

TIMED AND TARGETED COUNSELLING FOR HEALTH AND NUTRITION

Storybook for Module Healthy Pregnancy

SIL

2 and



VISIT I



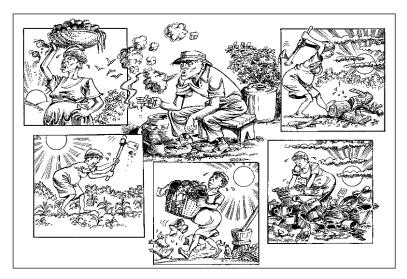






Biba is pregnant. Every day Biba wakes up early and she works hard all day. Sometimes she even lifts heavy things. She doesn't have any help. She has no time to rest. She starts

her day by grinding her maize. Her cooking pot is ready so she can begin to prepare food for the day.











In the afternoon Biba goes to the market to sell peanuts and beans she has grown in her fields. She does not put any peanuts or

VISIT I

beans in the sauce for her meals of maize.













In the evening Biba and her children eat small portions of maize without sauce. Her husband, Peter, generally eats in the village with his friends.













At midday Biba is coming from the latrine, having not washed her hands, and sits on a mat to take her first meal of maize porridge

mixed with water.

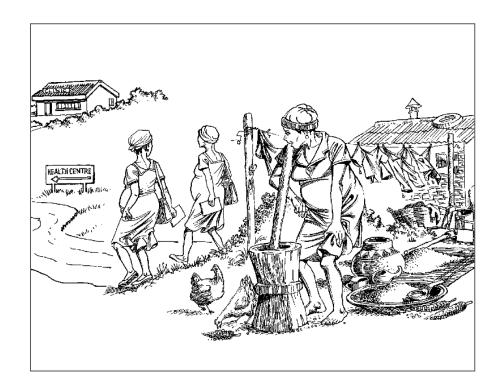








In the afternoon Biba sees her pregnant friends on their way to the health facility for their antenatal visit. She continues to work.







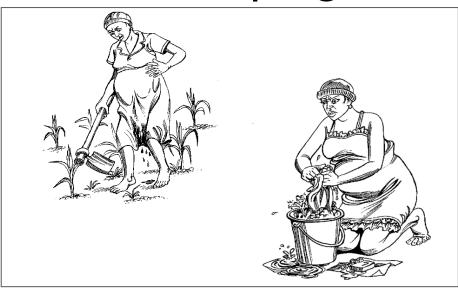
VISIT I





One day while working in the fields, Biba notices blood on her clothes.

She doesn't tell anyone, because she doesn't know any of the danger signs to look for when she's pregnant.





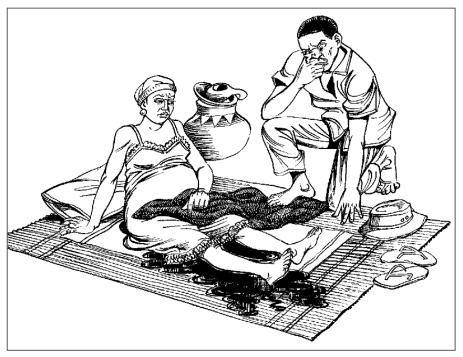






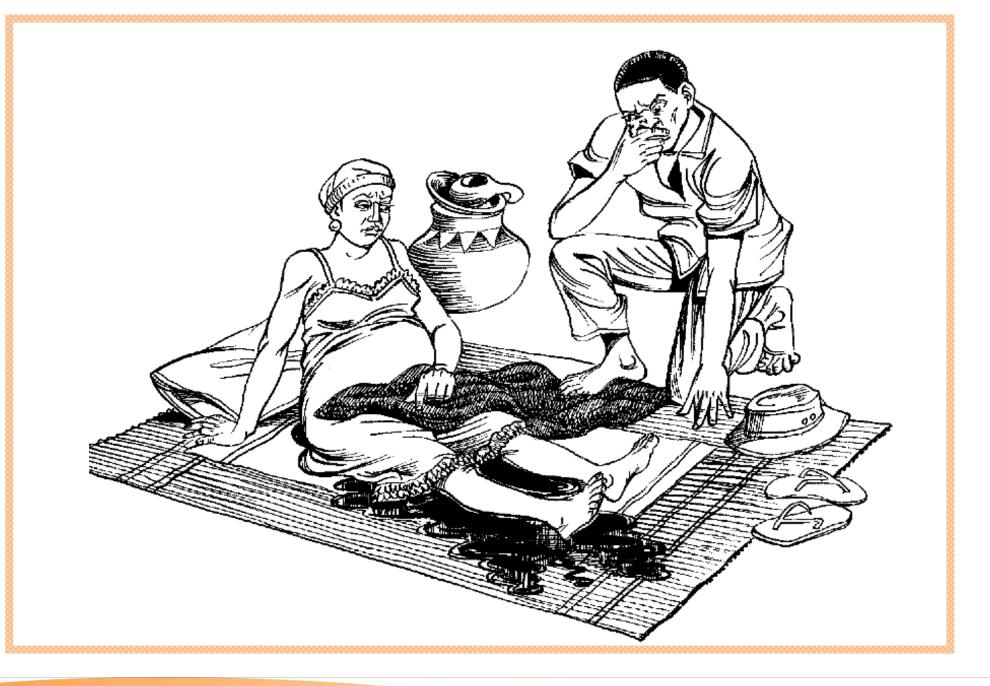


The next morning Biba wakes up with a lot of blood on her mat. She calls to her husband to get help.





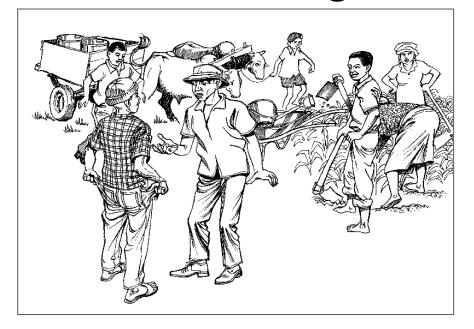






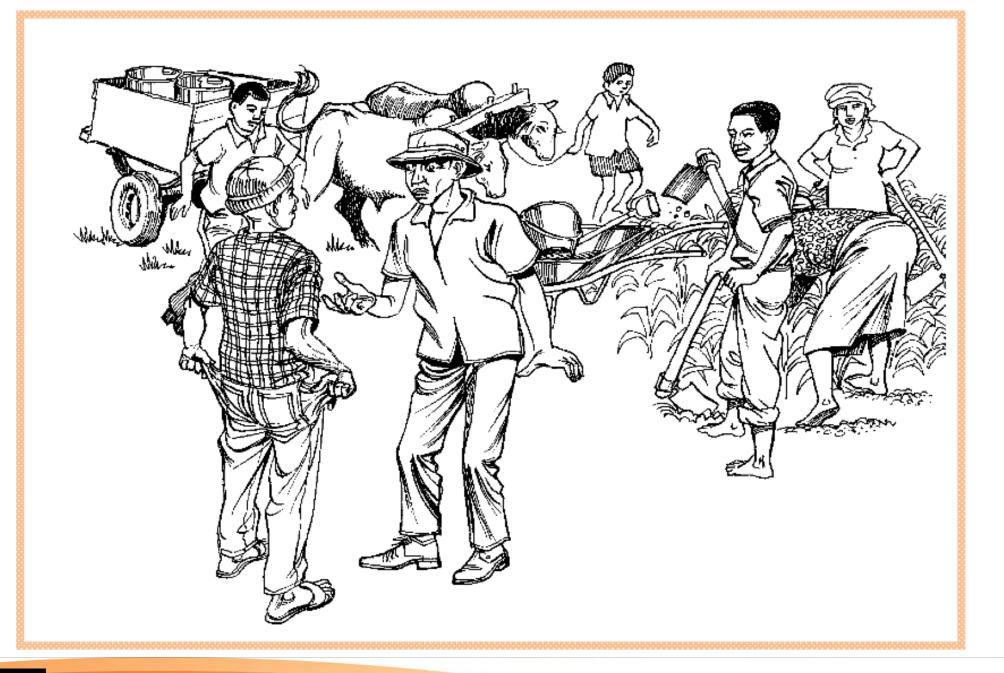


Biba's husband runs around the village looking for transport. He finds that most of the men are in the fields with their oxcarts. It takes him a long time.





