does not go away.*

*The next day Kadiatu is feeling so bad and calls on the mami queen. The mami queen appeals to the VS&LA group Kadiatu is a member of. The group agrees to use some of the VS&LA social funds to send Kadiatu to the nearest health facility.*



*Kadiatu goes there the next day and meets the nurse. The nurse diagnoses Kadiatu: She had a small cut on her foot which got infected because Kadiatu was not able to keep her foot clean at the farm. The infection caused the fever and swelling.*

*The nurse tells Kadiatu she is very lucky, because when you wait too long to treat an infection, there is a risk that it can even poison the blood and lead to death in the worst case.*

*The nurse gives Kadiatu some medicine called antibiotics that she takes for the next week. The fever and swelling goes away and Kadiatu feels healthy again.*

**Discuss with participants:**

- ❓ What was wrong with Kadiatu?
- ❓ What kind of health care did she seek first and why?
- ❓ What was good about the way Kadiatu and her family members acted in the situation?
- ❓ What was risky?
- ❓ Who and what made Kadiatu decide when and where to go for health care?
- ❓ What are some lessons learned from the story?

**4. Discussion on health-seeking behaviors and health care providers**

Ask participants to mention the health care providers available to them, such as:

- Herbalists
- Traditional healers
- CHWs
- PHUs
- Drug peddlers

### Discuss with participants:

- ❓ Who do you normally seek advice from regarding your health and well-being?
- ❓ With what sicknesses do you consult these different providers of health care?
- ❓ What are the advantages of each?
- ❓ What are the disadvantages and risks?
- ❓ For what symptoms and sicknesses should you always go to the health facility?

**Explain to participants:** As seen from Kadiatu's story, many things can have an effect on a person's way of seeking health care when they are sick. Some of the things listed below can shape a person's decision about what kind of health care to seek and when.

Discuss with participants and let them come up with examples from their own households and communities:

- Cultural and religious beliefs about health
- Advice and attitudes from family members
- Gender roles and responsibilities
- Previous experience and trust with a particular health care provider
- Financial aspects and cost of health services
- Distance and access to health facilities
- Availability of health care in health facilities

### Based on participants' discussion, emphasize the following:

- ✓ Listen to your body and always seek diagnosis and treatment sooner rather than later
- ✓ Seeking treatment too late or the wrong treatment can put your own and your family's health at risk
- ✓ Family members should encourage each other to seek health care at the health facilities
- ✓ For any symptoms you are not sure of, go to the health facility – only here can they do proper testing
- ✓ For severe diarrhea and malaria – especially in children - always go to the health facility  
The drugs sold by the drug peddlers may not always be the correct ones, or they may be expired
- ✓ Some of the traditional medicines can be effective, and can work well for minor illnesses – but always go to the health facility first and let them refer you to a herbalist
- ✓ Sickness is not the result of witchcraft. However, if a person strongly believes that someone is trying to harm him or her, this can make the person sick – but the person is then getting sick from their own fears, not from witchcraft

## 5. Promoting good health seeking behaviors at household level

Ask participants to share their own stories on good health seeking behaviors – how they listened to their bodies, and went to the health facility for diagnosis and treatment.

Ask participants to also come up with examples of poor health seeking behaviors – how someone did not seek proper health care for an illness and it got worse.  
Divide the participants into smaller groups.

**Ask them to discuss how husband and wife and all family members can work together to promote good health seeking behaviors at household level:**

- ?
- How can they always encourage each other to seek good health care when experiencing symptoms of sickness?
- ?
- How can they save up money at household level to make sure funds are available to go for good health care when sickness strikes?

## **6. Positive and negative experiences with health facilities**

Whether people typically go for health care at the PHU or not, also depends on the quality of services at a particular health facility.

Things about the health facility that can make the experience good or bad for a person include:

- Effectiveness of diagnosis and treatment (did the patient get better)
- The availability of drugs
- The cost of health services
- The attitude of the health staff
- The condition of the health facility (infrastructure, cleanliness)

Ask participants for examples of good and bad experiences with going to the health facilities.

### **Discuss with the participants:**

- ?
- What made the good experience good?
- ?
- What made the bad experience bad?
- ?
- Do people feel comfortable going to the PHUs? Why/why not?
- ?
- Do people think that health services at PHUs are safe and effective? Why/why not?
- ?
- Do people think that the PHUs are honest and fair? Why/why not?

## **7. Role play on community members' use of health facilities**

### **Divide people into smaller groups:**

Ask some of the groups to come up with role plays that demonstrate positive experiences with the health facilities.

Ask some of the groups to come up with role plays that demonstrate negative experiences with the health facilities.

Let the groups present the role plays in front of the larger group. Discuss what the lessons learned are from the role play.

## **8. Action points: Communities and health care providers working together**

Discuss with participants what they can do to promote good health seeking behaviors in the community.

Also discuss how everybody can work together to build a good relationship between the community and the health facility.

- ?
- What can the health staff do?
- ?
- What can the CHW do?
- ?
- What can the community leaders do?
- ?
- What can individual households do?
- ?
- What can Facility Management Committees (FMCs) do?

**Action Points: examples of what can be done at community level**

- Encourage all community and household members to always go for care at the health facility
- Organize regular dialogue sessions between communities and health facilities
- Mobilize community to assist in cleaning in and around the health facility
- Mobilize community to assist in providing simple low cost facilities currently missing at the health center such as fencing or waiting barries
- Support the Facility Management Committees (FMCs) to monitor health services, for example drug deliveries



## Materials needed

- Copy of the Basic Package of Essential Health Services (BPEHS) document
- Counselling cards showing different levels of PHUs
- Counselling card showing community participation in health service monitoring and facility maintenance

## Learning outcome

People do not always know exactly what services are supposed to be available at their local PHU.

If they are aware, they will be increasingly able to:

- Make use of these services for key health issues affecting them
- Hold health facilities accountable for delivery of those services

## Key messages

- ✓ Different levels of PHUs provide different health services. The PHU should make a referral if certain services are not included
- ✓ The free health care initiative covers pregnant and lactating women, under-fives, EVD survivors, HIV patients and disabled people
- ✓ Communities should monitor that they are getting quality health services, if there are any gaps reports to the FMC
- ✓ Communities can contribute to maintaining a good environment for health care by assisting in cleaning and maintaining the health facility

## Discussion points

- ❓ How can communities hold health care providers accountable for good health care?
- ❓ How can communities come together to contribute to good health care services?

## Facilitation process

### 1. Introduction to Essential Health Services

#### ***Brainstorm with participants:***

- ❓ What are the health services available at their local PHU?
- ❓ Are there any gaps in the services?
- ❓ Why do these gaps happen?
- ❓ What can be done about them?

Facilitator explains that there is a government policy called 'The Basic Package of Essential Health Services' (BPEHS), which is a framework for improving health service delivery in Sierra Leone.

It talks about the type of health services that should be available at the various levels of PHUs. This is to make sure that health care is accessible and affordable to all people, not least the most vulnerable community members.

**Health care providers are generally responsible to:**

- Provide a clean and safe environment (the health facility itself) for staff and patients
- Ensure availability of essential services and drugs according to PHU level
- Ensure adequate and qualified health workers
- Treat all patients equally and respectfully

This can be a tool for communities and individuals to use in holding the health system accountable.

- The BPEHS defines an effective health system by outlining standardized health services that are accessible and affordable for all, not least the most vulnerable community members.
- The BPEHS will enable effective utilization of the limited resources available in the sector. It will be implemented on a gradual basis.
- By knowing what services should be available, individuals and communities will be empowered to demand the services they need and are entitled to. If there is a gap in health services, they will be able to identify it and advocate for the health care providers to overcome it.

The policy also emphasizes community ownership. Communities are encouraged to take active part in ensuring good health facilities and good use of them.

**Communities are generally responsible to:**

- Encourage all members to actively seek good health care from health facilities in good time
- Monitor health services
- Monitor health issues in their communities
- Support the maintenance of good environments for health care, for example assisting in cleaning and maintaining health facilities, embracing and respecting health staff, etc.



**Demonstrate a copy of the BPEHS document and make it available at the PHU or with the FMC chairman and emphasis on its components.**

**The BPEHS has 5 main pillars:**

1. **Patient and health worker safety:** How to ensure a functional and safe environment for delivering health services. For example, if a health structure is in a bad condition and lacking water, diseases can easily spread within the facility, and even infect the health workers themselves.
2. **Health workforce:** Good health care requires an adequate workforce. The BPEHS outlines the type of staff and their qualifications needed to deliver the health services promised at the 3 levels of PHUs.
3. **Essential health services:** The BPEHS describes the key health services that are to be provided at the various levels of PHUs.
4. **Surveillance and information:** This is not included among the health services, but the BPEHS encourages continued data collection, active case search, and good communication systems between health actors.
5. **Community ownership:** The BPEHS encourages communities to take ownership of their own health and of their responsibilities in supporting a functioning health system. The communities can support the implementation of the BPEHS by encouraging people to utilize the offered services at PHUs, by counselling and sensitizing on health issues, and monitor the health service delivery in the PHUs.

**Health services according to PHU level**

- Ask participants what kind of PHUs they know. What are the differences between them?
- Ask participants to observe the counselling cards showing the different kinds of health facilities. Let them discuss what the differences are between them.

**There are three levels of PHUs:**

- Maternal and Child Health Post (MCHP)
- Community Health Post (CHP)
- Community Health Centre (CHC)

**Each level has clearly defined functions:**

- The type of buildings, equipment, drug and supplies, and staffing are different between the different levels of PHUs because they have different functions.
- PHUs are supposed to be open 24 hours, or have a staff on-call for off hours to respond to urgent patient needs.
- Present to the participants the services supposed to be available at their local PHU.

**Community Health Workers (CHW)**

- There are more than 13,000 CHW in the country. They are being trained to deliver basic health care to the communities and monitor health issues at community level.
- There is supposed to be 1 CHW per village or per 100–500 people (20-100 households).
- CHWs are often the first point of contact for a patient, if there is no PHU in the community.
- CHWs can sometimes do a basic diagnosis, and otherwise refer the patient to the health facility.



### Community Health Worker (CHW): Community level

- iCCM, nutritional screening, distribution of family planning commodities
- Promotion of maternal care, hygiene, sanitation, referral of severe cases
- Social mobilization for outreach services and mass campaigns
- Links with community governance and ownership structures: FMCs, VDCs, Community Health Committees, M2M groups...

### Maternal and Child Health Post (MCHP)

MCPH is the most peripheral level of PHU. An MCHP should serve a population of 500 to 5,000 within a 5 km (3 miles) radius of the facility.

- Staffed by MCH Aides, MCHPs are often the first facility level of contact for patients.



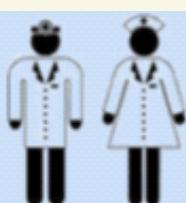
### Maternal and Child Health Post (MCHP): Closest health facility to the community

- Antenatal care, routine deliveries, immediate postnatal, neonatal care
- Routine vaccination, treatment of childhood illnesses and malnutrition
- Basic first aid
- Community outreach services
- Surveillance for epidemic-prone diseases

### Community Health Post (CHP)

CHPs are usually situated in a smaller town, and serve a population of 5,000 to 10,000 or more within 8 km (5 miles) radius of the facility.

- An SECHN or Community Health Assistant (CHA) typically serves as the in-charge in CHPs.
- Looking forward, as the availability of trained SECHN Midwives increases, CHPs will be staffed by a trained midwife.



### Community Health Post (CHP): Small towns

- Some pregnancy complications and complicated deliveries (may have a midwife on staff)
- Treatment of some severe childhood illnesses
- Surveillance for epidemic-prone diseases

### Community Health Center (CHC)

CHCs are usually situated in the chiefdom headquarter town or in a well-populated area

- with a catchment population of 10,000 to 30,000 or more within 15 km (10 miles) radius of the facility.  
The in-charge in a CHC is a Community Health Officer (CHO), supported by a team
- consisting of a CHA, SECHNs, Midwives, MCH Aides, and other clinical and support staff.  
The CHC supervises the lower levels of care, including CHWs, MCHPs, and CHPs within its catchment area.



### Community Health Center (CHC): Chiefdom level

- Basic Emergency Obstetric and Neonatal Care (BEmONC)
- Treatment of some severe childhood illnesses
- Laboratory and pharmacy services
- Screening and referral for some NCDs
- Surveillance and treatment of some epidemic-prone diseases

### **3. The Free Health Care Initiative**

The majority of health care costs in Sierra Leone are borne by households and patients. This is one of the main barriers to accessing health services for many families. Therefore, the Ministry of Health and Sanitation has launched the Free Health Care Initiative (FHCI) in 2010. Under the Free Health Care Initiative, certain groups are receiving health services at no cost, and some services are free to the entire population.

#### **Beneficiaries of the free health care initiative:**

- ✓ Pregnant and lactating women
- ✓ Children under five
- ✓ Disabled people
- ✓ Ebola survivors
- ✓ HIV patients

#### **Health services free to everyone:**

- ✓ Malaria testing and treatment
- ✓ De-worming tablets
- ✓ Family planning for adolescents
- ✓ HIV testing
- ✓ TB (tuberculosis) testing and treatment
- ✓ Nutritional supplementary products

#### **Other services and drugs come at a cost.**

- ✓ Emphasize that even if the drugs are not free at the health care facility, it is still better to get them from there rather than from the drug peddler. Sometimes the drug peddlers use fake or expired drugs.
- ✗ Discuss with participants what to do if they suspect that they are being overcharged for health services.

#### ***Referrals***

- Ask participants if they have ever experienced being referred to another health facility? What happened?
- Explain that if a particular PHU according to its level is not able to deal with a patient, the PHU staff have to make a referral.
- This means the patient will be referred to another health facility that will be able to address the patient's need.
- Sometimes patients do not want to go to another health facility. But this may be necessary in order for the patient to get the proper care at a bigger health facility that has a different level of equipment and staff.
- The staff at the local health facility is responsible to ensure good follow up on the referral of the patient.
- It may happen that a PHU lacks the resources or staff to perform even the health services it should offer according to its level. This is not necessarily the fault of the current staff there, but is due to a lack of resources higher up in the system.
- If patients experience such gaps in health services, mobilize the FMCs to make a report to the DHMTs and District Councils.

#### **4. Gaps and challenges in health service delivery (role play)**

- Divide participants into smaller groups.
- Ask them to develop roles plays that illustrate some of the gaps and challenges they have encountered in regards to health service delivery.
- The role plays should reflect both the side of the health facility/health workers and the side of the community/patients.

##### **Ideas for issues to address in the role play:**

- a) Community members attending clinic cause of supplementary food and realizing their dependents have been knocked off the list
- b) Community members such as chiefs or FMC members demanding for services they are not entitled to
- c) Limited drug supplies and drug availability for common diseases
- d) Poor attitudes of health workers, such as staff absenteeism and negative behavior towards patients)
- e) Patients suspecting, they are being overcharged for health services
- f) Poor standard of health facilities with inadequate infrastructure and poor cleanliness
- g) Community members demanding health services they are not entitled to, for example if they are not included in the free health care initiative (for example chiefs), or if that service is not being offered at that particular level of PHU

After each role play being performed in front of the bigger group, discuss on the following:

- ❓ How does this problem affect the health of the population?
- ❓ How does this problem affect the relationship between the health facilities and staff and the population?
- ❓ Why does the problem occur?
- ❓ What can the health staff do to overcome the problem?
- ❓ What can the communities do to overcome the problem?

#### **5. Community ownership and involvement**

Ensuring a good health status of the population in rural areas requires community ownership and involvement.

- Brainstorm with participants what they see as the community's roles and responsibilities in ensuring a well-functioning health system.
- Based on their discussion, emphasize on the following ways communities can play active roles towards improving health and health care:

##### **Establishing Facility Management Committees (FMCs) working with the health staff:**

- Develop health development plans for each PHU
- Agree on the use of funds for the maintenance and development of the clinic
- Develop an action plan for each PHU
- Organize dialogue sessions between health facilities/staff and communities

**Establish health other related structures at community level:**

- ─ Mother support groups or Gender Model Family groups
- ─ Community / neighborhood watch groups for disease surveillance
- ─ Engagement of youth and men in women's and children's health issues

**Maintenance of the health facility:**

- ─ Organize community participation in cleaning of the PHU
- ─ Protect the water source for the PHU
- ─ Contribute community materials and labor to infrastructure improvements at PHUs, such as construction / repairing of wells and latrines
- ─ Assist in constructing fencing, in-patient housing,
- ─ Provide accommodation for staff to promote staff retention

**Health promotion and health education:**

- ─ Ensuring all households have toilets to prevent the spread of diarrheal diseases
- ─ Promoting good hygiene practices such as hand-washing
- ─ Organizing community cleaning campaigns
- ─ Encouraging the production and consumption of nutritious and healthy diets to make the body strong to fight off sickness

**Encourage good health seeking behaviors of community members:**

- ─ Encourage community members to PHU when specific health talks or ANC days are planned, to enable the health staff to manage the patient flow
- ─ Recognize patients in the community who are challenged in accessing the health facilities
- ─ Mobilize community resources to assist such cases with financing for transportation  
Resolve family disputes about care-seeking
- ─ Overcome negative attitudes about the health system

Encourage the participants to come up with action points and action plans for how the community can mobilize and take more action around health issues.

**Facility Management Committees (FMCs)**

- Ask participants if they are aware of any Facility Management Committee (FMC) in their area? Do they know who their community representative?
- FMCs are comprised of members from each of the catchment areas and the PHU staff. FMCs are supposed to hold monthly meetings at the health facility.