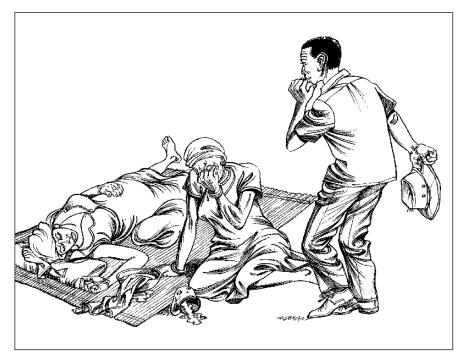






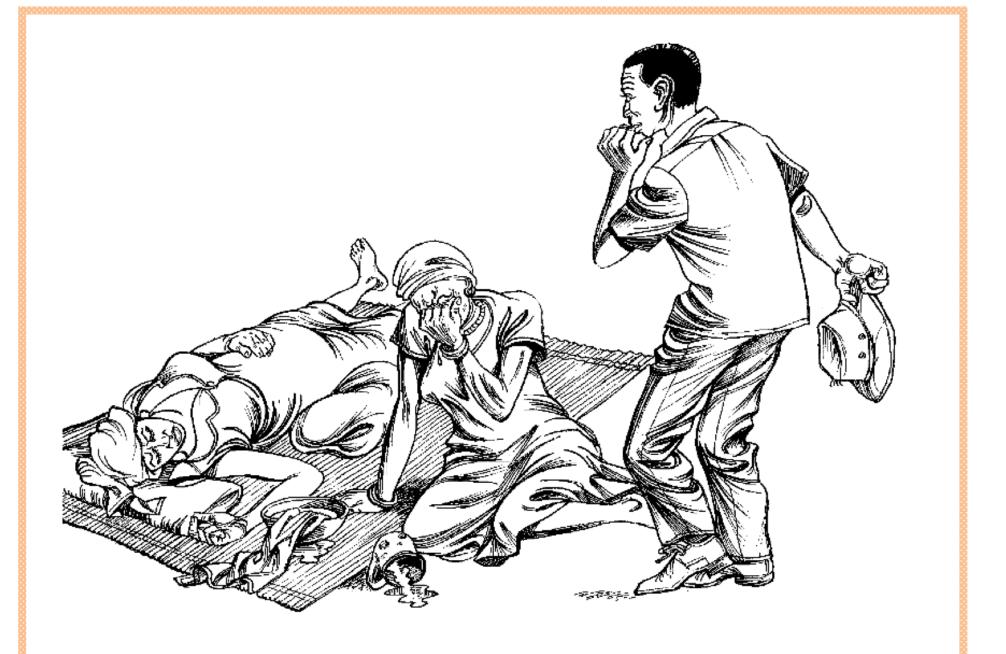


By the time he has found help and comes back to the house, he sees that Biba and the baby have died (or serious complication).













A. Problem Story: Nutrition Home Care and ANC: Guiding Questions

1. What nutrition behaviours / practices did they see in the story (pos or neg)?

Possible answers:

- Biba had too much work. She was pushing her body too much.
- She was not eating enough food.
- She wasn't eating a variety of foods.
- She has lots of children.
- She doesn't wash her hands, which might cause infections or diseases.
- She sold crops that she and her children could have eaten instead.
- She was lifting heavy things.
- She didn't go to the clinic for prenatal care, to check on herself and her unborn baby.
- Her husband is spending money on himself that could be used for his wife and children instead.
- She didn't understand that the bleeding was dangerous.
- She didn't tell anyone about the bleeding.
- Her husband didn't have a plan for transportation if there was an emergency.
 - 2. Do similar things happen in your community?
 - 3. Do any of these happen in your own experience/family/home?









The home visitor visits David and Mary in their home and explains that there are three main food groups, which are important for the health of everyone in the family, but especially for Mary because she's pregnant. The ttC-HV tells Mary that she will need to increase the amount of food she eats and the number of times she eats each day.









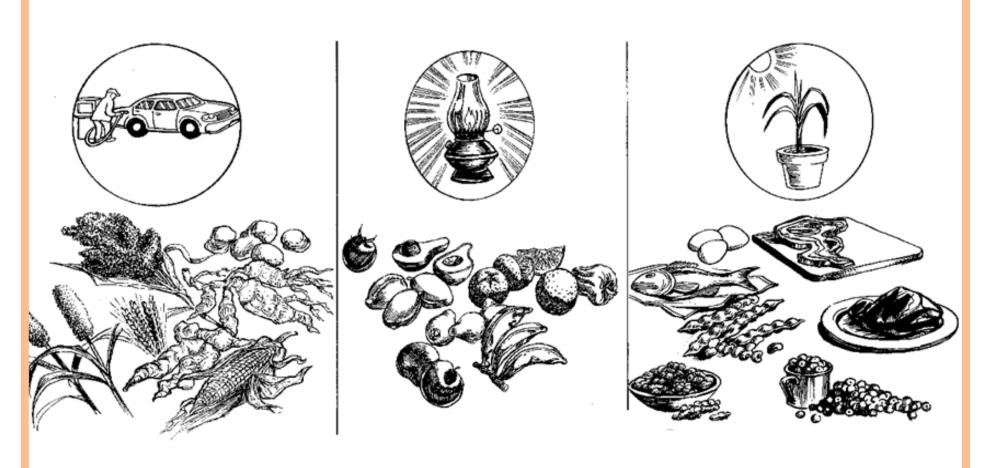


The ttC-HV shows Mary and David pictures of three food types, and explains they are all essential for Mary to eat every day.

- I.Maize, millet, cassava, sorghum, rice, potato and sweet potato are foods that give the body energy; they make the body GO, the way that gasoline/petrol makes a car go.
- 2. Mangos, bananas, oranges, papaya, sweet potatoes, leaves, beetroot, and a variety of vegetables make the body healthy, or GLOW, the way a lantern lights up a room at night.
- 3. Eggs, meat, fish, chicken, peanuts, beans, liver and lentils are foods that build a strong body, or make the body GROW, the same way that water helps a seed becomes a plant.







I. GO

2. GLOW

3. GROW





David and Mary head to the market, where David buys some eggs and a piece of liver especially for Mary. Mary buys fruits and vegetables and some beans that she will put in the sauce for the chima she will make for the whole family.







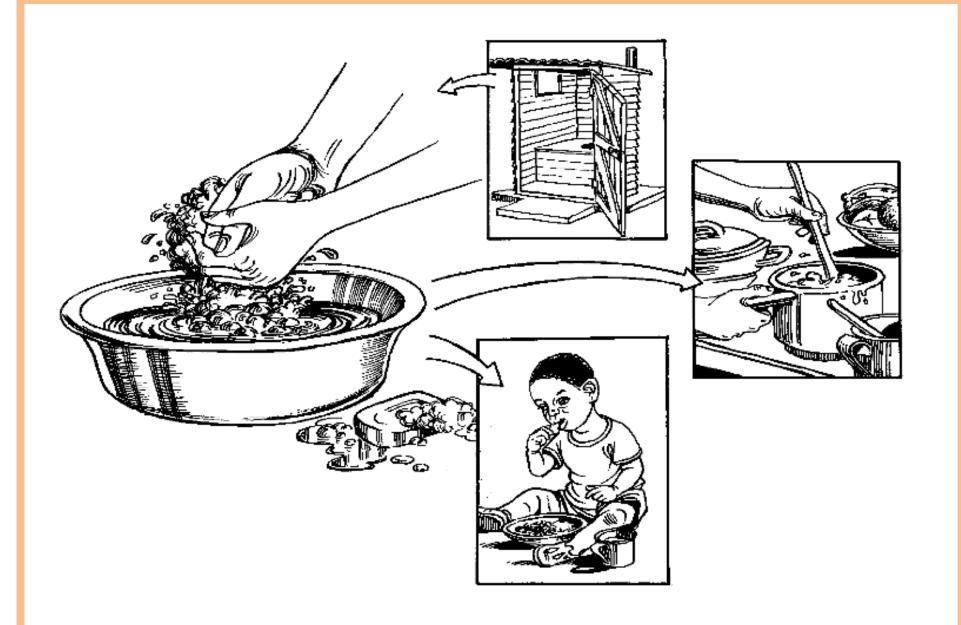




The ttC-HV spoke to Mary and David about sanitation and hygiene. As a result, Mary and David have a clean yard, soap and water. Mary makes sure to wash her hands before preparing any food. She also assists her children to wash their hands before they all sit down together to eat.