**The roles and responsibilities of the FMCs include:**

- ✓ Representing communities in discussions about health facility management
- ✓ Facilitating dialogue and cooperation among community members and health workers
- ✓ Monitoring health issues in their communities
- ✓ Bringing health issues affecting the communities to the attention of the health care providers
- ✓ Sharing health related information with the communities
- ✓ Mobilizing communities for support to facility maintenance (cleaning, basic repairs, etc.)
- ✓ Supporting CHWs and PHU staff in health education and health promotion in their communities
- ✓ Promoting good health seeking behaviors among community members

### **Discuss with the participants:**

- ?
- What is the role of the FMC members?
- What are some of the issues they would like FMC members to bring forward to the health facilities?
- What kind of health information do they want the FMC members to bring back to them from the FMC meetings?
- How can the community strengthen the FMCs role and functionality?
- What are the challenges for the FMCs?
- How can these challenges be overcome?

## **6. Accountability in health service delivery**

Accountability means being responsible and transparent. Government institutions – and the health sector – should be accountable to the population it serves. This means that the government should deliver health services in a transparent way.

- Facilitate a group discussion on how communities can hold health care providers accountable.
  - Refer to the examples of gaps in services that participants illustrated in the role plays earlier in the session.
  - Divide participants into groups and let each group discuss on one of the issues.
  - Ask them to make suggestions and actions points for how communities can hold health care providers accountable.
- ?
  - What is the role of the patient?
  - What is the role of community leaders?
  - What is the role of the FMC?
  - What is the role of the PHU staff?
  - What is the role of the DHMT?
  - What is the role of ward counselors?
  - What is the role of the District Council?
  - What is the role of other partners such as NGOs?

## **7. Action points**

- Discuss action points at household and community level.
- Possible action points include:
  - Strengthen the role and functionality of FMCs (support them with for example transportation to conduct monthly meetings)
  - Report any gap in services to FMC
  - FMC to organize regular dialogue sessions between health facility and community members
  - Share key messages in the community to encourage all community members to make good use of the available health services (according to PHU level)
  - Set up a mechanism in the community to support the most vulnerable members who have challenges in accessing health facilities (for example mobilize resources for transportation)

# Common Diseases and their Link to Hygiene and Nutrition



## Materials needed

- Counselling cards showing male and female bodies and their essential organs
- Counselling card on skin infections and personal hygiene
- Counselling card on respiratory infections



## Learning outcome

Many common diseases in the communities are linked to hygiene/sanitation and nutrition. Through the module, participants will be able to:

- Identify measures to be taken to prevent common diseases that are caused by poor hygiene and sanitation
- Understand that good nutrition makes the body strong to fight off common diseases

## Key messages

- ✓ Good personal hygiene and sanitation can prevent many common diseases and infections
- ✓ Good food hygiene is essential to prevent common diseases like worms
- ✓ If you are eating a healthy diet with plenty vegetables and fruits, your body will be stronger to fight off diseases such as common colds
- ✓ Seek treatment for common diseases at your nearest health center

## Discussion points:

- ❓ What is the link between health, hygiene and nutrition?
- ❓ How can households and communities improve on hygiene and sanitation to prevent common diseases?

## Facilitation process:

### 1. Brainstorm

Brainstorm with participants on common diseases in the community.

- What are some of the common diseases in the community?
- What are their signs and symptoms?
- What common diseases are caused by poor hygiene sanitation?
- How can they be prevented?

## 2. Case story

### The Whole Family is Itching

A young family in a rural community has a young child who is just above 1 year old and is starting to learn to walk around on his own. Sometimes he just sleeps on the ground wherever he wants to. When the family is doing their laundry, they just leave the clothes to dry on the ground too.

One night the mother finds the baby sitting on the ground scratching his arms and legs. 'What is wrong with the baby?' asks the father. 'Nothing, he is just dirty, I will give him a bath now'. She gives the baby a hot bath with soap.

That night the baby sleeps in the bed with the mother and father. Even after the bath, the baby is still itching all over. The mother gives the baby another bath the next day. But the following night the itching is even worse. The baby is crying the whole night because of the itching.

The next day the mother starts to itch again, especially between the fingers and toes. This continues for the whole day and night. The next morning, she looks closer at her fingers and see the skin has become red and bumpy. The father now also starts complaining about itching.

They contact the CHW who examines them. According to the CHW, they seem to have been infected by a skin disease like scabies or ringworm. The CHW refers them to the PHU. At the PHU they are given a cream and told to apply it to the infected skin every day until the symptoms go away.

When they come home, they wash all their bedsheets thoroughly.

They sleep on separate mats until all of them no longer have symptoms.

#### Discussion:

- ?
- What were the signs and symptoms of skin disease the baby and mother experienced?
- ?
- How was it spread from the baby to the parents?
- ?
- How was the skin infection treated?

## 3. Skin infections

#### Ask participants:

- ?
- Did you ever experience a skin infection?
- ?
- What were the signs and symptoms? How was it treated?
- ?
- Which different types of skin infections do you know?
- ?
- How can they be prevented?

#### Scabies

#### Brainstorm with participants:

- ?
- What is scabies?
- ?
- What are the signs and symptoms?
- ?
- How is it spread?
- ?
- How can it be prevented?

**Based on the discussion, summarize the following points about scabies:**

- Scabies is a common skin disease. It causes a bad rash that itches a lot especially at night.
- Other symptoms include small red bumps or blisters on specific areas of the skin.
- Scabies is caused by a tiny bug that enters a person's skin and lives under the surface. Scabies is mostly found between the fingers, on the wrists, in armpits, on elbows, around the waist, on thighs and buttocks and between the toes.
- When scratching the skin with dirty hands, the infected area may also be vulnerable to other kinds of infections
- Scabies is spread via direct body contact between humans. For example, when an infected person is touching or scratching the infected skin, the scabies bug then sticks to the fingers or under the nails and when that person touches another body part the infection will spread to there. If the person touches somebody else, that person will become infected too.
- Sexual contact is a common form of transmission.
- Scabies is highly contagious. Even a mother hugging a baby can pass on the infection.
- Scabies bugs cannot jump or fly so you cannot get it from standing next to a person with scabies.
- Scabies can also be spread through clothing and bedsheets.
- Animals can also get scabies, but it is a different kind. The scabies mites from the animal can land on the human skin, where it may cause a small itch for some days, but then it will go away on its own.

**Ringworm**

Brainstorm with participants:

- ?
- What is ringworm?
- ?
- What are the signs and symptoms?
- ?
- How is it spread?
- ?
- How can it be prevented?

**Based on the discussion with participants, emphasize on the following points about ringworm:**

- Ringworm is a fungus and actually not a worm. It cannot be seen with the naked eye
- Ringworm is a skin infection that shows as reddish and itchy rings on the skin, or a pale spots on the skin.
- Ringworm is commonly found on the head as bald spots where the hair does not grow,
- On the skin it is mostly found between fingers and toes, on the face under the eyes, or
- around the genitals. It can also make the fingernails become thick and rough.
- Ringworm can be spread from person to person by direct body contact, but also through clothes and bedsheets.
- Ringworm infects animals too and can be transmitted from animals such as dogs to humans.
- Skin infections are easily treated at your local health facility

***Skin infections are easily treated at your local health facility***

**Visit your nearest health facility to get the proper treatment.**

- Go to the health facility to get medication for all skin infections, including scabies and ringworm
- Apply the ointment every day to all affected areas of the skin. Do so until all signs have disappeared – this can take a long time

- Keep the affected areas of the skin dry and exposed to the air or sunlight as much as possible.
- Shave the head of the person infected with ringworm.
- Wash the infected person(s) clothes and bedsheets thoroughly.
- Also wash other family members' clothes and bedsheets just in case.
- Let the infected person(s) sleep on a separate mattress under separate covers.

Emphasize that scabies and ringworm are easily spread and all members of the household must be checked and treated, if necessary.

#### **4. Personal hygiene is key to avoiding skin infections**

**Ask participants:**

- ? What are some of the symptoms of poor personal hygiene?
- ? What are the key elements of personal hygiene?
- ? Which ones do you do every day? Which ones do you do less frequently?

**Key elements of personal hygiene include:**

- ✓ Take shower with hot water and soap daily
- ✓ Comb the hair daily (preferably cut it very low)
- ✓ Clean under the finger nails daily and cut them regularly so they do not grow too long
- ✓ Wear clean clothes
- ✓ Place laundered clothes on a clothes line to dry and not on the ground
- ✓ Wash bed sheets regularly and take mats/mattresses outside for fresh air and drying in the sun
- ✓ Make sure children are also given bath daily and washing their hands
- ✓ Regularly examine children for signs and symptoms of skin infections
  
- ✓ Emphasize that poor personal hygiene – such as rarely showering – can also make the skin feel itchy, when it is covered in dirt/dust and dried sweat. In that case a shower will help – but if the itching still remains with some of the other symptoms, it may be either scabies or ringworm.
- ✓ Emphasize that personal hygiene is also important for your personal well-being, and for appearing neat to other people.

## 5. Case story

### Josephine's Husband takes a Bath

*Every night when Josephine's husband James came back from the farm, he is very dirty. He is smelling bad from sweat from the hard work and even has dirt from the farm under his nails. But often he is too tired to even take a bath. He also does not help at all keeping the compound tidy.*

*Josephine cares a lot about the cleanliness of her family and her home. She takes her bath every day and combs her hair. She likes living in a hygienic environment free from pests, and she always takes pride when neighbours praise her clean compound.*

*So one night she is just fed up with her husband. When he is about to go to bed without taking a bath, she shouts at him: 'You dirty man! Look at you! Smelling like a dustbin! Bringing all that filthy dirt and all kinds of diseases into my home! I am ashamed of you!'*

*The husband looks surprised but then gets angry at her: 'You! I am working hard every day to bring food on the table for you and your children! What gives you the right to complain?' He goes to bed without saying a word. The next morning, he still looks angry and when he comes home at night he appears to be sad.*

*The next day Josephine is sitting outside her house crying over the conflict that has started in her home. Her friend comes by and Josephine explains the whole thing to her. Her friends give her some advice...*

*When the husband comes home from work, Josephine approaches him gently. 'Look, my dear husband, I prepared a hot bath for you. I like it so much when you are wearing those clean clothes and I really enjoy sleeping next to you in our bed when you are smelling all fresh and clean...'*

*The husband agrees to take the bath and they spend a peaceful night together. The next night he even prepares the bath for himself...*

#### Discussion:

- ?
- Why is personal and compound hygiene important to Josephine?
- ?
- What is the problem she is having with her husband's personal hygiene?
- ?
- What did she do wrong the first time she tried to address the problem with him?
- ?
- What do you think her friend advised her to do differently that made her change her approach to her husband?
- ?
- Why did the husband agree to improve his personal hygiene in the end?

**Note to facilitator:** Personal hygiene can be a sensitive issue. Sometimes people do not have the time and resources to keep themselves clean and tidy. You have to be careful in how you advise them about personal hygiene to avoid insulting them.

- Let participants discuss how they can gently remind each other in polite ways to upkeep personal hygiene
- Let the GMF discuss with one another how to improve on the personal hygiene of

## **6. Respiratory infections and common colds**

**Ask participants:**

- ? What part are respiratory infections and common colds?
- ? What part of the body are they affecting?
- ? Have you ever experienced a common cold or respiratory infection?
- ? What were the signs and symptoms?
- ? How was it treated?
- ? How can it be prevented?

**Respiratory infections infect your nose, throat and lungs.**

- Demonstrate on the body map where the nose, throat and lungs are.
- Facilitator demonstrates 3 different ways of coughing and sneezing:
  - Into the air
  - Into the hand
  - Into the elbow

Ask participants, which one is the best, and why?

- Emphasize that the germs can be passed on to other people either through the air, or via hands that have not been washed or pieces of cloth that have been used to blow the nose.

## **7. Prevention of colds and respiratory infections**

- ✓ To prevent the spread of germs that cause respiratory diseases and fresh colds,
- ✓ Eat plenty healthy foods especially fruits and vegetables (especially things like lime, orange, pineapple and tomato) to help the body fight off diseases
- ✓ Cough and sneeze into the elbow
- ✓ Always wash hands
- ✓ When babies have colds, always clean their noses with clean hands and clean cloth
- ✓ Let infected people sleep in a separate bed
- ✓ Make sure the house is well ventilated with fresh air and not too dusty
- ✓ Avoid inhaling smoke from cooking, and burning of farms and garbage
- ✓ Get plenty of rest to keep the body fresh and strong

**Colds and respiratory infections are often easy to treat at home:**

- ✓ Boil hot water and put it in a bowl and breathe in the hot vapor
- ✓ Make a mixture of a cup of hot water with a tea spoon of salt and gurgle it (to loosen the substance in the nose and throat)
- ✓ Drink hot water with ginger
- ✓ Drink plenty of water
- ✓ Stay warm and dry
- ✓ Emphasize that drugs are not always needed for a common cold. Most often home remedies such as the above as well as healthy food and plenty of rest will make it go away
- ✓ If the cold is not going away after some days, contact the CHW or nearest PHU

## **8. Pneumonia**

**Ask participants:**

- ? Have you ever heard of pneumonia?
- ? Did anyone here ever have pneumonia? What happened?

Explain that if colds and respiratory infections are not treated, they can develop into pneumonia. This happens if an untreated infection travels from the nose and throat into the lungs. Lungs are like bags in the chest that we use to breathe – if the lungs are infected it will be more difficult to breathe.

### **Signs and symptoms of pneumonia:**

- Fast, shallow breathing
- Making wheezing noises when breathing
- Chest pain and pain when breathing
- In a baby or young child, the lower chest goes in when breathing
- Coughing, with colored substance coming up when coughing
- Fever
- Lack of appetite

### **Action Points: Pneumonia is a serious infection year – it kills many children every year.**

- If you suspect your or your child may be having pneumonia, go to the nearest PHU immediately.
- Pneumonia can often be treated with antibiotics at your local health facility. If further treatment is needed, the PHU staff will refer you.

## **9. Diarrheal Diseases and Worms**

### **Ask participants:**

- ❓ How many of you or your children have had worm infestations?
- ❓ What are the signs and symptoms of worm infestations?
- ❓ What part of the body is affected?
- ❓ How do you get worms? How can it be prevented?

Based on participants' discussion, summarize the following key points on how a person can become infested with worms:

- By eating food that is not cleaned or cooked properly
- By drinking from or bathing in a river where an infected person may have defecated
- By leaving kitchen utensils on the ground
- By not washing hands
- By stepping on infected soil

Good food hygiene is key to avoid worm infestation.

Ask participants for the key aspects of good food hygiene?

### **Based on their discussion, summarize the following key points:**

- ✓ Always keep food stored in a clean environment, away from the ground and animals
- ✓ Always wash fruits and vegetables before eating them
- ✓ Always cook fish and meat thoroughly
- ✓ Keep clean kitchen utensils stored on a high platform (plate rack) out of reach for animals and children
- ✓ Do not mix clean and dirty utensils
- ✓ Keep raw food and cooked food separated

- ✓ Emphasize that worms can be a cause of malnutrition. Either by causing diarrhea, making all the good nutritious food escape from your body. Or the worms can be living in the stomach for some time sucking all the good nutrients out of the food you eat so you don't get to benefit from them.

### **Personal and environmental health is equally important:**

- ✓ Always wash hands with soap and clean water, especially after using toilet and before eating
- ✓ Avoid open defecation
- ✓ Keep the compound and community clean
- ✓ Emphasize that diarrheal diseases and their treatment and consequences will be treated in more detail in the next module.

## **10. Skits on common illnesses**

Divide participants into smaller groups and ask them to develop skits on the common diseases and their linkages to hygiene, sanitation and nutrition.

Let the role plays show the following:

- Signs and symptoms of the disease
- How the disease is caused as well as transmitted to other people
- Treatment and further prevention
- How the disease is linked to hygiene/sanitation and nutrition
- Let the groups perform the skits in front of the larger group. Tell them the skit should NOT explicitly mention which disease they are showing – but the rest of the group should guess which disease it is based on the key messages demonstrated in the role play.

## **11. Action points**

Discuss action points at household and community level.

### **Possible action points include:**

- Make sure tasks related to improved hygiene and sanitation are shared equally among men and women
- Construct plate racks
- Construct clothes lines
- Construct hand-washing facility (tippy-tap) at latrine and kitchen
- Take bath with soap every day
- Examine children regularly/weekly for skin diseases
- Wash bedsheets and air mattresses weekly
- Organization kitchen/cooking area to minimize breathing in smoke
- Discuss with whole household how to improve food hygiene practices
- Share key messages wider in the community



## Materials needed

- Flipchart and marker
- Counselling card with F Diagram
- Counselling card showing person experiencing diarrhea

## Learning outcome

Diarrheal diseases are common in the communities. They lead to poor health, loss of productivity, poverty and even death. The objective of the session is for participants to:

- Understand the key transmission routes of bacteria causing diarrhea
- Identify key improved hygiene and sanitation practices to prevent diarrhea

## Key messages

- ✓ Diarrheal diseases are detrimental to the health and can even lead to malnutrition and death
- ✓ Diarrheal diseases can be prevented by improving hygiene practices
- ✓ Always go to the health facility when you or your child is experiencing severe diarrhea

## Discussion points

- ❓ Why are diarrheal diseases so common in the communities?
- ❓ What can households and communities do to prevent them?
- ❓ What are the basic treatments to control diarrhea?

## Facilitation process

### 1. The problem of diarrhea: Definition of diarrhea and experience-sharing

**Ask 3 volunteers to come in front of the group. Ask them to perform a short skit about a diarrhea case in the household.**

Explain that diarrhea is defined as passing loose stools 3 times or more per day. It is caused by germs entering the body, typically when the environment lacks good hygiene and sanitation.