The next morning **David** separates tomatoes, onions, peppers and other items from the kitchen garden he has planted for the family into two piles. Mary saves one pile to prepare meals for the family. Mary's mother-in-law takes the other pile to the market to sell.











The ttC-HV told David and Mary that it is very important for Mary to go to the health facility and receive prenatal care. Prenatal

care means special care for Mary while she is pregnant, for the benefit of both her and her unborn baby.





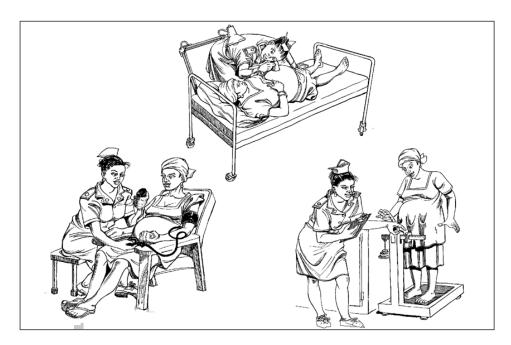






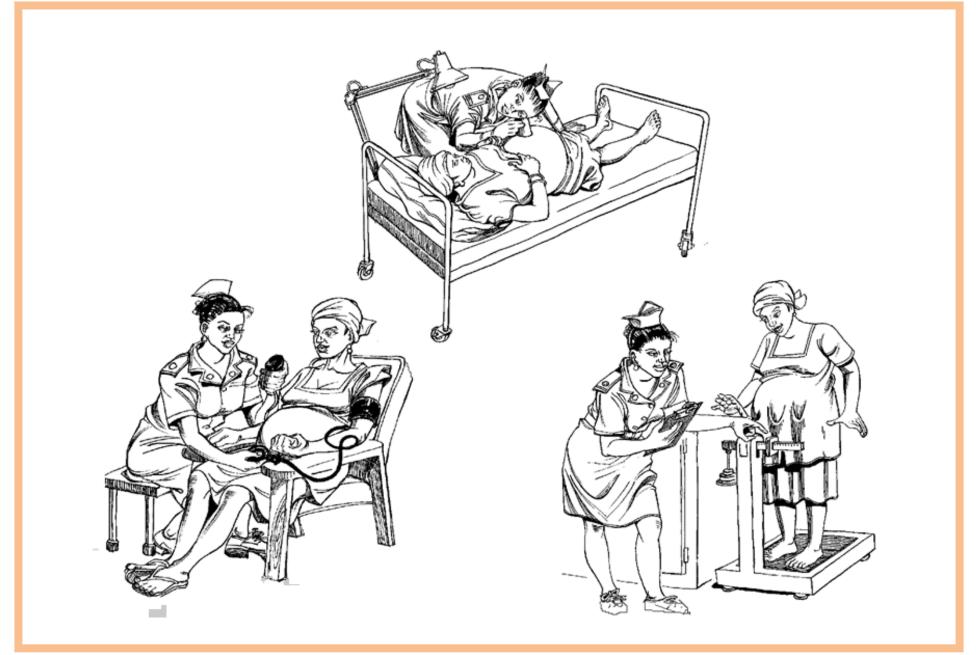


While Mary is at the clinic, the nurse takes her blood pressure, listens to the baby's heartbeat and weighs Mary.













The nurse also gives Mary some iron-folic acid tablets and instructs her to take them daily with food. The nurse tells her the

tablets will help the baby grow well and will help her have a lot of energy and healthy blood.













Mary receives a tetanus injection that will protect her and her baby at the time of delivery. The nurse tells her she will have another one at her next visit, so it is very important for her to come back.





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Mary and David live in an area where many people get malaria. Because the nurse is concerned that malaria will harm the baby, she gives her some tablets, which she takes immediately, and a long-lasting insecticide treated bed net which she must sleep under all throughout her

pregnancy.











The home visitor had told David and Mary that when they go for antenatal care, they should request a confidential HIV test and a test for tuberculosis, as well as tests for other sexually transmitted illnesses.





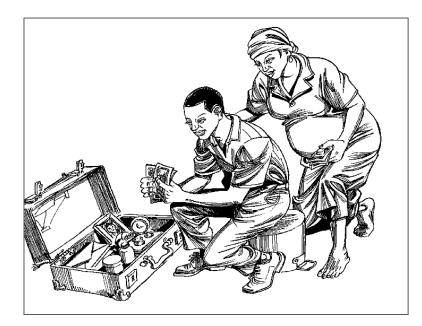








David is very happy and has begun to save money especially to take care of Mary and the new baby.













David is very committed to making sure Mary and the baby stay healthy. He has arranged for her to have help and reduced the amount of work she will do every day. He makes sure she can rest for a few hours every day and has lots to eat and drink. The ttC-HV reminds Mary to take iron and folic-acid tablets daily with food.

David and Mary agree to check for danger signs and call for help immediately if they detect any problems.





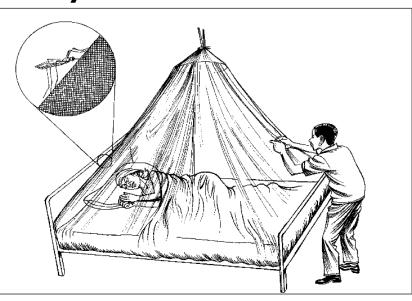






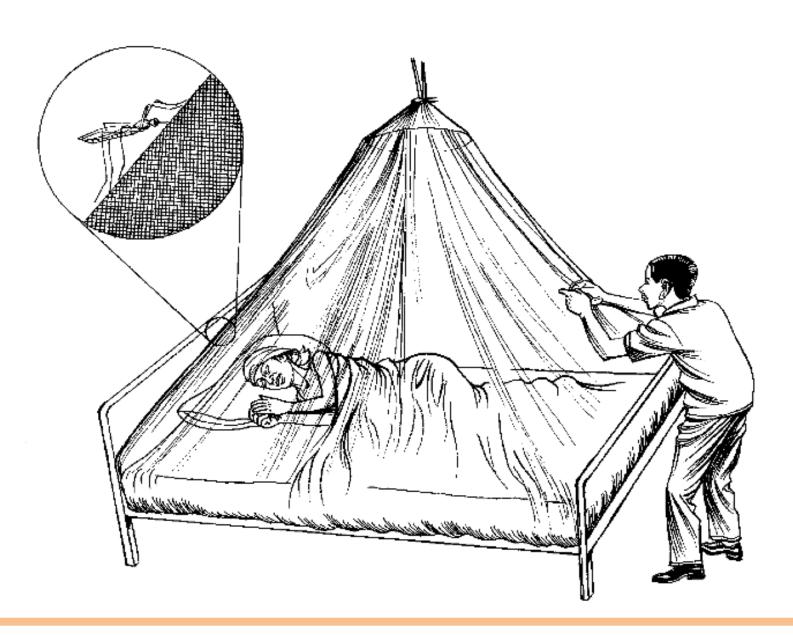


David learned how to correctly hang the bed net and he makes sure that Mary sleeps under it every night. He also checks to make sure the net has no holes and is tucked correctly under the mattress.