## Discuss with participants:

- ❓ Have you experienced diarrhea before?
- ❓ What caused it?
- ❓ How did you treat it?
- ❓ What was the impact on your body and life?
- ❓ Who in the community experiences diarrhea most frequently? Why is that?
- ❓ How can diarrhea be prevented?

Based on participants' discussion, emphasize on the following...

**Diarrhea has an impact on the body health:**

- Diarrhea makes you sick, weak, and tired and lose appetite and weight
- Diarrhea makes all the water leave the body and causes dehydration which is very dangerous
- Diarrhea makes important nutrients leave the body - even if you eat a healthy diet, if you have diarrhea often it is like pouring water into a bucket with a hole - and can lead to malnutrition
- Severe dehydration and malnutrition caused by diarrheal diseases is among the leading causes of death among children in Sierra Leone

**Diarrhea has an impact on household resources and livelihoods:**

- When you are sick with diarrhea, you spend more money on health bills
- When you are sick with diarrhea, you are not always able to work and the household may lose income
- Severe diarrhea for a longer time can lead to even death



## 2. (case story)

Tell the following story to participants:

### Umaru Gets Diarrhea

*Umaru lives in a rural community with his wife and three children. They are farmers, and sometimes Umaru does casual labor in a nearby mining area.*

*In the community, they get their water from a good pump. They do not have a toilet by their house, so use mainly the bush and sometimes one of their neighbors' latrine. In the mining area, Umaru is always drinking from an unknown source and the area does not have any toilet facilities.*

*Umaru tends to have mild diarrhea at least once per month. One day, Umaru gets diarrhea that is worse than normally. The first day he is still able to go to the farm. The second day the diarrhea is worse and he is forced to stay home in bed. His wife prepares*

*ORS and pap for him. But the next day the diarrhea is still very bad, and Umaru is starting to become dehydrated and weak. This continues for several days.*

*Then, Umaru's wife also develops diarrhea and has to stay in bed. A relative is called to look after the children. They call on the CHW who comes to the house.*

*The CHW gives Umaru and his wife medicines for the diarrhea. After taking the drugs for some days, Umaru and his wife finally get better. However, they have lost weight and are both still weak for several weeks, and they miss out on some crucial days in the planting season, and are not able to cultivate a bigger farm that year.*

#### **After the case story, ask the participants:**

- ?
- How did Umaru get diarrhea?
- ?
- How was it passed on to his wife?
- ?
- What were the impact on Umaru's household?
- ?
- How did Umaru and his wife overcome the diarrhea?
- ?
- Do they see similar things happening in their community?

### **3. Transmission paths**

#### **Ask participants:**

- ?
- What causes diarrhea?
- ?
- What are some of the ways you can get diarrhea?
- ?
- How is diarrhea transmitted?
- ?
- Where have you been exposed to bacteria today, yesterday, and in your everyday life?

### **4. Case story**

#### **Mohamed spreads his diarrhea**

*Mohamed is a farmer. One day he has diarrhea and needs to urgently pass stools many times during his day on the farm. Sometimes he shits directly in the field, sometimes in the stream next to the field.*

*Later the day his wife comes to harvest some greens and other crops from the field that she wants to cook for lunch. She cooks at the small tent near the field and leaves the food out uncovered for Mohamed to come and eat it.*

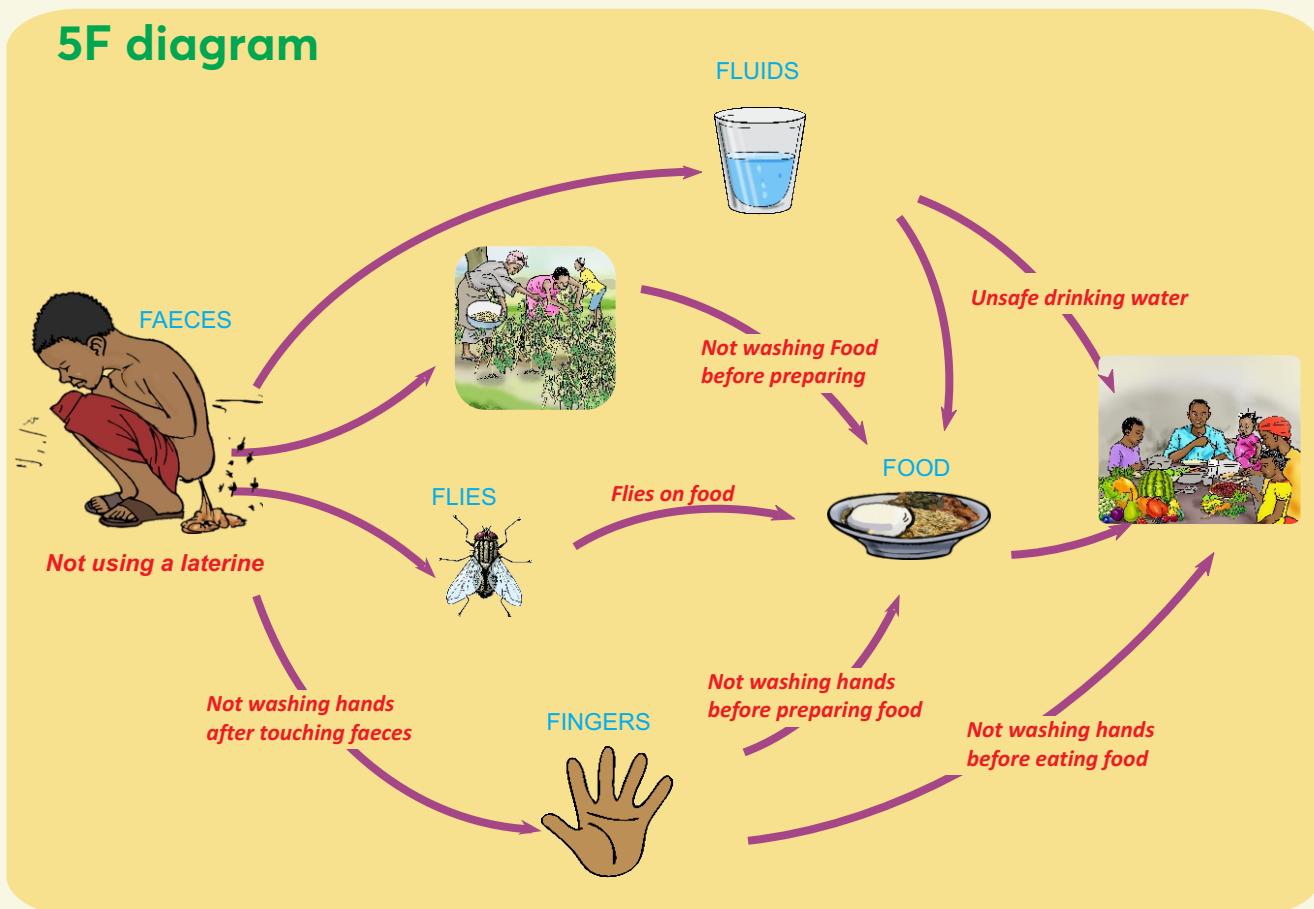
*On her way back to the house, she collects water from the stream to be used for household cleaning and washing of kitchen utensils.*

*In the coming days, several family members start experiencing diarrhea.*

#### **Discuss with participants:**

- ?
- What caused Mohamed's diarrhea to spread to others?
- ?
- What did Mohamed and his wife do that were not safe hygiene and sanitation practices?

Show the F Diagram counselling card to participants.  
Also draw it on a flipchart or with a stick on the ground.



Explain that the bacteria that cause diarrhea are transmitted by these main sources:

- Fluids (for example, drinking infected water)
- Fields/floors (eating something or with something that is not clean and might have been in contact with bacteria)
- Flies (flies landing on feces and afterwards landing on food)
- Fingers (not washing hands after latrine and before eating)

Ask participants to discuss each of the above and how they can be a transmission path.

Discuss with participants how each of the transmission paths can be blocked. Add to their discussion by emphasizing the following:

#### Fluids:

- ?
- Avoid drinking from an unprotected source
- ?
- Make sure water used for cleaning of utensils is clean too
- ?
- Don't defecate in ponds and streams

#### Fields/floors:

- ✓ Avoid open defecation
- ✓ If no other alternative, cover feces with soil or similar afterwards
- ✓ Don't place food or utensils directly on the ground
- ✓ Always keep a clean domestic environment free from dirt and animals or human feces

### **Flies:**

- ✓ Avoid open defecation
- ✓ Always cover food

### **Fingers:**

- ✓ Always wash hands with soap and clean water after using toilet
- ✓ Always wash hands with soap and clean water before eating or feeding a child
- ✓ Always wash hands with soap and clean water after cleaning a baby

## **5. Control and treatment of diarrhea**

Emphasize with participants, that when they are experiencing diarrhea, it is best to consult the CHW or nearest health facility. Here they can be advised on doing either home treatment or getting further treatment at the clinic.

When a person has a diarrhea, they are quickly losing fluids, salt, sugar and other important nutrients from the body. It is important to replace them, as the person may otherwise die.

Mixed ORS and other fluids should be given to the patient after 24 hours.

### **Oral rehydration solutions (ORS)**

For adults and children above 6 months, oral rehydration therapy can be a solution to quickly replenishing the body.



#### **Demonstrate the recipe to the participants:**

- 1 liter (3 pints) of safe, clean water (ideally boiled)
- 6 level teaspoons of sugar
- A little salt at the end of a spoon

#### **If you do not have those ingredients readily available in your home, alternatives can be:**

- Young coconut water
- Rice water
- Ready-made sachets of ORS

#### **How to administer the ORS to a young child:**

- A child should have 1 cup of ORS for every watery stool
- Give the child the ORS in small sips from a clean cup, or with a clean spoon
- Continue giving the child ORS all day and all night until the diarrhea stops
- If the child vomits, stop for a few minutes to give her/him time to recover, and then continue giving the ORS
- Keep giving food as often as the child wants it and continue to breastfeed (if they are breastfeeding)

We have learned that a small baby should not receive any fluids or water aside from breastmilk.

### **What to do when a small baby less than 6 months has diarrhea?**

- ✓ The child should be breastfed more frequently
- ✓ No fluids aside from breast milk should be given to a child that is exclusively breastfed
- ✓ The mother must continue to feed the baby breast milk only, as often as the baby will take.
- ✓ If the baby is not taking on milk, it should be taken urgently to a health facility for a drip.

### **Food during diarrhea**

- Ask participants what food they normally eat when they have diarrhea?
- Emphasize that the stomach is very sensitive during diarrhea and it is important not to eat any food that will make it worse.
- Food should always be prepared in a very clean environment and eaten from very clean utensils.

### **Foods that are good to eat when having diarrhea:**

- ✓ Bananas
- ✓ Boiled potatoes
- ✓ Empty rice
- ✓ Oatmeal
- ✓ Empty bread
- ✓ Biscuits
- ✓ 

### **Foods that are bad to eat when having diarrhea:**

- Fatty and greasy food with a lot of oil
- Spicy foods
- Citrus fruits and other fruits like pineapple, guava
- Raw vegetables
- Milk
- Beans

## **6. Medical and clinical treatment of severe diarrhea**

Emphasize with participants that if the diarrhea is very severe or not going away after a few days, they must seek medical treatment instead of continuing with the home treatment. Especially for young children, diarrhea can quickly lead to dehydration (the body losing a lot of fluid) and even death.

Ask participants how you can tell if a small child suffers from severe diarrhea and dehydration?

Symptoms include the following:

- Weakness
- Poor or no appetite
- Little or no urine (urine has a dark yellow color)
- Dry lips
- Inelastic skin (if you pinch it, the skin will only go down very slowly)
- Sunken eyes
- No tears
- Cold skin

- Dizziness
- Vomiting
- Not taking water orally
  - Not interested in what is happening in the surrounding environment

If this is the case, immediately report to the nearest PHU or CHW.

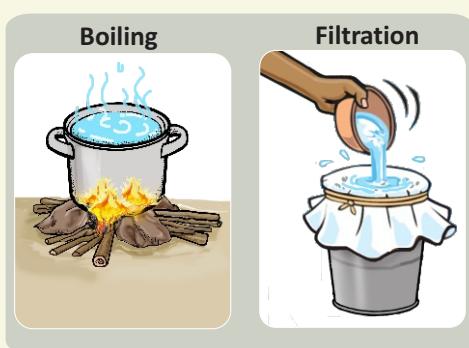
## **7. Action points**

Discuss on action points at household and community level.

Possible action points include:

- Develop community bylaws on environmental sanitation
- Organize regular cleaning campaigns in the community
- Construct plate racks, clothes lines, and garbage pits at every household
- Construct hand-washing facilities (tippy tap) at both latrines and kitchens
- Wash hands at key moments
- Report incidences of diarrheal diseases to the nearest health facility

Share key messages wider in the community.



## Materials needed

- Counselling showing unsafe collection and consumption of drinking water
  - Counselling card showing safe drinking water chain
  - Human or animal feces
  - Transparent glass
  - Bowl
  - Big rubber bucket
  - Maggi cube
- Polyester cloth for filtering

## Learning outcome

Some communities do not have access to a protected drinking water source. They collect their drinking water from rivers, streams and ponds. They drink it without treating it to make it safe to drink, and end up getting sick.

### The objectives of this session:

- Participants understand the importance of safe drinking water for their health
- Participants learn how to prevent contamination of their drinking water from collection point to consumption
- Participants identify locally appropriate drinking water management treatment practices at household level

### Key messages

- ✓ Drinking water from unprotected and untreated water source or un-treated is a leading cause of diarrheal diseases
- ✓ Even if there is no protected water source in the community, water treatment at household level can still be done and help protect the family against illnesses
- ✓ Keep household drinking water in clean and covered containers in elevated environment

### Discussion points

- ❓ How can the community make sure their water source is protected and well managed?
- ❓ How can the community promote water treatment at household level if there is no improved water source?

### Facilitation process

#### 1. Importance of safe drinking water (brainstorm)

##### Brainstorm with participants on the importance of clean drinking water:

- ❓ What are the different water sources they use in the community?
- ❓ What are the advantages and disadvantages of each of those sources?
- ❓ Are you doing any treatment of the water at household level?
- ❓ How are you treating and managing your community water source?

?

What are the consequences of not having clean and safe water to drink?

## 2. Water sources

Based on participants discussion and analysis of their water sources, the facilitator can emphasize the following:

**Surface water** such as rivers, streams, ponds and lakes are exposed to many kinds of contamination, such as...

- Upstream defecation in streams and rivers (even by other villages)
- Defecation near catchment
- Upstream mining near rivers and streams
- Fish poison
- Animals drinking, bathing and defecating
- People bathing
- People laundering
- Disposal of garbage and waste in streams and rivers

**Rain water** is quite pure, but...

- If it is collected from the roof, it will be made dirty by any dirt on the roof, especially with the first rains
- Make sure the draining and collection system is clean
- Make sure animals are not drinking from the containers collecting the rain water
- Make sure nothing is falling into the containers collecting the rain water
- In the rainy season, the rainwater will be much safer than surface water or unprotected wells

**Groundwater** sources such as wells, springs, boreholes, and hand-pumps are the cleanest and safest because...

- Groundwater comes from rain that has been collected under the ground since many years.
- When the rain seeps through the ground to the deeper levels, the soil filters it and removes the germs
- The quality of groundwater can be negatively affected if things on the surface near the well/spring that can soak into the ground and reach the water, such as feces, waste, and stagnant water
- If latrines are located above or nearby a groundwater point, this is a risk of water contamination

**Groundwater** can also be contaminated during the process of collecting, transporting and storing it!

## 3. The safe drinking water chain (role play and discussion)

Facilitators prepare a small skit illustrating the whole process of collecting water at the water point, taking it to the house, storing it, and finally drinking it.

The facilitator should make a few 'mistakes' during the collection process, to illustrate possible ways of contaminating drinking water.

Ask participants whether they believe the collected water is completely safe to drink?

- Could the water have been contaminated at any point?
- How can contamination be prevented at the various steps between collection and consumption of drinking water?

Ask participants to observe the counselling card on the safe drinking water chain. Discuss with them what the important aspects are of safe collection, storage and consumption of drinking water.

Based on the discussion, identify best practices for collection and storage of drinking water.

**Safe collection of drinking water:**

- ✓ Keep the water point clean and fenced (no entry for animals)
- ✓ Collect water for drinking in a clean container – not in a container used for other purposes like bathing, cleaning, etc.
- ✓ Collect water in a covered container so nothing can fall in the water on the way home
- ✓ Make sure the person collecting the water is aware of the above

**Safe storage of drinking water:**

- ✓ Store water in a closed container (water container should only be open when in use)
- ✓ Place the container with drinking water on a raised platform (for example table) out of reach from animals and small children
- ✓ Change the water regularly (ideally on a daily basis)
- ✓ Clean the water container regularly

**Safe use of drinking water:**

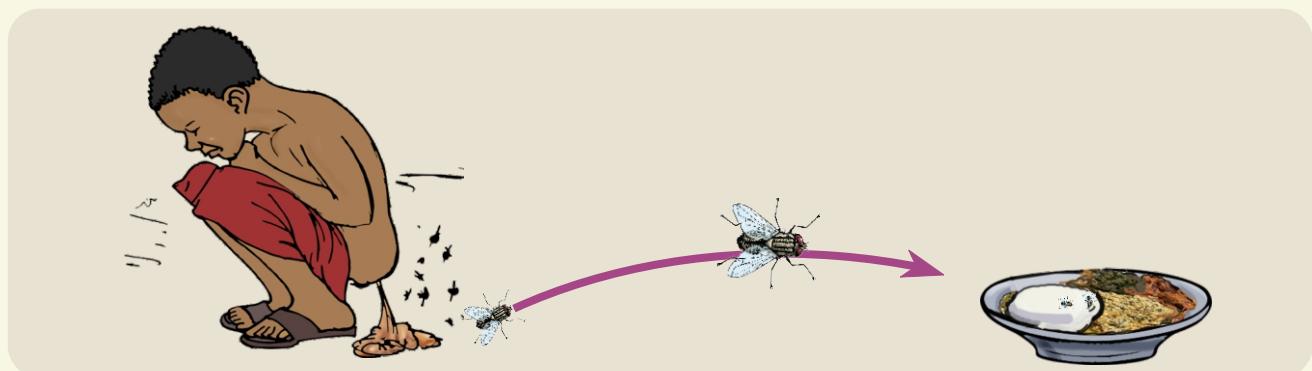
- ✓ Always collect water from the container using a clean cup
- ✓ Use a clean cup to collect the water and pour it into a different clean cup that you are drinking from
- ✓ Do not dip hands or fingers in the water inside the container

### 3. Invisible dangers (games)

Emphasize to participants that just because something LOOKS clean, it does not necessarily mean that it IS clean. Sometimes dirt in the drinking water can be clearly seen, but other times it is invisible and you cannot see, smell or taste it.

Ask participants if they can give examples?

#### *Shit on a fly's feet*



Pour 2 glasses of water and place them in front of the participants.

Pull out a hair and show it to them, saying how the hair is very thin – like the feet of a fly – and fly has six feet.

Dip the hair on some shit (collected as preparation of the training) and then afterwards dip the hair quickly into one of the glasses of water (without dropping it into the glass).

Ask participants if they want to drink the water now?

Ask for a volunteer to come in front of the others. Ask her/him to close the eyes. Switch the two glasses around and ask her/him to open the eyes. Ask them to try to identify which of the glasses the hair was dipped into.

Ask participants what the lessons learnt from this game are?

What can they do to prevent such contamination of their drinking water?

What will they do if they do not know that the water is safe and clean?

### ***The maggi shit cube***

Take a maggi cube and tell the participants it represents human shit.

Drop the maggi cube into a big bucket full of water.

Ask some of the participants to drink a glass of water from the bucket.

Can the maggi cube be seen, smelled or even tasted in the water they are drinking?

What if the maggi cube had been real human shit?

What are the lessons learned from this game?

### **Hands off my drinking water!**

Show a transparent glass of clean water to the participants. Tell them this water is clean and safe to drink.

Show your two hands to participants – ask participants if the hands are clean or not?

How can they be sure if the hands are clean?

Use the clean water from the glass and wash hands in the bowl.

Return the water from the bowl to the transparent glass.

Ask participants if the water looks different than before?

Is the water good to drink still?

What are the lessons learned from this game?

## **4. Drinking water treatment**

If some households do not have access to a safe drinking water source, but have to collect it from an unprotected source, there are still things they can do to make it safer to drink.

Brainstorm with participants on treatment of drinking water at household level.

?

Are they treating their drinking water?

?

Why/why not?

?

What methods are they using?

?

What are the advantages and disadvantages of each of the methods they are using?

Method	Advantages	Disadvantages
Boiling	<ul style="list-style-type: none"> <li>Makes water very safe to drink</li> </ul>	<ul style="list-style-type: none"> <li>Requires lots of firewood</li> <li>Time-consuming</li> </ul>
Chlorine/Camphor	<ul style="list-style-type: none"> <li>Quick</li> <li>Can be done even to a big amount of water</li> </ul>	<ul style="list-style-type: none"> <li>Difficult/expensive to get chemicals</li> <li>Risk of getting dosage wrong</li> </ul>
Filtering	<ul style="list-style-type: none"> <li>Requires few resources</li> </ul>	<ul style="list-style-type: none"> <li>Difficult to get right kind of filter</li> <li>Some germs may still remain after filtering</li> </ul>

#### Demonstrate how to filter water using a polyester cloth:

- ✓ The cloth should totally clean before use
- ✓ The cloth should be folded 3 times
- ✓ Wash hands with soap and clean water before filtering
- ✓ Pour the water through the cloth into a clean container
- ✓ Make sure nothing falls into the clean water during this process

#### 5. Community management of water sources

Brainstorm with participants on any previous and/or current mechanisms for managing water sources.

- ❓ Who is responsible for cleaning?
- ❓ Who is responsible for maintenance?
- ❓ Who is responsible for treatment of the water source?
- ❓ Is any money being collected from users?
- ❓ What are the ways of raising funds for maintenance?
- ❓ Does anyone have technical skills to undertake basic maintenance?
- ❓ Has it been working well or not well?
- ❓ Why?

Discuss with participants what structures and mechanisms could be put in place to improved water source management.

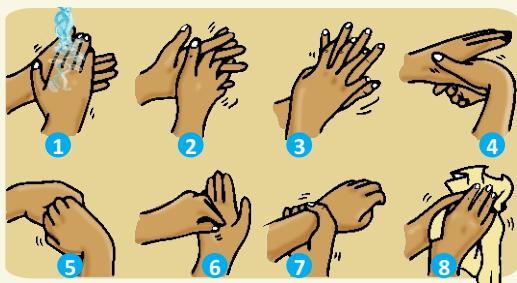
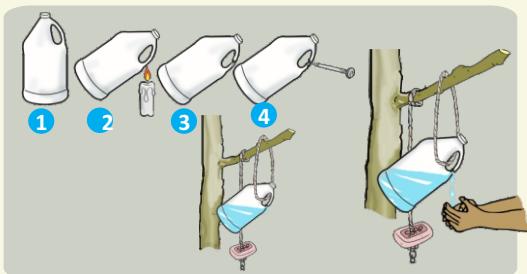
Encourage participants to come up with action points.

#### 5. Action points

Discuss action points at household and community level.

Possible action points include:

- ─ Set up a water management committee
- ─ Make a plan and bylaws for good management of the water point (cleaning, fencing, use)
- ─ Set up a maintenance fund for the water source with contribution from community members
- ─ Each household to set up a good environment for their household drinking water: Clean and covered container on elevated platform with separate cup
- ─ Boil or filter drinking water for household use if not from a protected source
- ─ Share key messages with the wider community



## Materials needed

- Counselling card and proper hand-washing method
- Palm oil
- Kettle
- Soap and ashes
- Materials for construction of tippy tap

## Learning outcome

- Poor hand hygiene and lack of hand washing is a major reason for transmission of diarrheal diseases.
- Promoting good hand hygiene is key to maintaining good health.

## Objective of session:

- Participants understand the importance of good hand hygiene and good hand hygiene practices
- Participants promote the availability of hand-washing facilities to support continued practice of hand-washing
- Participants come up with strategies for a community hand-washing campaign

## Key messages

- ✓ Hands are a major contamination source and lack of hand-washing cause diarrhea and other illnesses
- ✓ Good hand hygiene means making sure hands are kept clean and free from bacteria at all times to avoid transmitting bacteria into the body
- ✓ Wash hands with soap or ashes and clean water at key moments (before cooking, before eating, before feeding a child, after handling baby toilet, after using toilet... and when dirty)

## Discussion points

- ? What is the importance of hand-washing to our health?
- ? Why are people not adopting the practice of hand-washing when it has been promoted so many times?
- ? How can people be convinced to make and use locally appropriate facilities for hand-washing?

## Facilitation process

### 1. Importance of hand-washing (brainstorm)

Brainstorm with participants on the importance of hand-washing:

- ? What are the situations where hands become dirty?
- ? Why is hand-washing important?
- ? When are you washing your hands?
- ? What method do you use for hand-washing?
- ? What are the challenges for washing hands at all the key moments?

**Based on the discussion of participants, facilitator emphasizes the following points:**

- Dirty hands is one of the most common ways for germs to enter our bodies
- Frequent hand-washing is key to preventing diarrheal diseases and other sicknesses

**Wash hands with soap or ashes and clean water at key moments:**

- ✓ Before cooking
- ✓ Before eating
- ✓ Before feeding a child
- ✓ After using toilet
- ✓ When the hands are dirty

## 2. Transmission of germs from dirty hands

### *Hand-shake game*

Ask all the participants to pretend they are just arriving at a community meeting - greeting each other and shaking hands.

Ask them, how many people did you shake hands with?

Ask for a volunteer - put a good amount of palm oil on the fingers and on the palm of the person - tell the participants the palm oil represents shit because the person did not wash his/her hands after using the toilet.

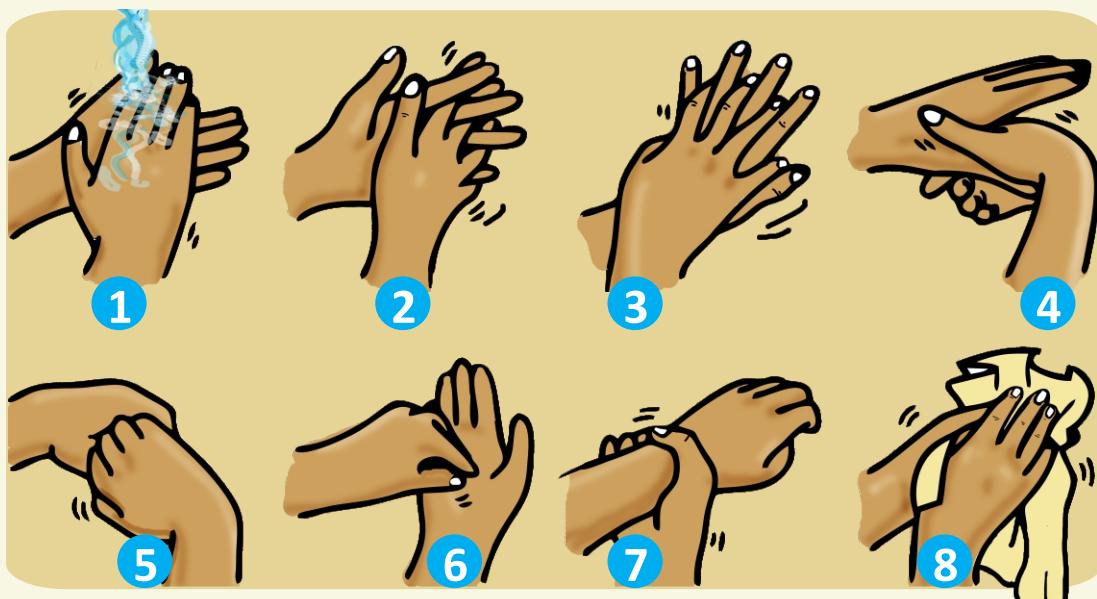
Ask participants to repeat the meet and greet exercise as before, shaking hands with the same people.

Ask participants how many of them have some of the palm oil ('shit') on their hands right now?

Emphasize that shit and germs are easily transferred from one person to another. Unlike palm oil, it is however not always visible.

The lesson learned is that if you don't wash your hands, you are not only risk making yourself sick, you can also easily pass on the germs to a lot of people without even knowing it - and they can become sick too.

## 3. Demonstration of good hand-washing practice using soap or ashes and clean water



Ask the persons with palm oil on their fingers to wash it off using only water.

**Ask participants:**

Does it come off easily?

Does some of it still hide between the fingers or under the nails?

If a small amount is still hiding somewhere, is it still a risk of passing on germs? (Yes - even a tiny amount of bacteria can make you sick)

Ask the participants to use soap or ashes and clean water to get their hands properly clean.

Emphasize that if you use only water, the hands might look clean, but bacteria are invisible and are not always removed by using only water. Emphasize again on key moments of hand-washing. Ask participants what some of the common mistakes are in hand-washing?

Demonstrate a wrong method of hand-washing reflecting some typical mistakes. Ask participants what the mistakes are? For example:

- Not using clean water
- Not using soap or ashes
- Washing hands in haste (leaving germs to hide between fingers or under nails)
- Washing hands in a bowl and asking the next person to wash their hands in the same water
- Drying hands by rubbing them in dirty cloth

Demonstrate the correct method of hand-washing using soap or ashes and clean water. Emphasize on the different steps of hand-washing as shown on the illustration.

Show participants the counselling card showing the proper method of hand-washing. Ask participants to try practice it.

**Emphasize on the following:**

- ✓ Always use of soap (or ashes) as very important to properly remove bacteria
- ✓ Use 'running water' to wash your hands - not water in a bowl
- ✓ Make sure to rub hands well, also between fingers and under nails
- ✓ Let hands dry in the air or dry them in a clean cloth

#### **4. Hand-washing facilities**

Ask participants how many of them have a hand-washing facilities at their latrine? How many have one at their kitchen?

What types of hand-washing facilities exist in the community? What are their advantages and disadvantages?

A common method for hand-washing is using the kettle. Ask a participant to come forward. Put a little palm oil on their hand, explaining that it represents shit bacteria.

Ask the participant to wash their hand using the kettle.

Ask participants to observe the kettle afterwards.

Did some of the shit bacteria rub off on the handle?

Ask another person to come pick up the kettle and wash their hands with it.

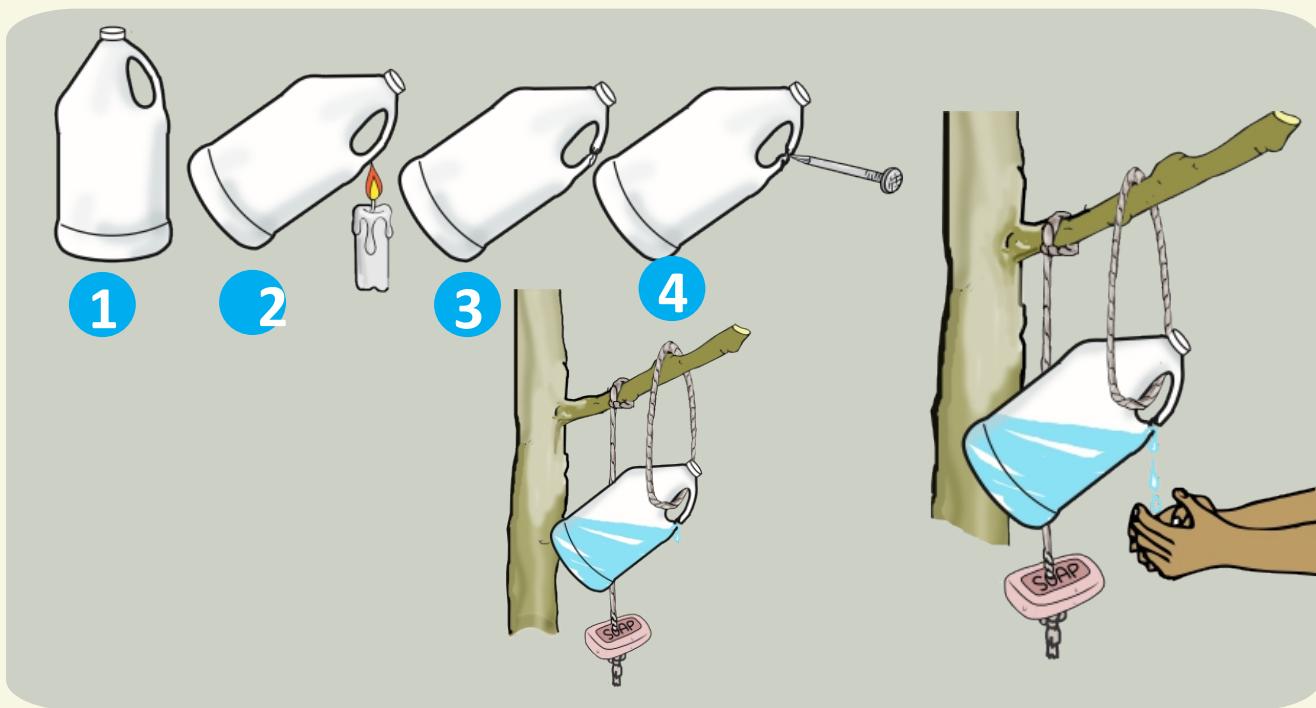
Does some of the palm oil get on the other person's hand?

Even if people are conscious of using only one hand for wiping/washing and the other for picking up the kettle, there is still a risk of forgetting and accidentally transmitting some of the bacteria onto the kettle and then later on to another person.

The best hand-washing facilities are those where the dirty hands are not coming into direct contact with the facility before they are clean.

Ask participants if they know of any such hand-washing facility?

## 5. Demonstration of tippy tap construction



Ask participants, what are the advantages of a tippy tap as compared to a kettle?

The tippy tap is an example of a good hand-washing facility. It is good because the hands are not coming in contact with the facility, because the design provides 'running water'.

### Discuss with participants:

- ? What are the disadvantages of a tippy tap compared to a kettle?
- ? How can a tippy tap be secured and managed well to make it long-lasting?

Ask participants if they know of any other suitable hand-washing facilities? What are the advantages and disadvantages?

### Demonstrate how to construct a tippy tap using local materials.

Ask participants to come up with a timeline for when they will have constructed tippy taps at their various households. They should aim to have hand-washing facilities both at their latrines and at their kitchens.

## **Hand-washing campaign in the community**

Ask participants to recall the hand-shake game. If they themselves always wash their own hands at all key moments, are they free of risk?

No, every time we interact with others who have not wash their hands, they can pass on bacteria to us.

Therefore, the whole community should be encouraged to wash hands properly.

Divide participants into smaller groups and ask them to come up with a hand-washing campaign to share key hand-washing messages within the community. It can be a slogan, song, or a skit.