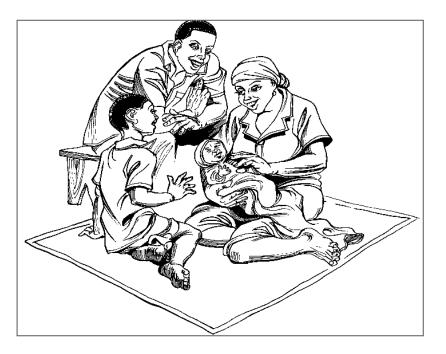








Mary and David have a normal delivery and welcome a new baby girl. Their son is happy to welcome his new healthy baby sister.













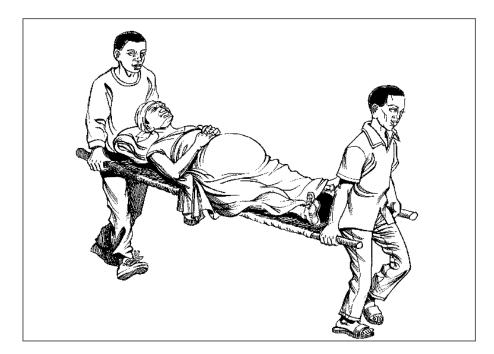
B. Positive Story: Nutrition: Guiding Questions

- I. What behaviours / practices did you see in the story?
- Mary is eating enough food. She eats more than usual when she is pregnant.
- She eats different kinds of foods from all of the food groups.
- Mary and David don't sell all of their nutritious food. They divide it and save some of it to eat.
- They wash their hands.
- Mary's husband helps her so that she doesn't have to push her body too much while she is pregnant.
- David and Mary saved money for the pregnancy and for any emergencies.
- Mary goes for prenatal care at the clinic and receives many services.
- Mary's family helps her with her work so that she can rest.
- David and Mary understand the danger signs in pregnancy and always check to make sure Mary is not showing any of the danger signs.
- David is prepared to take her to the clinic immediately if she has a problem.
- Mary sleeps under a bed net.
- Mary has a baby girl and both the baby and the mother are healthy.
- 2. Do similar things happen in your community?
- 3. Do any of these happen in your own experience/family/home?



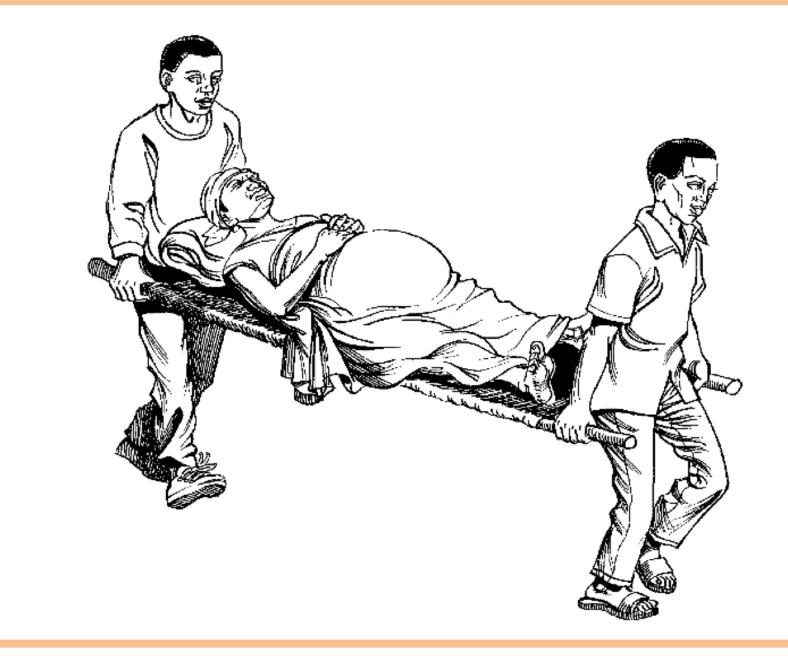


Take the pregnant woman immediately to the health clinic if she has any of the following symptoms.