Consider launching a competition between sections of the community or with other communities - the winner will be where you find the highest number of households having hand-washing facilities before a certain deadline.

### **Action points**

Discuss action points at household and community level.

Possible action points include:

- Construct hand-washing facilities (tippy tap) with soap at all latrines and kitchens
- Always wash hands at key moments
- Plan and conduct a community campaign on good hand-washing in the community



## Materials needed

- Flipchart and markers in different colours (or stick for drawing on the ground)
- Counselling cards showing good hygiene/sanitation and bad hygiene/sanitation communities
- Pre-prepared format for a community action plan



## Learning outcome

- Open defecation is one of the biggest problem for community sanitation and health. But not many households have access to adequate latrines.
- Furthermore, uncontrolled waste disposal in the community can be another sanitation hazard.

## Objective of session:

- Community identifies key sanitation problems and comes up with strategies and commitment to improve on community wide sanitation
- Participants are encouraged to construct latrines for themselves, as per government policy

## Key messages

- ✓ Open defecation exposes people to increased risk of diseases. Stop using rivers and streams for defecation
- ✓ Every household must have access to a safe and clean toilet
- ✓ Dispose of fecal waste immediately and in appropriate ways (into latrines/toilets)  
Control waste
- ✓ Manage and clean water points
- ✓ Wash hands with clean water and soap/ashes after using the toilet, and after handling a baby's toilet
- ✓ The community itself can and must take action to improve on their sanitation situation (for example through forming WASH committees, enforcing bylaws, frequent hygiene/health talks)

## Discussion points

- ❓ What are the consequences of the high prevalence of diarrhoeal diseases on households and communities?
- ❓ How can the community manage their water source?
- ❓ Why are people not constructing and maintaining their toilets? What can encourage them to do so?
- ❓ How can the community be mobilized to improve on their WASH situation?

## **Facilitation process**

### **1. Brainstorm on community hygiene and sanitation**

Ask participants what they consider the main hygiene and sanitation problems in their community.



- What are the consequences of these problems?
- What people are the problems mainly affecting?

Ask participants what has previously been done in the community to improve on their hygiene and sanitation situation.

- What have the government done?
- What have NGOs done?
- What initiatives have the community itself taken?
- What has been working well and why?
- What has been sustainable and why?
- What has not been working well or been sustainable – and why?
- What are the lessons learned?

### **2. Transect walk to identify sanitation problems in the community**

Take the participants on a transect walk through the community.

#### **Pay attention to the following things:**

- What types of **water sources** exist and are being used in the community?
- Are water sources protected or are there risks of contamination around?
- Are the water points well fenced and kept clean?
- Do households have **latrines**?
- Do households have **hand-washing** facilities?
- Are there baby toilets standing around not being emptied?
- Are there leftover foods sitting around attracting flies, roaches and rats?
- Do households have **dustbins**?
- Do households have **composts**?
- Where are households dumping their **waste**?
- How many garbage dump sites are there?
- Are they fenced? Do they attract rats and other animals?
- Where is **open defecation** being done? Are there separate areas for men and women?
- Does it smell? Are there flies?
- Is there stagnant water around attracting mosquitos?
- Are there high grasses attracting snakes?

#### **Ask the participants to point out what they see.**

Avoid pointing fingers at specific people or households.

The purpose is not to shame people but to identify problems.

### **3. Sanitation mapping**

After the transect walk, involve participants in drawing a map of the community's sanitation situation.

Use either a flipchart or draw it on the ground.

Start by drawing the houses, and other physical features such as roads, paths, streams, etc.

**Then capture the existing WASH facilities such as:**

- Water sources (include both protected and unprotected sources)
- Toilets (use different drawing for local or improved toilet)
- Hand-washing facilities
- Areas commonly used for open defecation
- Waste disposal areas
- Areas with stagnant water
- Any other significant thing relating to hygiene and sanitation

**Discuss first how WASH facilities are being used and managed:**

- How many households are depending on them?
- Do all households in the community have equal access? If not, why?
- What are the consequences? What are the consequences for men and women respectively?
- How are the facilities being managed? Who is responsible?

Then analyze the map together with the participants to identify the main hygiene and sanitation problems. Discuss the map:

- Are the problems concentrated in specific sections or all over the community?
- Are the problems caused by people in this section or by others as well?
- How are people in this section affected by the problem? Are men and women affected by the problems differently?
- Why is this problem existing?
- What can be done about it?

Explain to the participants that they can be using this map as a planning tool.

Before going into WASH planning, first share the following case stories to get the participants to reflect on how different groups in the community may have different interests and experiences when it comes to hygiene and sanitation.

#### **4. Story-telling on hygiene/sanitation and gender**

**Tell the following stories to the participants:**

#### **Sia Gets a Toilet**

*Sia is married to George and they have 3 children together. They live in a decent house in the village but the house does not have its own toilet facility. Sia is often asking George if he can build a better toilet for the house. But George replies he does not have time because he has to go work in his cocoa plantation all the time. And when he is there he can just use the bush. Sia's aunt has a toilet, but she is not always around for Sia to borrow the key.*

*So Sia also has to use the bush near the village. Once she went there and while she was going about her business, two men from the village passed by and observed her. So she felt shamed and afraid. But George is still not building the toilet.*

*Then George gets sick for a while and has to stay home in the village. George experiences*

*severe diarrhea for several days, and he has bad stomach pains and has to visit the toilet so many times in a day. This is embarrassing for George because they do not have their own toilet for the house. After he recovers, George agrees to build a toilet for the house.*

#### **Discuss with participants:**

- ?
- Why did Sia and George not have a toilet before?
- ?
- Who in the family was mostly affecting by the lack of a toilet?
- ?
- Why did they finally end up having a toilet?

### **If Men were Fetching Water**

*A community close to the forest with a big river used to have a water well installed by an NGO. The well was working for 2 years providing the community with safe drinking water. But one day the pump stopped working. There is no well technician in the community to identify the problem. So nobody is doing anything to solve the problem.*

*The women and children in the village are normally the ones fetching water from their households. Now they have to walk a far distance to fetch water from a creek. This adds to their workload which is already high. Furthermore, the water is not clean, so the women have to spend even more time filtering and boiling it to make it safe for drinking. The women are complaining, but husbands are not paying much attention to this, since they are expecting this to be the women's work.*

*One day, the wife and children of the town crier falls sick for a longer period, and the wife is not able to go and fetch water. The town crier himself has to do it. He has to walk a long distance every day, carrying a heavy container with water back to the house. He spends a lot of time and even his arms are hurting from the heavy load. He complains to his wife. She tells him that this is what she is experiencing every day. The town crier realizes the strain the poor water situation in the community puts on the women.*

*The town crier encourages the chief to call for a community meeting. In the meeting, everyone agrees on the challenges. The community agrees to put resources together to call for a technician from the bigger town. The technician comes and identifies the problem – a broken inside the pump, which can however easily be fixed at an affordable cost. The whole community and especially the women are very happy to see their well working again.*

#### **Discuss with participants:**

- ?
- Why did the community not fix the broken well?
- ?
- What were the consequences of the broken well for the households, especially the women?
- ?
- What made the community finally decide to mobilize themselves to have the pump fixed?

#### **After telling the stories, discuss the following with the participants:**



Do men and women have different needs and priorities when it comes to hygiene and

- ?
- sanitation facilities?

Do men and women equally control the resources for improving hygiene and sanitation

**?** facilities? Are they in the same position to take action?

If men had to do the household work and were affected by the same challenges in hygiene

**?** and sanitation as women – would they be faster to solve the problems?

How can men and women share tasks related to hygiene and sanitation more equally in the

**?** home?

How can women participate more in planning for action on hygiene and sanitation problems

**?** in the community?

## 5. Action planning for the community's WASH VISION

Ask the participants to summarize the key hygiene and sanitation problems in the community. Then discuss the solutions to each of them.

### Using the community WASH map as a planning tool

Look again at the map that was drawn based on the WASH transect walk. Use a different colour of marker to draw on the map what they want to add in terms of new/additional WASH facilities. For example, use a different colour marker to draw the following on the map:

- Planned location of new and additional latrines
- Planned location of new water sources or fencing of existing water sources
- Planned location of more hand-washing stations
- Planned location of waste disposal areas
- Planned areas of streams/ponds that can be used for bathing and laundry
- 

After this exercise, the map will then be showing the community's 'WASH VISION'.



Type of facility	Existing facilities	Goal	Achievement
		including time frame	
Latrines	6	10 April 2017	
Water source	1, unfenced, no water management committee	1 fenced, with water management committee	
Handwashing stations	7	April 2017 30 (2 per household) April 2017	
Waste disposal areas	1 major area, not fenced  5 smaller areas, scattered	2 major areas, fenced and controlled  (Remove scattered waste disposal areas)  April 2017	

The community should attach a timeline for their goals – meaning, for example, by when will they have constructed additional latrines or hand-washing facilities? When that deadline arrives, the community should come together again and review their plan. In the column for achievements, they can then indicate how many facilities they actually managed to install in their own planned timeframe.

Emphasize that any change is a gradual process that requires determination, commitment and action by the whole community. It is better to set smaller, realistic goals than big ones they will not be able to achieve. Then, once they have achieved their first goals, they can set new ones. Sharing roles and responsibilities.

Based on the community's WASH VISION, Refer to the two case stories about WASH and gender. Emphasize that when they are doing their WASH planning, the community should make sure that the voices of women, youth and the poorer households are also heard.

#### **When the community is discussing on problems and solutions, emphasize the following:**

- ✓ There might be different ways of solving a problem – make sure all voices are heard to find the best way.
- ✓ The community should agree when they will come together to review if the solution is working – or if they need to think of a better strategy.
- ✓ Discuss who the main responsible for solving the problem should be. This does not mean the person has to do it alone, but could be given the task of following up with other people.
- ✓ Discuss how to mobilize resources for the solutions – if they require resources (such as in the story above where a technician had to come and fix a broken water pump).

If there are vulnerable people in the community who are not able to contribute cash or do not have the labor power to for example dig a toilet. Discuss how the rest of the community can support the most vulnerable members.

Emphasize that sanitation should be community wide – sanitation problems in one area will affect the whole community.

If possible, fill out a matrix like the below to serve as an action plan for the community.

What is the problem?	What is the solution? What actions should be taken?	Who is responsible to solve the problem?	What is the timeline – when should the solution be implemented?	What resources need to be mobilized? Where should those resources come from?	Remarks
<b>Open defecation</b>	<p>First step – designate specific areas for open defecation</p> <p>All households to dig their own toilet. Ask NGOs for technical guidelines</p>	<p>Chief and sanitary officer</p> <p>All community members</p> <p>Youth leader to mobilize youths to dig pits for most vulnerable households</p>	Immediately	<p>Free</p> <p>Households should start saving up or take loans from VSLAs</p>	
<b>Poor hygiene practices such as lack of hand-washing</b>	<p>Sensitize community on good hygiene practices</p> <p>Households to construct tippy-taps</p> <p>Formulate bylaws for community hygiene and sanitation</p>	<p>CHW Sanitary officers Religious leaders</p> <p>Households (monitored by Chief and sanitary officer)</p> <p>Community leaders</p>	<p>During next 3 months</p> <p>Review status of action after 3 months</p> <p>Next community meeting</p>	<p>Free</p> <p>Households' own resources</p> <p>Free</p>	

<b>Uncontrolled waste around the village</b>	Designate areas for dumping waste and fence them	Chief and sanitary officers Youth leader	Next two weeks	Funds for materials for fencing of waste sites and labor to be collected from household contribution	
	Every household to have fenced dustbin and compost	Households (monitored by Chief and sanitary officer)	Next 4 weeks		
	Formulate bylaws for community sanitation	Community leaders	Next community meeting		
<b>Broken well</b>	Get technician to come for assessment	Youth leader	End of the month	Depending on assessment, mobilize resources from household contribution	
	Fix if possible		Next dry season		
	Encourage communities to boil or filter water before drinking for the time being			Make contact to NGOs or government for technical support for maintenance	

## 6. Action points

Discuss action points at household and community level.

Possible action points include:

- Develop WASH action plans with timeline and clearly assigned roles and responsibilities
- Form a WASH committee
- Define and enforce hygiene and sanitation bylaws
- Monitor that all households have hand-washing facilities, clothes lines, plate racks and garbage pits
- Plan and organize a community campaign against open defecation
- Mobilize households to dig latrines so every household has access to one latrine
- Set up management committee and maintenance fund for community water point
- Make sure tasks related to improved hygiene and sanitation are shared equally among men and women



## Materials needed

- Counselling cards showing good hygiene/sanitation community and poor hygiene/sanitation community
- Portable DVD player or community cinema SanMark movie
- EMAS catalogue

## Learning outcome:

Many households and communities lack basic safe WASH facilities, such as latrines and wells. However, they do not need to sit and wait for government and NGOs. Communities themselves can and must take action to improve their WASH situation.

## Objective of sessions:

- Participants realize that it is affordable and achievable to have their own quality toilet or water pump
- Participants realize that having good WASH facilities is a good investment – not only in their family's health – but also financially, and it may save them money in the long term
- Participants become familiar with the EMAS products and their costs
- Households come up with strategies for saving up and investing their own resources in improved WASH facilities

## Key messages:

- ✓ According to government policy, each household must have a safe and clean toilet
- ✓ Poor hygiene and sanitation leads to poor health and poverty in the household
- ✓ When you are sick, you have to spend money on health visits and health bills
- ✓ When you are sick, you cannot work and provide for your household
- ✓ The EMAS scheme has a lot of affordable products for improving household hygiene and sanitation
- ✓ Save up your household resources for investment in an improved latrine or even pump

## Key discussion points:

- ❓ What are the negative consequences for the households and communities when there is poor hygiene and sanitation?
- ❓ What are the positive impacts for the households and communities when there is good hygiene and sanitation?
- ❓ How can households be encouraged to invest their own resources in improved WASH facilities?



## Facilitation process

### 1. Brainstorm

Refer participants to the transect walk and mapping exercises they did during the module on

## Community WASH Mapping & Planning.

### Ask participants:

- How many of them have a toilet for their household? Is it a local or an improved toilet?
- How many of them have access to a shared toilet? Is it a local or an improved toilet?
- Approximately how many people in the community do not have access to a toilet? Why is that?

## 2. WASH Self-Supply and Sanitation Marketing

Discuss with communities how CLTS (Community Led Total Sanitation) has been implemented in most of Sierra Leone. CLTS is a process where the whole community is sensitized and mobilized to take action to improve their hygiene and sanitation situation. The goal is to become open defecation free. Households most often construct their own latrines using local materials.

However, CLTS has not been sustainable. Even when communities become open defecation free, they do not stay like that for a long time. The local latrines the communities are encouraged to construct, will not last them very long – they are difficult to clean, and usually break down quickly. Then people go back to defecating in the bush.

The challenge is how to promote household ownership of improved and sustainable facilities.

### Improved toilet facilities mean:

- ✓ Comfortable and convenient to use
- ✓ Easy to clean to keep hygienic
- ✓ Strong and durable materials
- ✓ Safe to use for all household members

The Government of Sierra Leone has a policy that every household should have their own latrine. But neither the government nor NGOs should construct latrines for households. It is each household's responsibility to construct a toilet for themselves.

To meet this challenges, the Government and NGOs are working together to develop approaches to 'sanitation marketing' (see below).

Introduction to WASH Self-Supply, Sanitation Marketing and the EMAS scheme.

### Ask participants:

- How has the management been for shared community WASH facilities such as water wells and latrines? How has the maintenance been? Have they been sustainable?
- What are the advantages of owning your own improved latrine or well?
- Have you heard of WASH self-supply and sanitation marketing?
- Have you ever heard of EMAS?

**WASH self-supply** means that communities themselves are mobilizing their own resources and investing in improved WASH facilities such as water wells and latrines. Communities are also taking responsibility for managing their own WASH facilities, making sure they are kept clean and in good condition.

Other EMAS projects have experienced that the maintenance rate of household-owned facilities is very high. When you are the owner of something, you are likely to take better care of it.

### **Emphasize the advantages of owning your own improved household latrine or well:**

- ✓ You will improve the hygiene and health of your household and community
- ✓ You will save money on health bills
- ✓ You will not easily get sick and will always be able to work and go to school
- ✓ You will always have easy access to your own well/latrine
- ✓ You will be motivated to keep it clean and in good working order, since you are the one benefitting
- ✓ All the benefits are for yourself alone!

Sanitation marketing is an approach to making high quality but very affordable WASH facilities available to households who are interested in investing their own resources.

### **Sanitation marketing involves:**

- Developing good standard improved WASH facilities which are simple, affordable and easy to maintain with materials available on the local market
- Raising awareness on the importance of good hygiene and sanitation in the communities to create an interest and willingness to invest their own resources
- In some cases, supporting communities to mobilize resources for investment in improved WASH facilities through savings and loans schemes and income-generating activities
- Demonstrating the WASH facilities to the communities to create interest (for example through EMAS showrooms)
- Establishing structures (such as sanitation marketing committees) for making it easy and accessible for the communities to invest their own resources in the EMAS products

EMAS is a German NGO that is working in partnership with Welthungerhilfe and partners in Sierra Leone, among other countries. They have developed a range of affordable and high



quality WASH products and trained local technicians to make them.

Through sanitation marketing, the EMAS products are made available for communities to invest their own resources.

- ✓ The EMAS facilities are all of a very high standard and quality
- ✓ EMAS facilities are designed to be convenient and safe to use
- ✓ EMAS facilities are designed to be easy to clean and maintain
- ✓ EMAS facilities are as much as possible made from local materials to make them affordable
- ✓ All the spare parts needed for maintenance of EMAS products are readily available on the local market
- ✓ The EMAS products are designed to be owned by individual households. They can be shared by a few households, but not by an entire community. Although they are durable, if too many communities are using them, they might break down sooner

### **3. SanMark movie**

Show the Sanitation Marketing promotional movie to the participants using a portable DVD player or a community cinema.

#### **Afterwards, discuss:**

- How are the EMAS facilities compared to the existing latrines and water points in the community?
- How could the EMAS facilities benefit the households and the community?
- What are the advantages of owning your own latrine or well?
- Are the EMAS facilities affordable and easy to maintenance?
- How can households be encouraged to invest their own resources?
- How can households mobilize resources either on their own or in groups?

### **4. Demonstration of EMAS catalogue and BOQ**

Go through the EMAS catalogue with the participants.

Demonstrate the various EMAS facilities, and their specifications and qualities.

Go through the Bill of Quantity (BOQ) for each type of facilities, which shows:

- The amount of various local materials needed
- The amount of imported materials needed
- Estimated labor costs
- Estimated transportation costs

The prices may vary slightly according to the location of the community, availability of materials, and local price changes.

Households can decide to mobilize all the local materials themselves – which lowers the overall cost.

Make sure the catalogue and BOQs are available in the community for interested households to peruse further.

## Household self-supply for ownership and sustainability

Emphasize that the EMAS facilities are based on a household approach. That means that each of the facilities are designed for use by a single or shared by just a few households.

Communities have the tendency of opting to construct community toilets or toilets per sector but is this a good idea?

We know from experience that community owned facilities are not always well maintained – as some people say, '**everybody's business is nobody's business**'.

Ask the participants about their experiences with the maintenance of community shared facilities such as community latrines. What can happen if a toilet is shared by too many households?

### Answers may include:

- Few households will hold on to the key – and other households cannot easily access when they need to go
- Toilet is left open and used by everybody
- Toilet is filthy without anybody taking responsibility to clean it
- Households cannot agree on how to share maintenance costs

EMAS is a household oriented approach, promoting facilities to be owned at household level. The idea behind it is that if a household owns its own facilities, they can not only access it easily for their own convenient use, but they will also take great care of it. Experience from other EMAS projects show that there is a much better maintenance rate of the facilities because of the ownership.

If a single household cannot afford a toilet on their own, they can still group themselves maybe 2-3 households and share one toilet. As long as it is not too many. And they then need to agree among themselves how to organize the maintenance and cleaning – both the labour and cost behind it.

## 5. Owning a good toilet is a good investment!

From the awareness raising on hygiene, sanitation and health that has already been done, communities and households are well aware of the health benefits of having better hygiene and sanitation facilities. A major benefit is the reduction of diarrhoeal diseases.

### Ask participants:

- If people are well aware of the health benefits of having good WASH facilities, why are they not already investing their own resources?
- Perhaps they feel they cannot afford it and that it is not worth the money?

Maybe we can convince them if we can show them that

- EMAS facilities are very affordable
- It's possible for a household to save up money for an improved WASH facility
- Investing in good WASH facilities can actually save them money in the long term

Calculations of household expenditures on health

**Ask participants:**

- ?
- Do you normally spend high amounts of money on your health?
- ?
- What are some of the costs involved?
- ?
- How can spending that money be avoided?

**Emphasize to participants:**

- ✓ When you are sick, you do not only spend money. You also lose money!
- ✓ When you are sick – for example with diarrhea – you cannot easily go to the farm and work or go to the market and sell
- ✓ If a child is sick, the child cannot go to school and learn
- ✓ If a child is sick, somebody has to care for the child and will also be less productive in their other livelihood activities

Ask the Gender Model Families to sit together with their spouses. Ask them to calculate:

a) Money spent on health related issues:

- ?
- How much money did they spend on health in the last month, the last 3 months, in the last 6 months?
- ?
- The costs listed should include clinic fees, medicines, transportation to clinic, etc.
- ?
- Ask them to consider the costs that have to do with hygiene and sanitation related illnesses (they do not have to consider for example pregnancy related expenditures in this calculation).

b) Money 'lost' from being sick:

- ?
- How much money were they not able to earn because they were sick and not able to work, for the last month, 3 months, 6 months?

**Ask them to add it together.**

Present the below case study to the participants as an example of how to add up expenditures as well as 'lost income' related to sickness from poor health and hygiene situation in the household and community.

**Case study:** The price we pay for poor hygiene and sanitation

Charles and Zainab are married with 3 children.

Charles is a cash crop farmer and doing casual labor with a logging company few days per month.

Zainab is a business woman – going to the bigger market to sell baked snacks several times per week.

They do not have their own toilet, so they use either the bush for defecation (like most of the community) and sometimes they use Zainab's uncle's latrine which is however often quite dirty inside.

They do not have a hand-washing facility near their own house so do not always wash their hands frequently.

	<b>Direct expenditures</b>	<b>Lost income</b>
1 month	Nobody sick.	
2 months	<p>Child has diarrhea:            Transport to clinic 20,000 Le            Clinic fee 5,000 Le            Medicine 10,000 Le</p> <p>Zainab herself gets diarrhea, perhaps from handling the sick child without washing hands properly:            Medicine 10,000 Le            ORS 5,000</p>	<p>Zainab has to take the child to the clinic and is not able to go to the market that day. Normally she earns 25,000 Le when she goes to the market.</p> <p>Zainab has to stay at home for 2 days because of the sickness. That means a lost income of 50,000 Le.</p>
3 months	Nobody sick.	Nobody sick.
4 months	<p>Child has diarrhea:            Transport to clinic 20,000 Le            Clinic fee 5,000 Le            Medicine 10,000 Le</p>	Zainab has to take the child to the clinic and is not able to go to the market that day. Loss of daily income 25,000 Le
5 months	<p>Charles get sick:            Transport to clinic 20,000 Le            Clinic fee 5,000 Le            Medicine 15,000 Le</p> <p>Because of his sickness, Charles is unable to go to the farm during peak of the farming season and has to pay some of the community youth to do the work for him. He pays them 20,000 Le</p>	Charles is not able to do casual labour with the company and misses out on a daily income of 20,000 Le.
6 months	<p>Child has diarrhea:            Transport to clinic 20,000 Le            Clinic fee 5,000 Le</p>	Zainab has to take the child to the clinic and is not able to go to the market that day. Loss of daily income 25,000 Le

Charles and Zainab spent 180,000 Le in the past six months on health costs. In the last six months, they missed out on 145,000 Le in income due to their sickness. The two figures added together make 325,000 Le.

If the household had better hygiene and sanitation – for example a good toilet - they would not be frequently sick and they would not have had to spend or 'lose' that money.

So if they invest some money in a toilet, that money will 'come back' to them because they would avoid spending 325,000 Le in a six months period on their family health. Avoiding spending money is like saving money!

## 6. Saving up for a toilet

### Ask participants to discuss with their own household:

- ?
- Let each household to list their monthly income – from agriculture, casual labor, business, and any other sources
- ?
- Let them to analyze their expenditures per month – on food, social activities, transportation, education, health, household items.

If their income is higher than their expenditure, this means they should be able to save money up for the construction of a toilet or any other WASH facility.

### Ask each household to analyze:

- Where they will be able to cut down on certain expenditures (e.g. cigarettes, clothes, social activities) in order to save up money. Let both the husband and wife make some sacrifices.
- How much they will be able to save per week for a toilet, based on their regular income and expenditures.
- If they will have any income source in the near future (e.g. sales of crops) that will enable them to put a larger portion aside.
- There are also expenditures that are not regular but seasonal – such as school fees and farm inputs/labor – which households should also be reminded up when making their savings plan.

## 8. Get commitment!

Let the participants go further than just promises that they are going to construct toilets with time.

- Encourage them to actually group themselves into clusters of 2-3 or three - if they can't commit to digging their own individual toilet because of the costs.
- Based on their household savings plan, let them agree on the time frame for actually getting the toilet constructed.
- Based on their calculation of how much they spend on health in a 6 months period, they can consider taking a loan (if there are any savings groups in the village) and with the money they save from not being sick, they can instead put this money aside to pay this loan back quickly.

## **7. Action points**

Discuss action points at household and community level.

**Possible action points include:**

- Organize VSLAs for savings
- Each household or group of household to make a savings plan for a toilet
- Make sure WASH committee is linked up with EMAS technicians
- Make EMAS catalogue available in the community
- Organize learning visit to EMAS showrooms at certain PHUs
- Community campaign on avoiding open defecation and let each household have a latrine
- Enforce community bylaws on hygiene and sanitation
- Share key messages with the wider community

**Materials needed:**

- Counselling card showing good malaria control practices
- Insecticide treated mosquito net
- Different types of mosquito repellent (including local repellents)

**Learning objective**

- Malaria is widespread in Sierra Leone – and even a big killer worldwide. Malaria can be treated but the most important thing is prevention.

**Objective of sessions:**

- Participants understand the causes and symptoms of malaria
- Participants understand basic preventive measures at household and community level
- Participants understand the importance of always referring malaria cases to the health facilities

**Key messages**

- ✓ Malaria is transmitted by mosquitoes from human to human. Signs and symptoms include fever, headache, nausea, and poor appetite.
- ✓ If you experience symptoms, immediately contact your CHW or nearest PHU. Treating malaria early can save lives!
- ✓ Always complete the whole malaria treatment (3 days)
- ✓ It is not good to treat malaria with herbs.
- ✓ For prevention: Always sleep inside a treated mosquito net. The whole family and especially pregnant women and babies/young children should always sleep inside the net. You can get treated nets for free for women and under-fives at your local health clinic
- ✓ Eradicate mosquito breeding grounds like bushy areas and stagnant water
- ✓ Cover up at night with long sleeves, trousers or lappa
- ✓ Close windows or use mesh in front of windows

**Discussion points**

- ❓ What are the consequences of malaria on households and communities?
- ❓ How can husband and wife work together to prevent malaria in their households?
- ❓ How can communities come together to prevent malaria in their setting?

**Facilitation process****1. True or false about malaria?**

Brainstorm with participants to get their existing knowledge and understanding about malaria.

<b>True or false about malaria?</b>	<b>Answer and explanation</b>
You can get malaria from taking a cold bath	<u>False.</u>  But it is possible to be bitten by mosquitoes while taking a bath, if exposing your naked body at night time, or if taking a bath near pools of stagnant water where mosquitoes are plenty.
Malaria kills more people in Africa than any other disease.	<u>True.</u>  About 445,000 people die from malaria every year. More than 91% of those deaths are in Africa. <sup>1</sup>
Malaria is infectious and is transmitted from human to human	<u>False.</u>  Malaria is transmitted by mosquitoes.  People who have malaria cannot directly transmit it to another person.
You can get malaria from drinking too much alcohol	<u>False.</u>  But it is possible that a person sitting outside drinking alcohol at night forgets to cover up and is bitten by a lot of mosquitoes.
Malaria can be prevented by always sleeping inside a treated mosquito net	<u>True.</u>  However it is still possible for mosquitoes to bite a person at other times than during sleeping, so use other prevention methods as well.
Malaria can be treated with local herbs and barks	<u>False.</u>  Always go for the drugs from CHWs, PHUs or authorized pharmacies.  <small>Don't use herbs to treat malaria.</small>
You can get malaria from eating fruits	<u>False.</u>  But mosquitoes may hang around grasses and trees where fruits are collected.
There is no vaccine for malaria	<u>True.</u>  Malaria can so far only be prevented by using mosquito nets, mosquito repellents, and covering up at night and eliminating breeding grounds.

<sup>1</sup> WHO World Malaria Report 2017

Encourage participants to share what other beliefs about malaria they have heard of.

Discuss: Why do these beliefs exist? Are some of them indirectly linked to malaria by putting oneself in a position where one is exposed to malaria?

## **2. How can these beliefs be overcome?**

Signs and symptoms and causes of malaria

Ask participants what symptoms they know of malaria?

Do they know what causes malaria?

**Signs and symptoms include:**

**A fever attack in stages:**

- At first the fever makes you feel cold and shiver even though the temperature rises
- Then the fever makes you feel hot for 3-4 hours the temperature is very high, and often you
- have headache and feel nauseous to vomit
- Then the temperature falls rapidly for 2-4 hours and you start sweating, sometimes even soaking the bedsheets.
- Headache
- Aching joints
- Loss of appetite
- Sometimes diarrhea and vomiting
- Dizziness
- Weakness

Malaria is caused by a parasite. A parasite is like a small worm – too small to see – that enters the body, where it causes the sickness.

The malaria parasite enters the body via mosquito bites. If a mosquito bites a human being who has malaria, the mosquito 'drinks' the malaria parasite. When it bites the next human, it 'spits out' some of that malaria parasite into that new person.

Mosquitoes are the sole cause of malaria. It cannot be directly transmitted from human to human.

After being bitten by a mosquito carrying the malaria, it can take up to 10 days for symptoms to show.

## **3. Prevention of malaria**

**Ask participants if they know how to prevent malaria?**

Explain to participants that there are basic ways of preventing malaria. They are not expensive and can save lives.

### **Insecticide treated bed-nets**

Ask participants how many of them have treated bed-nets and how many? Who normally sleeps under them? What does the woman do if the husband always wants to sleep under the net wherever he is?



- ✓ Pregnant women, babies and children under five years are particularly vulnerable to malaria and must always sleep inside the mosquito net
- ✓ Pregnant women can get treated mosquito nets for free at their local health center

Ask participants, where can you buy bed nets for the other family members?

How much do they cost?

Do you think the cost is less than the cost over the years of being sick with malaria?

#### **Demonstrate how to properly use an insecticide treated bed-net.**

Ask participants to share their personal case stories of how they got used to sleeping with bed-nets.

#### **Cover up!**

Ask participants if they know any other prevention than sleeping under a net that they can do personally?

- ✓ Always cover your skin at night, with sleeves, lappa or cloth so the mosquitoes cannot easily bite you
- ✓ Use mosquito repellent (cream or spray) on your skin at night if you have it

#### **Environmental hygiene**

Ask participants what they can do around their compound to prevent mosquitos?

- ✓ Always keep the home and compound clean to avoid breeding grounds for mosquitos.
- ✓ Remove tall grasses.
- ✓ Make sure all buckets with water are covered.
- ✓ Remove any stagnant pool of stagnant water.
- ✓ Cover your toilets
- ✓ Bury empty tins, broken bottles and containers

## **Insecticides/mosquito repellents**

Ask participants if they use insecticides/mosquito repellent?

Ask participants if they know of any local mosquito repellent and insecticides?

- ✓ You can spray your home with insecticide which will make the environment less attractive for mosquitoes.
- ✓ Burning dried orange peel is said to drive away mosquitoes. Demonstrate it! At night you can burn orange peel around healthy persons sitting outside to prevent the mosquitoes from coming around them.

## **4. A Flock of Mosquitoes enters the community... (Energizer)**

Tell participants that they are now being transformed to mosquitoes.

Their task is to fly and buzz around the community biting everyone who is at risk of exposing themselves to malaria, for example by:

- Not sleeping inside a mosquito net
- Living in houses surrounded by breeding grounds for mosquitoes such as tall grasses and stagnant water

Give them 10-15 minutes to fly around the community.

When they come back, ask the 'human mosquitoes':

- How many people did they bite?
- What was the most common reason for biting someone?
- What is the reason that many people are not sleeping under mosquito nets?
- What can be done in the community to eradicate mosquito breeding grounds?

## **Treatment of malaria**

Ask participants how many of them have taken treatment for malaria.

What was the treatment? How did it work?

Emphasize that if malaria is not treated, it can result in death. Especially in small children, who are very vulnerable to malaria and does not have a lot of resistance.

If a pregnant woman gets malaria and does not treat it, it is very dangerous for both her and the unborn baby.

If possible, have the CHW or the PHU staff participate in the training.

Let them explain what drugs are normally prescribed to treat malaria. Let them demonstrate what the drugs can look like.

Typically, a malaria treatment includes:

- Anti-malaria medicine (such as Artemer & Lumefailine)
- Paracetamol or similar for reduction of fever

Those drugs are available either with the CHW or at the health center. Malaria treatment is part of the free health care initiative.

### **Emphasize the following about malaria treatment:**

- ✓ If a pregnant woman falls sick with malaria, she should immediately seek advice from the nearest health facility.
- ✓ The whole treatment should be taken. Even if you start feeling better after the first dose. If the patient still feels bad after taking the full treatment, go back to the clinic again.
- ✓ Sometimes people take a lot of different drugs when they have malaria. The treatment itself and possible pain killers (and fever reducers) will suffice. It is not always better to take many kinds of drugs. The malaria parasite loves to stay in the liver (the organ that is making sure the inside of the body is kept clean) which is then under pressure – and medicines are putting additional pressure on the liver too.

Always get malaria treatment from the CHW or

- ✓ nearest health facility or authorized pharmacy.
- ✓ Do not use herbs to treat malaria.
- ✓ Be careful of getting malaria treatment drugs from the drug peddlers. They may be expired or not containing the right ingredients.

### **6. Skit on malaria symptoms, testing and treatment**

Ask participants to develop a skit about a young child who is suspected of having malaria.

Let the skit show the following:

- How do the parents find out about the symptoms?
- What do they decide to do?
- What happens when they go to the clinic? How is the child tested?
- How is the child treated?
- How does the child recover?
- How does the family improve on preventive measures afterwards?

### **7. Community campaign on malaria control**

Ask participants to come up with a small campaign to promote malaria control and share the key messages of the session with more members of the community.