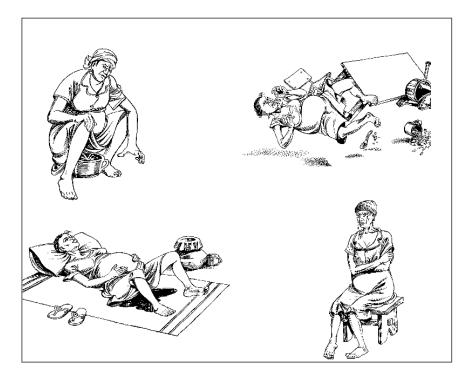






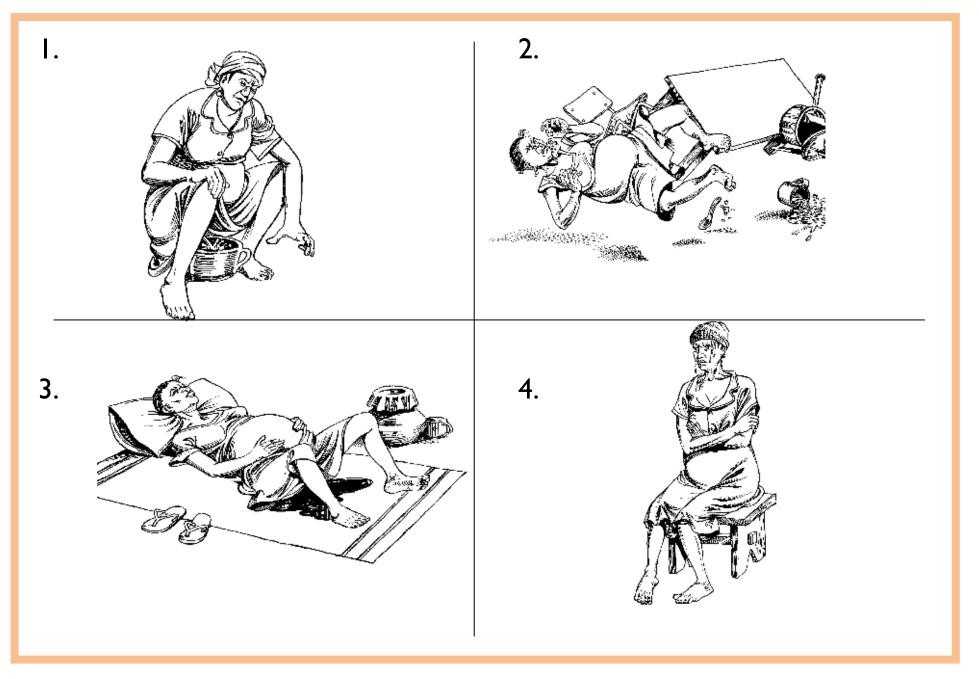


- I. Painful urination
- 2. Fainting/ fits
- 3. Too much bleeding
- 4. Fever







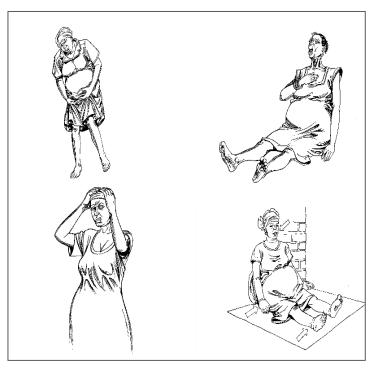






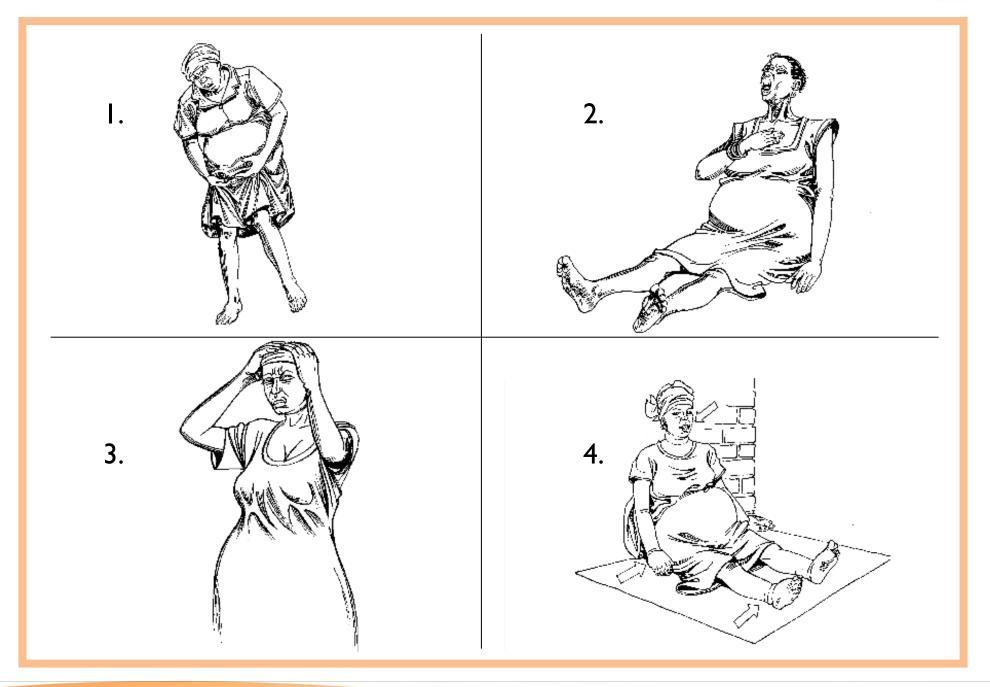
I. Lower abdominal pain

- 2. Difficulty breathing.
- 3. Severe headache.
- 4. Swelling of hands, feet and face.











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VISIT 2









Cadija is pregnant. The ttC home visitor advises her and her family that they should be tested for HIV during her antenatal consultation. Her husband Braima doesn't think it is necessary for him and the children to take the HIV test because they are all feeling healthy!



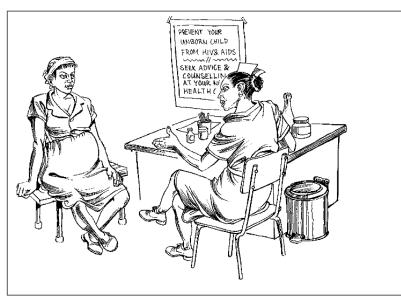


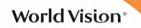




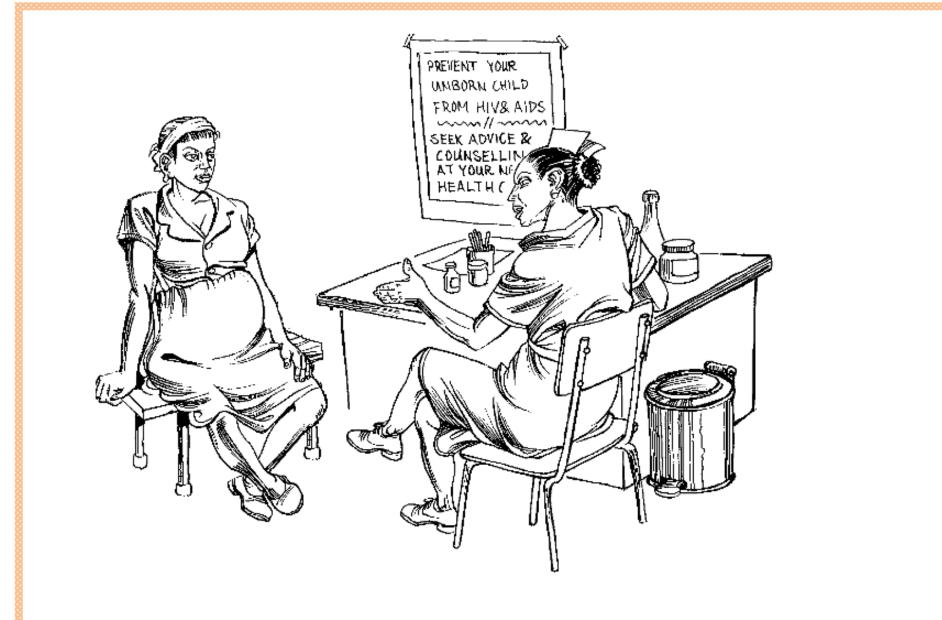


At the antenatal clinic, Cadija attends by herself. She is offered a test for HIV and takes it. Cadija finds out that she is HIVpositive, but she is scared to tell her husband, Braima, about the test result.













During her pregnancy, Cadija doesn't take all of the medicines as prescribed because she is so worried that her husband will find the medicines and will blame her.













When the time comes to give birth, Cadija gives birth at home with the help of a traditional birth attendant, as advised

by her motherin-law, **not in the facility** as the nurse in her antenatal clinic advised her.













When the baby is born, Cadija doesn't take the baby for the HIV test immediately because it seems like the baby is healthy and fine. She thinks that the baby could not have caught HIV.







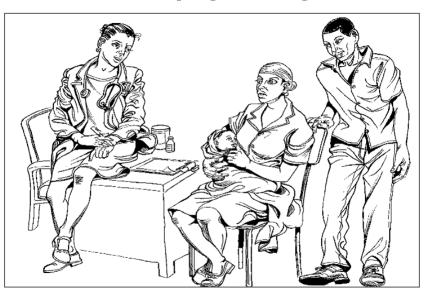
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Within a year, the baby gets very sick, and they take him to the clinic and find out he is very ill with HIV. Braima is angry that Cadija didn't tell him about her HIV test result. The nurse explains it is very difficult for a baby once sick with HIV to recover and that Cadija could have prevented her baby getting HIV

by taking ARV medicines. She advises that the husband and all the children at home must be tested for HIV.









Problem Story: HIV





Problem Story: HIV: Guiding Questions

1. What practices did you see in this story? Are these positive or negative practices for the family?

Negative:

- Both Cadija and Braima, and their children, should have gone for the HIV test and gotten treatment.
- Cadija did not take the HIV medicines which would have prevented her baby from getting HIV.
- Cadija gave birth at home increasing the risk of HIV transmission to the baby.
- When the baby was born they should have taken the baby to be HIV tested immediately, before the baby became sick with HIV.
- 2. Do these practices happen in your community at all?
 - For example: how do women feel about talking to their partners about HIV? Do HIV + women always take ARV medicines during pregnancy? Do children of HIV-positive parents always get tested early?
- 3. Could anything like this happen in your family? What have you learned?

Problem Story: HIV





Founey is pregnant. The ttC-HV told Founey and her husband Babakar that it was important to go for antenatal consultation together and to make sure that

they both get an HIV and TB test, along with their children if they have not been tested.













The nurse has told Founey and her husband that they have both tested positive for both HIV and TB, and advises Founey that she and her baby will need special care during pregnancy and delivery. The nurse gives **both Babakar and Founey** REVENT INBORN LHIU **HIV** medicine (ARV) and tells them exactly how to take it, as they both need the medicine.





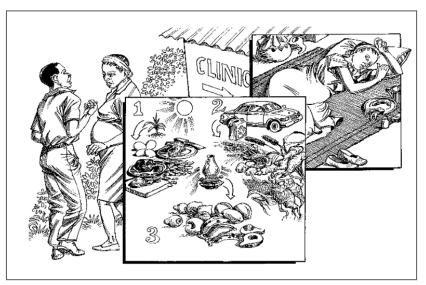






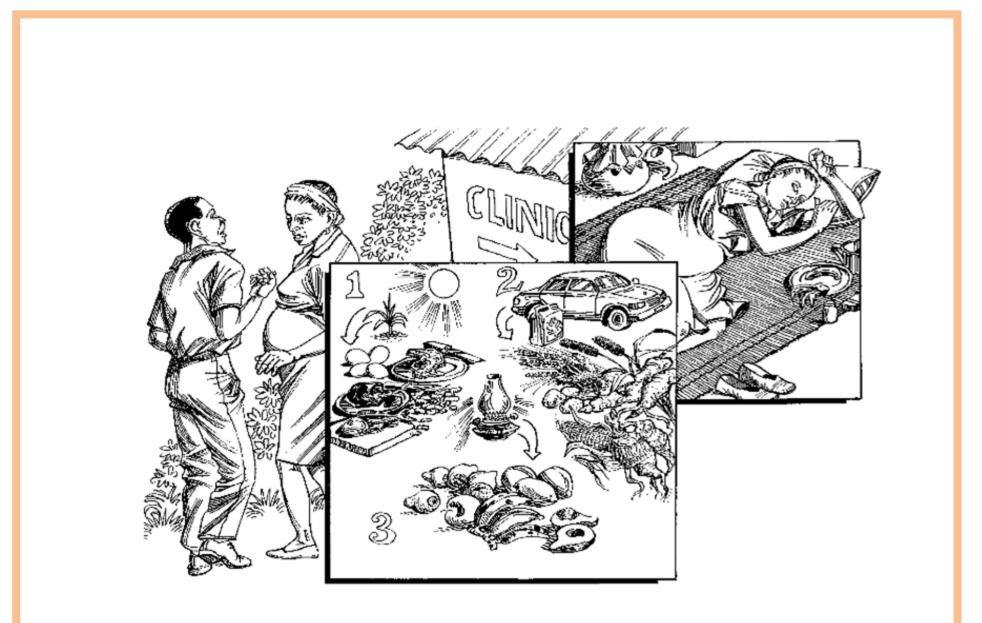
Even though Founey and Babakar are discouraged they know that they need to pay even more attention to taking good care of Founey during her pregnancy, make sure she is taking her medicines, so that she does not get sick with HIV. They remember that the ttC-HV told her to increase the amount and

numbers of times a day she eats, and to eat food from the three food groups. She also told Founey and Babakar how important it is for Founey to rest.













Another way to protect the baby from getting infected with HIV during pregnancy is **to use condoms correctly** during every sexual encounter. Founey and Babakar use condoms throughout the pregnancy to prevent further infections, in addition to taking

their HIV medicines.









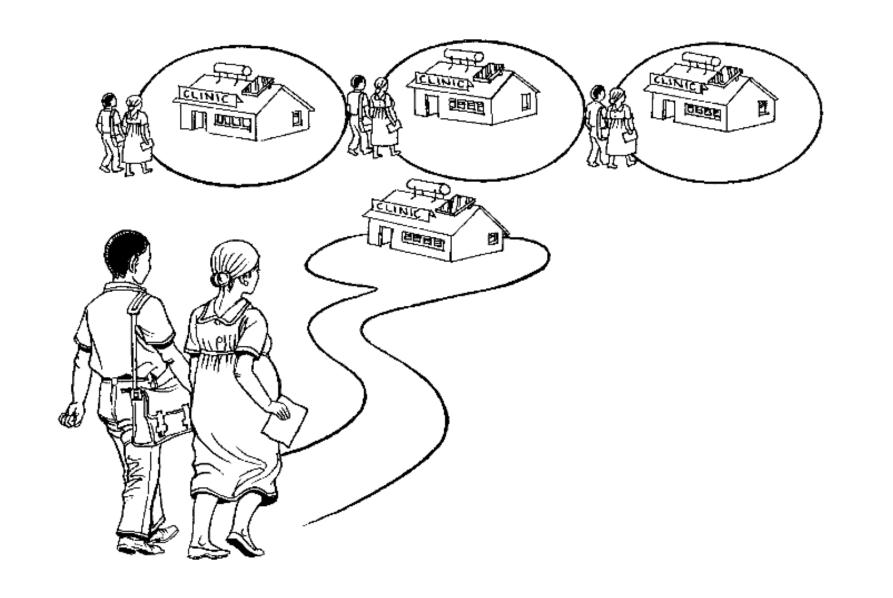




Founey and Babakar attend all four ANC visits. They know that because of their HIV status, they should choose to deliver their baby at the health facility, where Founey and the baby can get medicine and special care. The ttC-HV has explained that the medicines, known as ARVs (antiretrovirals), given to the mother throughout pregnancy and breastfeeding during pregnancy will help protect the baby from getting HIV.











Founey safely delivered a baby girl at the health facility and began breastfeeding in the first hour of life – with help from the midwife. The nurse tells Founey and Babakar that it is very important to give only breast milk to the baby for 6 months to protect it from diseases and help it grow well. Founey must not give the baby any traditional drinks or animal milk, only medicine as instructed by the health facility.











The baby is tested for HIV, and the test is negative. Founey and Babakar are very happy.













F: Positive Story: HIV: Guiding Questions

I. What behaviours/practices did you see in the story?

Possible Answers

- They should go for antenatal care, and get HIV and TB tests for both of them and their children.
- An HIV-positive woman needs special nutrition and extra rest.
- An HIV-positive woman should deliver in a health facility to protect the baby from getting infected with HIV during delivery.
- HIV- and TB-positive people need to take medicine, and it is very important to finish all medicine.
- HIV positive people should use condoms during sexual intercourse, especially during pregnancy, to reduce the risk to the unborn baby.
- An HIV-positive mother should exclusively breastfeed during the first 6 months. No other foods or liquids should be given.
- The baby should be tested for HIV as soon as possible after delivery.
- 2. Do similar things happen in your community?
- **3.** Do any of these happen in your own experience/family/home? Have you learned any new ideas from this story? If so, what did you learn? What might you do differently?



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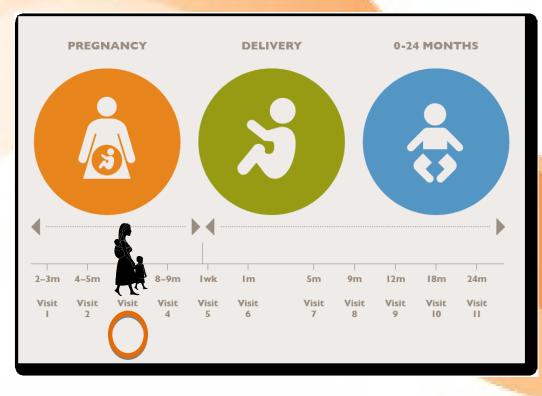
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Patience is out working in the fields. Patience is 8 months pregnant. She has never attended antenatal care. She sees her friends, also pregnant, going for their third ANC visit.







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The next morning, Patience feels cramps in her abdomen, but she continues to work. In the early afternoon, she calls her husband and tells him that she thinks it's time for the baby to come.

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Patience has been in labour for almost 24 hours. The midwife has tried all of her traditional practices, but the labour has not progressed and the baby has not come. Finally, Patience's mother-in-law tells her son he should take Patience to

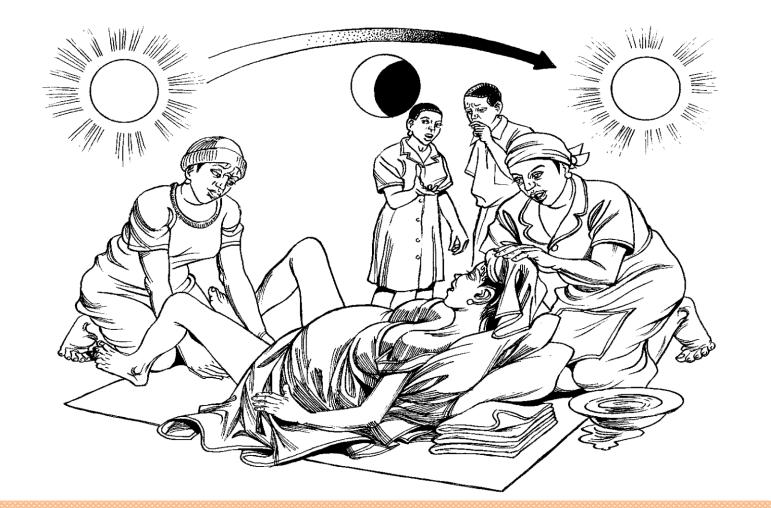
the health facility.