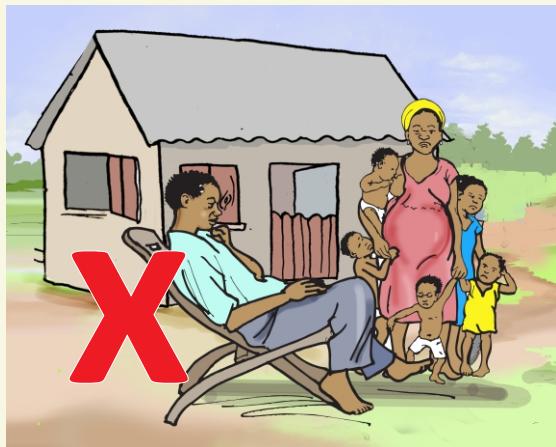
It can be a song, a skit, or a slogan.

### **7. Action points**

**Discuss action points on household and community level.**

Possible action points include:

- Organize regular community cleaning campaigns to do away with malaria breeding grounds
- Every household to have at least one mosquito net for women and children
- Every household to do away with malaria breeding grounds
- Always refer suspected malaria cases to CHW or the health facility
- Share experiences on use of local mosquito repellents
- Formulate community bylaws on wrong use of mosquito nets
- Each pregnant woman should visit the PHU for anti-malarial treatment
- FMC member to follow up that health facility has free mosquito nets available for the pregnant/lactating mothers and under-fives
- Share key messages with the wider community



## Materials needed

- Counselling card on family planning
- Different family planning commodities for demonstration

## Learning outcome

In Sierra Leone, people say that 'children are like riches'. Children are indeed a blessing. However, there are also advantages of planning a family and have children when you are old enough and have the resources to take good care of them.



**Family planning**, also sometimes called birth spacing, is defined as the practice of controlling the number of children one has and the intervals between their births, particularly by means of contraception or voluntary sterilization.

## Objectives of session:

- Participants understand the advantages of different types of family planning commodities and methods
- Participants come up with strategies to challenge negative perceptions about family planning in their community preventing women from accessing family planning

## Key messages

- ✓ Family planning methods are safe when administered at a proper health facility, and will not prevent you from having children later on
- ✓ Most services are available free of cost for all females seeking the service, and all services are free for adolescents
- ✓ Husband and wife should be encouraged to practice family planning as a joint responsibility
- ✓ Family planning can help you in the management of your household resources and help you cater for the education and health needs of the family
- ✓ Parents should support their adolescent boys and girls to access family planning services

## Discussion points

- ❓ What is the definition of family planning and birth spacing?
- ❓ What are the advantages of using family planning methods?
- ❓ How can we overcome negative perceptions in the community that prevent women from accessing family planning?

## Facilitation process

### 1. Brainstorm on existing knowledge and perceptions

Start the session with a brainstorm on participants' existing knowledge of family planning, as well as the beliefs and perceptions around family planning.

**Discuss with participants what they already know about family planning:**

- ❓ What do they already know about family planning?
- ❓ Which types of family planning methods do they know?
- ❓ Where and how can you access it?
- ❓ What sexually transmitted diseases do they know?
- ❓ Are many women going in for family planning services? Why/why not?
- ❓ What are the advantages and disadvantages of family planning?
- ❓ What are the negative consequences of unplanned pregnancies?

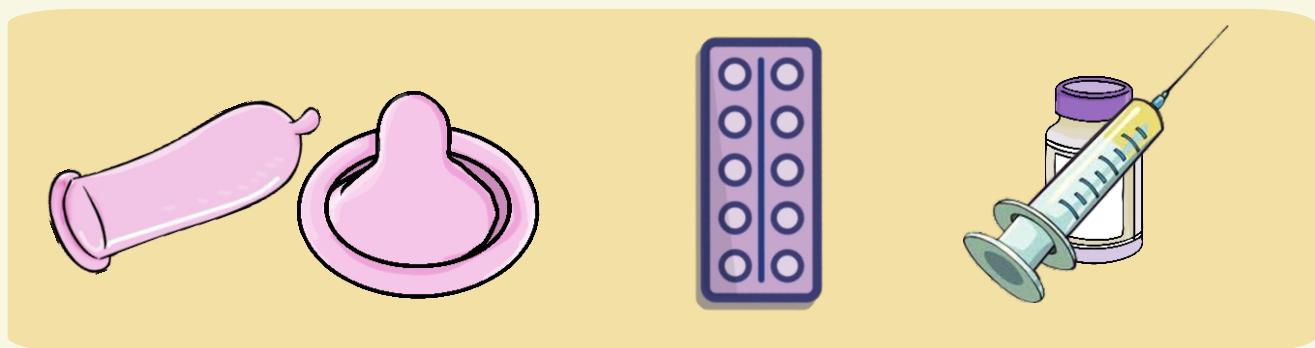
**Discuss with participants what some of the common perceptions in the community are:**

- ❓ What are the perceptions of family planning methods in the community?
- ❓ Are these perceptions based on evidence and personal experience, or on rumours?
- ❓ Do men and women have different perceptions and views on family planning?
- ❓ Do men and women have equal power to decide on whether or not to use family planning?

Emphasize that family planning commodities obtained from the health clinics are safe to use.

**Advantages of family planning include:**

- ✓ Control the number of children (as a joint decision between husband and wife)
- ✓ Being able to control the spacing between births to fit with other activities of the family
- ✓ Good health of the mother from less frequent child-bearing
- ✓ Family can plan and manage resources better
- ✓ Prevent maternal deaths
- ✓ Certain forms of family planning commodities (such as condoms) also protect against sexually transmitted diseases



## 2. Different types of family planning

Work with a nurse or other PHU staff to present the different type of family planning. Discuss the advantages and disadvantages.

Also demonstrate how to use them – for example the male and female condom. If possible get participants to demonstrate it.

Emphasize that family planning is not only to prevent pregnancies – it is also important to protect oneself from sexually transmitted diseases.

Type of Contraception	Advantages	Disadvantages
Male condom 	Easy to use. Protection also against sexually transmitted diseases.	Slightly less sensitivity during intercourse.
Female condom 	Protection also against sexually transmitted diseases.	Less practical to use than male condom.
Pills 	Can be stopped at any time. Period is controlled/predictable.	Risk of forgetting to take pill every day.  No protection against sexually transmitted diseases.
Implant	No need to remember taking pill or buying condoms.	Has to be surgically inserted and removed.  Not available everywhere.  No protection against sexually transmitted diseases.
Injection 	No need to remember taking pill or buying condoms.  Invisible.	High load of hormones which can affect the woman's mood and weight  No protection against sexually transmitted diseases.
Tubilligation	Permanent protection.	Not reversible.  Requires surgical procedure.

### Discuss with participants and health staff:

- ❓ Are these types of family planning commodities always available at the nearest health center?
- ❓ What are some of the typical questions and concerns of women (and men) seeking family planning services?
- ❓ What can a person expect from the health staff if they want to go for family planning services? Discuss issues of how the health staff can give good advice and ensure confidentiality.

### **3. Case stories**

Share the below case stories with participants to illustrate the advantages of family planning commodities and disadvantages of not using family planning commodities.

#### **Marion becomes a teenage mother**

*Marion is 17 years old and going to school. An older boy in the community is approaching her and proposing love. She likes him but is afraid to get pregnant.*

*She is afraid to go to the PHU to ask for family planning, because when her friend did it, some people from the clinic had told her parents.*

*She manages to buy some condoms. But when the boy sees them, he accuses her of being a prostitute. She agrees to have unprotected sex to show him he can trust her.*

*After a month, Marion realizes she is pregnant. When the belly starts to show, she is asked to leave school. Marion's parents are furious with her and shame her a lot. Marion feels bad.*

*After Marion delivers the baby, she can still not go back to school because she has to help her mother at the market to find money to support the child.*

*Marion's parents go to the boy's parents. They are telling the boy's parents, 'Ehh! Our daughter did not impregnate herself! What will you do?' But the boy denies responsibility and is not supporting Marion. He continues in school and at the end of the year he moves to another town to further his education.*

.....

#### **After sharing the case story, discuss with participants:**

- ❓ What were Marion's concerns about seeking family planning services at the PHU?
- ❓ Why did Marion end up not using any family planning method at all?
- ❓ What were the consequences for her?
- ❓ Could she have done something differently?
- ❓ What was the role of the boy?
- ❓ Could he have done something differently?
- ❓ Did the boy suffer the same negative consequences as Marion?
- ❓ Do boys and girls (and men and women) have the same power to decide if they should use family planning?
- ❓ Can something like this happen in this community?
- ❓ What can the community do to prevent teenage pregnancies? (in ways that are fair to both boys and girls)

## Birth spacing helps Maria and Joseph control their finances

Maria and Joseph are a married couple living in a rural village. Their first child is now 7 months. They are discussing whether they should have more children. They both agree they would like more children, but maximum 3.

Maria says her body is still tired from the first pregnancy. She is still breastfeeding and spending a lot of time taking care of the new baby.

Joseph says that he is happy to wait a while so they can also save up some money. Joseph has seen so many people have plenty children, and at the end of the day they cannot afford to send them to school, and the whole family is struggling just to find food for the day.



Joseph and Maria go to the nearest health facility to discuss on the options for family planning. The nurse praises them for working together to plan their family.

The nurse gives Maria the injection which works for 3 months. Maria is not experiencing any negative effects of the injection, so after the 3 months she goes back to have it renewed.

After one year, Maria and Joseph agrees they are ready for another child. Maria stops taking the injection. After two months, she is pregnant again.

Before the second pregnancy, Maria and Joseph were able to work together very hard to expand their farming activities. They are now cultivating both the upland farm and a large

*vegetable garden, making good money from that to support their children.*

**After sharing the case story, discuss with participants:**

- ?
- Why did Maria want family planning?
- ?
- Why did Joseph want family planning?
- ?
- What was the result of their decision for their household?
- ?
- Can something like that happen in this community?

#### **4. Role plays on the social perceptions around family planning**

**Divide participants into smaller groups.**

Ask them to come up with small role plays/skits that illustrate some of the (negative) perceptions surrounding family planning. Let the role play show what kind of discussions happen between the husband and wife in the family.

**Some ideas for stories for role plays could be:**

- a) A 16 year old girl living at home has an 18 year old boyfriend whom she knows from school. They want to start having sex. Do they go for family planning services? What happens?
- b) A 33 year old woman is married with 4 children. She does not want to have any more children, but she thinks her husband maybe still does. Do they go for family planning services? What happens?
- c) A 22 year old man is working on his parents' farm but is also taking up work in mining areas around the district to earn money for his school fees. When he travels around he often has local girlfriends. Does he go for family planning services? What happens?
- d) A 41 year old widower with 2 children marries another wife who is quite younger than him. She wants to have children. He does not mind having more children, however, he is financially choked at the moment due to a poor harvest. Do they go for family planning services? What happens?

**Let the groups perform the role play in front of the other participants.**

**Discuss:**

- ?
- Would you advise the persons in the different stories to go for family planning services?
- ?
- Why/why not? If yes, which type of family planning?
- ?
- How did the couple discuss and decide on family planning?
- ?
- What was the reaction of other people to their decision?
- ?
- Who is normally going for family planning services and why?
- ?
- Are some people not going for family planning even if it might benefit them? Why?
- ?
- What are women's attitudes towards family planning?
- ?
- What are men's attitudes?
- ?
- How can the woman and man discuss family planning in a good way?

#### **5. Planning community campaign on family planning**

Ask participants how they can promote use of family planning commodities in their community.  
Ask participants to consider:

What should be the key messages about the advantages of using family planning?

Who should be targeted?

How can negative perceptions around family planning be addressed?

?

Remind participants that they should not only target women – the men have equal responsibility and should be targeted as well as their support is crucial. Emphasize that often men have more power in deciding on family planning, while women are often the ones suffering most of the negative consequences.

Let participants do group work to develop slogans, songs or role issues to address issue of family planning in the wider community.

## 6. Action points

**Discuss action points at household and community level.**

Possible action points include:

FMC to follow up on availability of family planning commodities at health care facility

Community should engage health staff to plan and organize community sensitization and counselling on the benefits of family planning

Husband and wife to jointly discuss on family planning needs and options

Parents to counsel adolescents on use of family planning

Share key messages in the wider community

■

**Materials needed:**

- Counselling card on maternal and child health
- [Redacted]

**Learning outcome**

Women are vulnerable during pregnancy. If they are not properly nourished and care for, it can harm both them and their babies. Maternal death is also a common cause of death among women in Sierra Leone. But it can be prevented with proper care and preparation during the pregnancy.

**Objectives of session:**

- Participants understand the importance of maternal and child health
- Participants understand the purpose of key maternal and child health services of the health centers such as ANC visits and immunization
- Participants come up with strategies for encouraging and supporting all women to attend the health facilities

**Key messages**

- ✓ When pregnant, visit the PHU for ANC already from the first trimester
- ✓ Make sure to go for all the ANC visits - husbands should support and accompany wives for ANC visits
- ✓ Attending ANC to ensure the mother's health and birth preparedness can save lives
- ✓ Good nutrition for the mother during pregnancy is essential for safe delivery and a healthy child
- ✓ Always take your baby for immunization
- ✓ Never give herbs to your small baby, but visit the health clinic in case of any fever or illness
- ✓ Exclusive breastfeeding up to the age of 6 months helps strengthen the baby's health
- ✓ Good hygiene practices in baby handling is very important for the baby's health

**Discussion points**

- ❓ What can prevent some women from going for all the proper ANC and PNC visits?
- ❓ How can husband and wife work together to ensure good maternal and child health care?
- ❓ How can communities and health staff work together to encourage and support all women to seek good health care for themselves and their babies during and after pregnancy?

## Facilitation process

### 1. Brainstorm on participants' existing knowledge and practice of maternal health

#### Ask participants:

- ?
- What are some of the key issues relating to maternal health?
- ?
- What problems do pregnant women typically experience? How can you tell a pregnant woman is not well?
- ?
- Where do they go for these problems?
- ?
- What services do the nearest health facilities offer pregnant women and new mothers?
- ?
- What are their experiences with those services?
- ?
- What are the consequences of poor maternal health for the individual, for the family and for the community?

### 2. Key maternal and child health services

Work with the local health staff in the presentation of the key health services for mothers and children.

	When	Purpose and importance
<b>Ante-Natal Care (ANC)</b>	At least 5 ANC visits throughout the pregnancy.	<b>Importance of ante-natal care visits:</b> <ul style="list-style-type: none"><li>✓ Check everything is fine with the pregnancy and the unborn child</li><li>✓ Early detection of abnormal conditions</li><li>✓ Check on health and nutrition of the mother (including HIV testing)</li><li>✓ Give routine drugs to mother (including anti-malaria)</li><li>Prepare mother for giving birth (birth readiness)</li></ul>
<b>Health care during pregnancy</b>	Make sure to go to get registered immediately after discovering the pregnancy (missing your monthly menstrual). Return after one month for another check. The PHU staff will give you the schedule of visits.	<b>Importance of post-natal care visits:</b> <ul style="list-style-type: none"><li>✓ Check on health of the newborn child and mother</li><li>✓ Give first vaccines to child (for polio and tuberculosis) straight after birth</li><li>✓ Advise mother on good breast-feeding practices</li><li>✓ Check the womb of the mother</li><li>Assess the healthy growth and development of the child</li></ul>
<b>Post-Natal Care (PNC)</b>	At least 3 visits after giving birth.  First visit after one week.  Second visit after 6 weeks.	<b>Importance of immunization:</b> <ul style="list-style-type: none"><li>✓ Protect child against childhood illnesses</li><li>✓ Immunizations protects the child against: Polio, tuberculosis, pneumonia, measles, yellow fever, and parasites</li><li>✓ All children should be immunized</li></ul>
<b>Vaccinations for the child</b>	First vaccination is done immediately after birth (in the health facility).  The PHU staff will advise on the further schedule for immunization.  Immunization is mandatory for all children.	



### 3. Case stories about ANC and PNC visits

Share the following case stories with participants.

#### An Unattended Pregnancy

*Hannah is pregnant with her first child. She has heard that when you are pregnant, you are supposed to visit the clinic early on.*

*However, her husband is saying that pregnancy is a natural thing that you do not need to go to the clinic for. And besides, he does not have money to send her to the clinic.*

*When she is 4 months pregnant, Hannah catches a ride to the clinic with a relative while the husband is out of town. The nurse at the clinic is angry at Hannah for not coming earlier and is shouting at her for not caring about her unborn baby. This makes Hannah feel very bad.*

*The nurse examines Hannah and says everything seems okay. The nurse says Hannah must come back soon.*

*Hannah wants to go back to the clinic, but she remembers how the nurse made her feel bad. So she does not go. Besides, everything is fine and the belly is growing.*

*She is not eating very good food, because the household is poor and her mother in law is saying that there are some things pregnant women should not be eating because it can make the child to become a thief later on.*

*But she is still able to do a lot of hard work around the house and cook for her husband.*

*However, Hannah then starts feeling tired and weak. When she is reaching almost 8 months of pregnancy, she starts bleeding small small. On morning she is feeling serious pain and she is rushed to the health center.*

*She goes into labour there. Hannah herself is very thin and weak and almost dies during delivery. The child is very small and weak and the nurse says she is lucky that the child is even surviving.*

**Discuss:**

- ?
- Why did Hannah not go often to the clinic?
- ?
- What was Hannah's experience at the clinic?
- ?
- What were the consequences of not attending the clinic regularly during her pregnancy?
- ?
- What was the role of the husband?
- ?
- What is the importance of ANC visits?
- ?
- Could something similar happen in this community?