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Victor urgently calls his friends together to help him collect money. He tries to find the man with the oxcart who can transport Patience to the health facility. He discovers that he is far away working in the fields. By the time Victor is able to find him, several hours

have passed.



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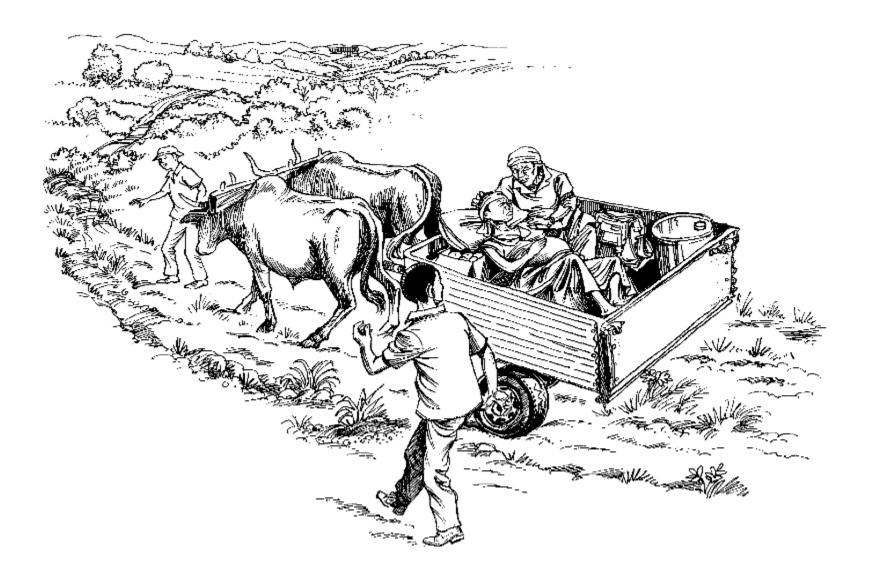


Victor brings the driver, and the family heads for the health facility, 12 kilometres away. Patience is very uncomfortable and in quite a lot of pain.

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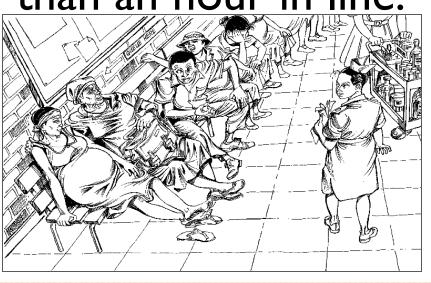
Problem Story: Birth Planning and Birth Spacing

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Once they arrive at the health facility, they find a long line of people waiting. Patience and her family sit down in the waiting area. They do not find a nurse. They do not tell what happened. Patience waits for more than an hour in line.

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The nurse brings Patience and her family into the maternity ward. The nurse gives Patience some medicine to make the baby come. By the time the baby comes, it is dead. The nurse tells Patience and Victor that they waited much too long before coming for help.

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Patience was very sad and tired, but a few months later she knew that she was pregnant again. She became very worried because she still felt very weak and she did not want to lose another baby.

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G: Problem Story: Birth Plan, Birth Spacing: Guiding Questions

I. What behaviours/practices did you see in the story (positive or negative)?

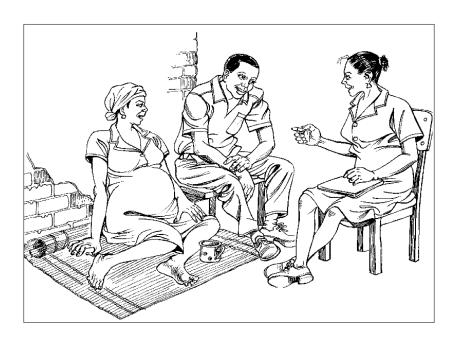
Possible Answers:

- Patience had too much work.
- She didn't tell anyone when her fever and chills began.
- Her labor was prolonged and nobody understood that that was dangerous.
- The family had no emergency plan; the husband had not saved money for transport or made any arrangements for transport.
- They did not go to the front of the line at the health facility.
- They did not tell the health staff what happened.
- 2. Do similar things happen in your community?
- **3.** Do any of these happen in your own experience/family/home? Have you learned any new ideas from this story? If so, what did you learn? What might you do differently?

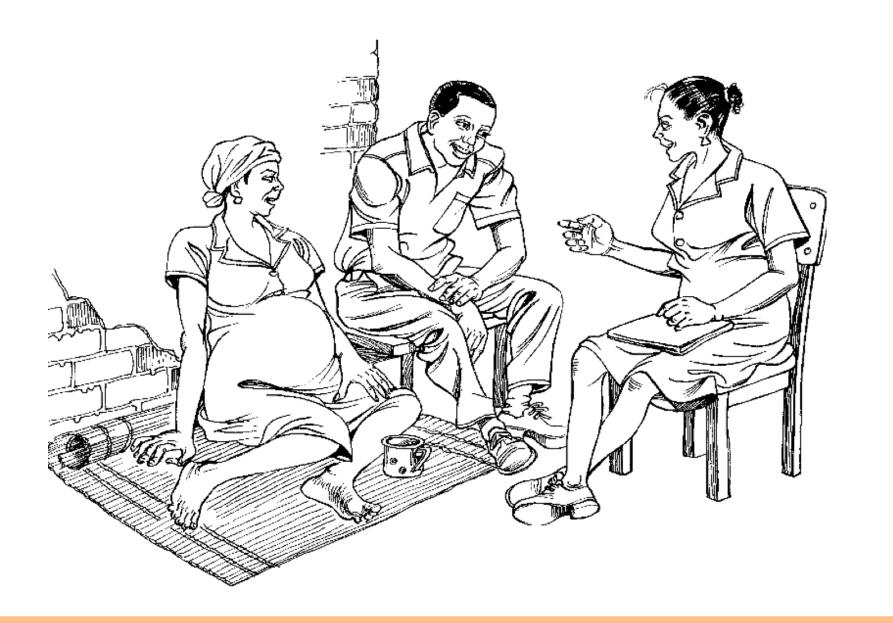




The TTC-HV visited Blessing and Faith in their home. She had talked to Blessing about preparing for the birth of their child.







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Blessing thought it was a very good idea to save money and make a plan. He wanted Faith to be strong and for them to have a healthy baby.







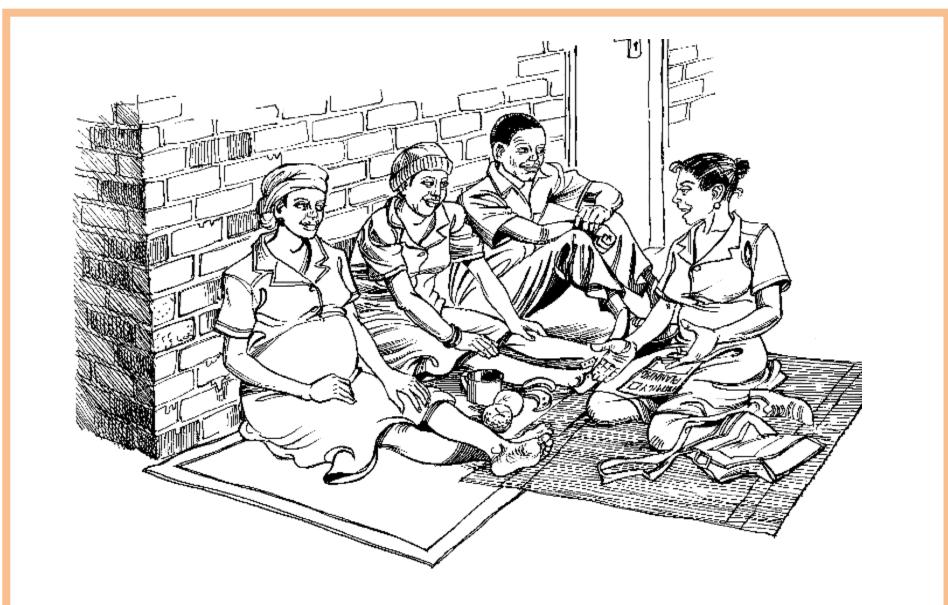




The ttC home visitor talks more about the plan for the birth. She explained that there will be a community meeting to talk about organising drivers to assist all pregnant women and their families with transport when they need to go to the health facility.