### **Detecting Child Malnutrition Early**

*Sarah has recently delivered her second child. Her first child died before reaching 1 year, the child was often sick but they never found out the specific cause of death. But this time, she wants to make sure the same thing does not happen.*

*Sarah has been to 4 ANC visits and the pregnancy went well. The delivery goes well without problems.*

*The nurse has told Sarah to bring the child for a post-natal visit after 6 weeks, which she does. The nurse looks at the child and tells Sarah that it looks healthy. But she should come back for another check after 1 month.*

*After 1 month Sarah goes back to the health center. The nurse looks at the child saying it looks a little bit thin. She measures the child and finds out it has not been growing as well as it should.*

*The nurse asks Sarah if she is doing exclusive breast-feeding and she says yes. The nurse asks if the child has been sick. Sarah says no, the child has not really been sick but it has been suffering from frequent running stomach.*

*The nurse explains to Sarah that diarrhea is among the leading causes for malnutrition in children. It is very good that Sarah is breastfeeding, as this helps to protect the child against sickness.*

*The nurse advises Sarah that she must also make sure that the environment of the baby is clean and that caregivers are always washing hands with soap and clean water before handling and feeding the baby.*

*Sarah goes home and pays a lot of attention to the hygiene conditions around the baby's environment. The baby stops having diarrhea. When she goes to the clinic the next time, the nurse tells her that the child is now growing normally and is healthy.*

**Discuss:**

- ?
- Why did Sarah take the child to the health center?
- ?
- What did they do to the child at the health center?

- ?
- How was the health of the child?
- Was it good that Sarah took the child to the health center?
- What is the importance of taking small babies to the health centers for immunization and growth monitoring?
- What is the common practice in this community?
- Are there some families who are not taking their children for immunization?
- How can the community come together to encourage care givers to always take children to the health facilities?

#### **4. Role plays about healthcare practices in the household**

**Ask participants:**

- ?
- How does a household decide on who and when should go to the clinics?
- Who decides if money should be spent on health care and how much?
- Do the women and men have an equal say?
- Are the husbands always supportive of their wives' health? Why/why not?

**Divide participants into smaller groups.**

**a) Let half of the groups develop a role play showing a good example of how a household works together to ensure good maternal and child health. For example:**

- The husband is ensuring his wife eats well during the pregnancy
- The husband accompanies the wife to the health center
- Husband and wife put resources together to pay any health related expenditure
- After delivery the husband is supporting doing household work to give the wife time and peace for breastfeeding

**b) Let the other groups develop a role play showing a bad example of a household where there is no cooperation and as a result poor maternal and child health. For example:**

- The husband and/or other family members do not support the wife going to clinic
- There is no money put aside to seek good health care
- The wife is not able to eat well during her pregnancy
- After delivery the wife has to go back to the farm every day and is not able to breastfeed
- The husband is not helping out even when the child gets sick...

Let the groups perform the role plays in front of each other.

**Discuss:**

- ?
- What is the difference between a household that is focused on supporting good maternal and child health and one that is not?
- What is the wife and the husband doing right/wrong in the two examples?
- How can husband and wife work well together?
- What are the benefits of husband and wife working together to ensure good maternal and child health in the household?

#### **5. Discussion on community support for maternal health**

Discuss with communities how they can promote maternal and child health:

- ?
- Good nutrition for the mother during and after pregnancy

- ? Good access to and use of health services
- ? Good support from other family members to reduce workload of mother

**Discuss what different people can do to ensure good maternal and child health:**

- ? What can husbands and wives do?
- ? What can community leaders including religious authorities do?
- ? What can health workers do?
- ? What can FMC members do?



## 6. Action points

**Discuss on action points at household and community level.**

**Possible action points include:**

- FMC to follow up on availability of key health care services for pregnant and lactating mothers
- Households to make sure that key maternal and child health services are being used, according to schedule provided by health staff
- Husbands, in-laws, relatives and other household members to support and accompany pregnant and lactating women in seeking key health services
- Community campaign and mechanism to make sure all pregnant and lactating women are able to make use of key health services (for example mobilize resources for transportation)
- Set up mechanism with FMC for tracing defaulters
- Formulate bylaws to avoid home deliveries

## Module 12: Community-Based Health Monitoring



### Learning outcome

Communities are not always fully aware of their own health status. If the communities participates in monitoring their own health status, they will gain a better idea of health issues affecting them and their causes.

### Objectives of session:

- Community understands importance of monitoring their own health status
- Community sets up a mechanism for monitoring key health issues
- Community comes up with a mechanism for following up on proper health seeking behaviors of its members

### Key messages

- ✓ Discuss your main health issues monthly in the community to monitor your community's health status
- ✓ If the community is actively participating in monitoring health issues in the community, it will help them to take quick action and strengthen prevention
- ✓ FMC members and CHWs should work with the community to follow up on defaulters (especially for ANC, PNC and immunization visits)
- ✓ Communities, FMCs and health staff should work together to promote good health seeking behaviors of community members

### Discussion points

- ❓ How has the community been monitoring its own health status before?
- ❓ What are the benefits of the community being actively engaged in monitoring health issues?
- ❓ What mechanisms are appropriate for the community to monitor health issues?

## Facilitation process

### 1. Brainstorm on main health issues affecting the communities

Brainstorm with the group what the main health issues are affecting the communities. Typically, common illnesses are diarrhea (including worms), malaria, acute respiratory infections (ARI)

**Divide participants into groups to each discuss on one health issue.**

Ask them to discuss questions such as:

- ?
- What are the main health problems affecting the community?
- ?
- Who is mainly affected by the various health problems (for example, men, women or children)? Why?
- ?
- Has the prevalence of these health problems been increasing or decreasing in the last years? Why?
- ?
- What actions have been taken?
- ?
- Are health problems seasonal?
- ?
- What are the causes of the main health problems in the community?
- ?
- Who is monitoring the various health problems in the community?
- ?
- How could monitoring help the community address those causes in due time?

### 2. Monitoring health problems and health service delivery

Ask participants for the meaning and definition of 'monitoring'?

Explain that monitoring means getting information the community can use to take action on problems, for example:

- 
- Finding out about the health problems in the community
- 
- Finding out about who is affected by health problems
- 
- Finding out about the causes of health problems
- 
- Finding out if a problem is getting bigger or smaller
- 
- Finding out if everything is on track
- 
- Finding out if something is 'unusual'
- 
- Finding out if a solution to a problem is working

**When it comes to health, there are two main issues to monitor:**

**a) Health problems in the community:**

- Number of cases of different kinds of diseases
- People being affected
- Areas being affected
- Reasons behind it

**b) Health service delivery at the health facility:**

- Are health services being offered as they should at the local health center?
- Are the right people benefiting from the free health care policy?
- Are drugs available?
- Is the facility clean and well maintained?
- Are the health staff present and treating patients well?
- Are community members going for the health services?

Ask participants to brainstorm on examples of monitoring of health problems and health services.

### **3. Discussion on the role of CHW and FMC in health monitoring**

Brainstorm with participants on the role of CHWs and FMCs in health monitoring – and the role of any other health related structure (for example mother support groups, GMF groups).

- ?
- What are they monitoring?
- ?
- How do they do the monitoring?
- ?
- How is the community involved?

### **4. Case Stories about Community Health Monitoring**

Share the following case stories with participants:

#### **Malaria Hits Giiya**

*The community of Giiya meets once per month to discuss on health issues in the community. During those meetings, they report on common illnesses like diarrhea and malaria.*

*In a meeting in August, they look at the number of malaria cases reported from within the community. They compare the number of cases to the number from the last months. They also compare the number of cases to the number of cases from the same month last year.*

*They realize that the number of malaria cases is much higher than normal. Their CHW confirms that, during the last two months, her stock for malaria test kits and treatment has been running out faster than she hoped it would.*

*Community members testify that some have experienced malaria in their homes but have only been seeing the herbalist. Others have started walking the three mile journey to get malaria treatment from the PHU.*

*The community is quite surprised over this increase in malaria cases. Otherwise, the number of malaria cases have been going down since the community conducted a mosquito net campaign after a health training. They have also has started being more vigilant in their environmental sanitation practices.*

*The community decides to investigate what might be causing this high number of malaria cases.*

*The In-Charge calls for a quick meeting with the FMC. The FMC agrees to help to find out what has been causing the increase in malaria in Giiya.*

*FMC members reach out to various homes in Giiya. They realize that several houses lack proper drainage which has created stagnant pools of rainwater around them. This is attracting more mosquitoes.*

*FMC members interview some of the households who have been struck by malaria. They learn that because the heavy rains have spoiled the road to the community, market*

*access is now more difficult. So some homes now use their mosquito nets to make fishing nets to sustain their livelihoods.*

*The community leadership of Giiya, supported by the FMC, takes action with sensitization of all households to make sure their people continue to practice good malaria control. The community mobilizes the youth to dig drainages around houses with too much stagnant water. The community is able to gather some unused mosquito nets, and give them to those who do not have any.*

*The chief strictly advises everyone to sleep under a treated mosquito net, especially women and children, and to wear long sleeves during night time.*

*In the following months, malaria cases gradually go down as they approach the dry season.*

#### **Ask participants ...**

- ?
- Why is Giiya having monthly meetings to discuss on their health problems?
- ?
- What did they find out during their meeting?
- ?
- What did they decide to do after finding out about the increase in malaria cases?
- ?
- What did they find out from their investigation – what caused the increase in malaria cases?
- ?
- What did they decide to do after finding out about the causes?
- ?
- How did the monthly monitoring of health problems help them in taking action?
- ?
- What could have happened if the community if they were not doing this health monitoring?
- ?
- Who was involved in the monitoring?

#### **Note to facilitator:**

- ✓ The lesson learned from the story is that monitoring helps people find out about problems and their causes and come up with solutions
- ✓ Because Giiya was having monthly health meetings, they were able to compare the number of malaria cases to previous months
- ✓ Because of finding out about the increase in malaria cases, they were able to do a further investigation
- ✓ During the investigation, they found out about the causes
- ✓ Because they were able to find out about causes, they could address the problem and solve it
- ✓ The monitoring helped them to find out about a problem and take action on it
- ✓ Without monthly health monitoring meetings, they would not have found out about the increase in malaria and people would have continued to suffer

### **Teenage pregnancies in Baoma**

*Baoma is a small remote community. The community depends mainly on subsistence farming and some minor trade in agricultural products. Some of the women are making a livelihood from fishing in the streams inside the forest.*

*There is a primary school in a nearby community, and most of the children are attending. However, there is no secondary school nearby. Only few parents are chanced to send their children to the bigger town to live with relatives while they are attending.*

*Every 3 months, the community's FMC representative travels to the nearest PHU to participate in FMC meetings. During the FMC meetings, they discuss both health status in the communities, as well as issues about the operation of the PHU.*

*At one meeting, the PHU in-charge draws their attention to the increased number of teenage pregnancies in the last couple of months.*

*The FMC representative and CHW goes back to Baoma and call for a community meeting to report on this issue. According to the households participating in the meeting, only one young girl has fallen pregnant in Baoma recently.*

*The FMC member of Baoma travels to the other communities which are experiencing a higher number of teenage pregnancies. It turns out, that a new mining site has emerged inside the forest, close to the communities. The mining sites have attracted a number of young men from other parts of the district. Some of the community girls have been going to the mining area to sell fish. The girls sell fish to help their families and to make money for their school fees. Unfortunately, some of the girls have started relationships with the young miners and have now fallen pregnant.*

*The FMC member returns to Baoma with these findings. Together with the CHW and community leaders, they call a community meeting to discuss how to prevent their own young girls from getting pregnant.*

*All parents are advised to monitor the activities of their young girls. Parents are also advised to not encourage their daughters to bring bread to the table in ways that could expose them to any risk.*

*Baoma community invites the nurse from the PHU to come to Baoma to give a special health talk to adolescent girls and their parents. They also include boys in health talk, to emphasize the equal responsibility of men and boys.*

*The nurse warns about the dangers of early pregnancies. She also emphasizes that many young girls are exposed to this danger because of poverty – not because they are careless.*

*The nurse also advises on family planning options. She emphasizes that family planning is free for all adolescents.*

*Finally, the community discusses on the problem that young girls are at risk of falling pregnant at an early age, due to poverty and lack of economic opportunities making them dependent on men. They discuss how they can improve the access of young girls to other economic opportunities that do not expose them to risks.*

...

## **5. Discussion after the case story:**

**Ask participants...**

- ?
- What did the FMC member find out during the FMC meeting at the PHU?
- What did the FMC member do after finding out about the increase in teenage pregnancies?
- What was the reason for the increase in teenage pregnancies?
- What did Baoma do to prevent teenage pregnancies in their own community?
- How did monitoring and sharing of information between communities help Baoma?
- What could have happened in Baoma if the FMC member was not active in going to meetings at the PHU to get information about health problems in the catchment area?

**Note to facilitator:**

- ✓ The lesson learned of the story is that good monitoring and information-sharing helps a community in prevention of health problems
- ✓ During the FMC meeting at the PHU, the FMC member from Baoma learned that there was an increase in pregnancies in other communities
- ✓ The FMC member reported the finding to the community. The FMC member also travelled to other areas to find out about the cause
- ✓ Teenage pregnancies were increasing because young girls because of poverty were going to a nearby mining site to sell fish, and found boyfriends there
- ✓ After finding out about this, Baoma decided to organize family planning sensitization for adolescents
- ✓ Monitoring and sharing information with other catchment communities helped Baoma to take the necessary steps to prevent a similar problem from happening in their own community

## **5. Tool for community health monitoring**

Based on the case stories above, ask participants what the benefits involved are if the community is actively monitoring its own health issues?

If the community monitors its own health issues on a regular (monthly) basis, the community will be able to....

- ✓ Better understand their own health problems and their causes
- ✓ Take action and find good solutions for health problems
- ✓ Take action to prevent health problems
- ✓ Report their health situation to others for support

Emphasize to participants that this monitoring will also help the community to measure if the awareness raising on health, hygiene and nutrition is working. For example, they have learned about improved hygiene and sanitation, and households are changing some behaviors step by step. Monitoring will also reveal if their efforts are bearing fruit. For example, if they find out that diarrheal diseases are going down in the community – they will know the positive impact of improved hygiene and sanitation behaviors.

**Demonstrate in a very simple table format how the community can monitor health issues in the community:**

Community:						
Common disease:						
Month	No. women	No. men	No. under-fives	Total	Cases reported to clinic	Cases not reported
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
TOTAL						

The table can be used to keep track of other sicknesses and health issues such as:

- Malaria
- Diarrhea
- Respiratory diseases
- Teenage pregnancies
- ...or any other thing affecting them that they wish to take more action against.

When you compare the number of cases of a particular disease month by month, you will be able to discuss issues such as:

- Are the number of cases going up or down?
- What may be the reason?
- Which category of people is mainly affected?
- Are cases being reported to the health facility?
- If not, are they being adequately treated?
- What action can households and the community take to prevent the disease?

### Discuss with the community:

- ❓ How often can this monitoring and 'data collection' be done?
- ❓ Who is responsible and who should be involved?

**?** What are the challenges and how to overcome them?

**The community should also monitor the following:**

- That all pregnant women are going for all the ANC visits
- That all children are being taken for immunization

## 7. Monitoring health service delivery (FMCs)

Discuss with participants how to monitor health service delivery.

Explain that normally, it is the FMCs role to monitor the health service delivery.

**FMCs should monitor things like:**

**?** Is the health facility in a good condition?



**?** Is the health facility equipped as it should be?

**?** Are drugs available? (FMC can monitor drug deliveries)

**?** Are good health services being offered (according to PHU level)?

**?** Are the right people benefiting from the free health care initiative?

**?** Are costs appropriate?

**?** Are the correct number of well qualified staff there (according to PHU level)?

**?** Are health staff interacting well with patients?

**?** Do health facilities have activity plans for community outreach and other health campaigns?

**?** Are they being followed?

Ask the FMCs to present any checklist they are using to monitor health services.

Ask the FMCs to present their current action plans.

Emphasize that the FMCs should always report back to the communities on their actions as well as on any other health issue being discussed at the clinic level.

If community members have any observations or experience regarding health services at their nearest facility, they can always report those to their FMC member for them to take action it.

Emphasize that it is also the FMCs responsibility to ensure community ownership and mobilize community support for good health services. (As discussed in Module 2). This includes:

- Good use of health facilities by the community members (making sure people go to health facilities, tracing defaulters)
- Community participation in cleaning and maintenance of health facility (contribution of labor and materials)
- Community support for health staff accommodation
- Organize dialogue sessions between PHUs and communities
- Supporting health staff in health education and sensitization

## 8. Role plays on health monitoring

Divide participants into groups and ask them to develop skits demonstrating the following:

a) Monitoring health issues and problems at community level:

- How the community can monitor its own health issues on a monthly basis

- The benefits of regular monitoring of health issues
- How the community members, FMC and CHW are cooperating
- Some of the challenges involved in monitoring

b) Monitoring health service delivery at PHU level:

- How the communities and FMCs are monitoring health service delivery
- How the community members are reporting to the FMCs
- How the FMCs are doing the monitoring at clinic level
- FMCs addressing problems through dialogue session between communities and PHU
- FMCs advocating for improved health services
- Some of the challenges involved and how they can be overcome

## **9. Action points**

**Discuss on action points at household and community level.**

- Set up a health monitoring team
- Have monthly meetings on community health issues and keep records
- Report all health issues to monitoring team and FMC
- Take action based on findings from monitoring
- Refer all sick persons to health facility or CHW (promote good health seeking behaviors)
- Develop checklist for FMCs to monitor health service delivery at PHU