The leaders called the meeting and everyone came. There were men with oxcarts, there were men with horsecarts, and there was even a man with a bicycle cart. There was a man in a nearby village that also came with his truck. At the meeting, they chose drivers who would be available and agreed on the price.



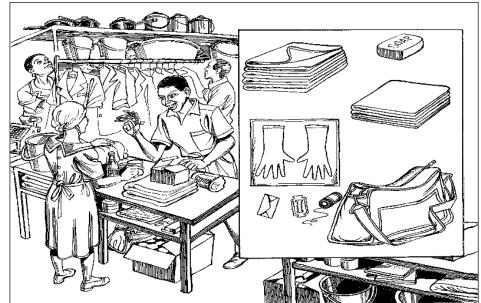


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The TTC-HV had explained to Blessing and Faith that it's very important for the mother and baby to stay clean during the delivery. If anything is dirty, then the mother and baby can get an infection, which is very dangerous. Because

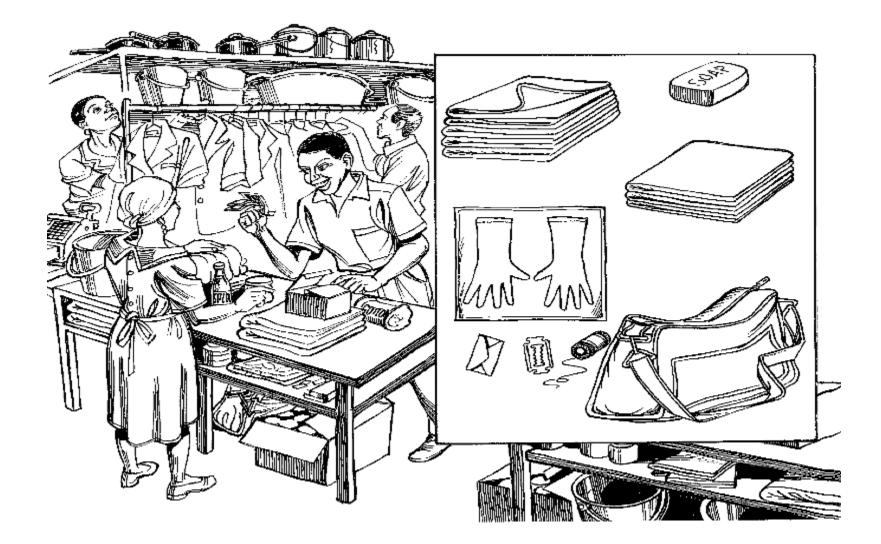
Blessing had saved money, he was ready to buy these very important supplies to be ready for the birth.



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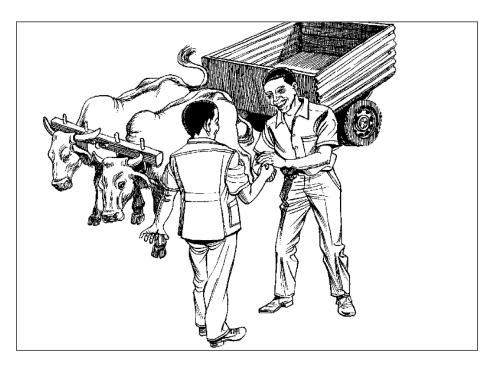






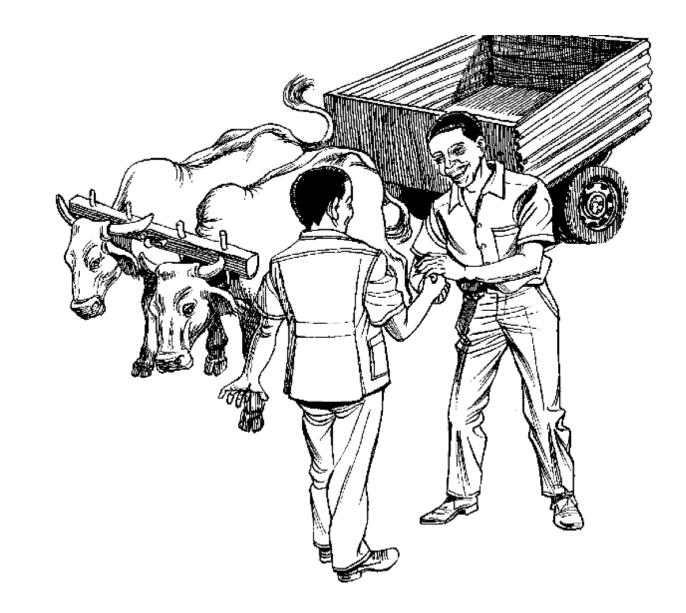


Blessing went to speak with one driver because he knew the time was near for Faith to have the baby.













When the day came, the driver came immediately and the family headed to the health facility along with the village midwife and her helper.







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When they got to the clinic, even though there was a long line of people waiting, the village midwife went straight in to find the nurse. Faith was taken right away to the maternity ward.









The health facility nurse took the supplies that Blessing had bought and washed her hands with soap and clean water. She put all of the things the family had brought close by to use especially for Faith and her baby.









Faith was a happy and proud mother and welcomed her new baby boy. The men greeted Blessing and congratulated him on his good planning and healthy son.













H: Positive Story: Birth Plan: Guiding Questions

- I. What behaviours/practices did you see in the story (positive or negative)? Possible answers:
 - Blessing and Faith saved money for the birth, and for a possible emergency.
 - The community was organised for transportation.
 - Blessing identified ahead of time the driver he would use to transport Faith.
 - They bought clean supplies for the birth.
 - When they arrived at the clinic, they immediately told the nurse that Faith was ready to deliver.
 - Faith delivered a healthy baby.
- 2. Do similar things happen in your community?
- **3.** Do any of these happen in your own experience/family/home? Have you learned any new ideas from this story? If so, what did you learn? What might you do differently?

Positive Story: Birth Spacing



The ttC home visitor advised Blessing and Faith that it is very important to return to the health facility for a check-up for her and her baby. When they go, they should ask about how to avoid getting pregnant again too soon. Faith understood that her body needs time to recuperate and this baby needs time to grow. The

nurse tells Faith that she should not get pregnant again for at least 2 years, and explains the different methods to prevent pregnancy.



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When you go to the health facility, the nurse will explain to you the different methods of avoiding pregnancy.











It is very important that after you have learned and thought about the options that you discuss with your partner and choose the one that is right for you.



Positive Story: Birth Plan

VISIT 3











I: Positive Story: Birth Spacing: Guiding Questions

- I. What behaviours/practices did you see in the story (positive or negative)? Possible answers
 - Faith goes back to the clinic to be checked after she has given birth.
 - Blessing and Faith choose a method to avoid getting pregnant again too soon.
- 2. Do similar things happen in your community?
- **3.** Do any of these happen in your own experience/family/home? Have you learned any new ideas from this story? If so, what did you learn? What might you do differently?



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TIMED AND TARGETED COUNSELLING FOR HEALTH & NUTRITION

Storybook for Module 2: Childbirth and Newborn Care











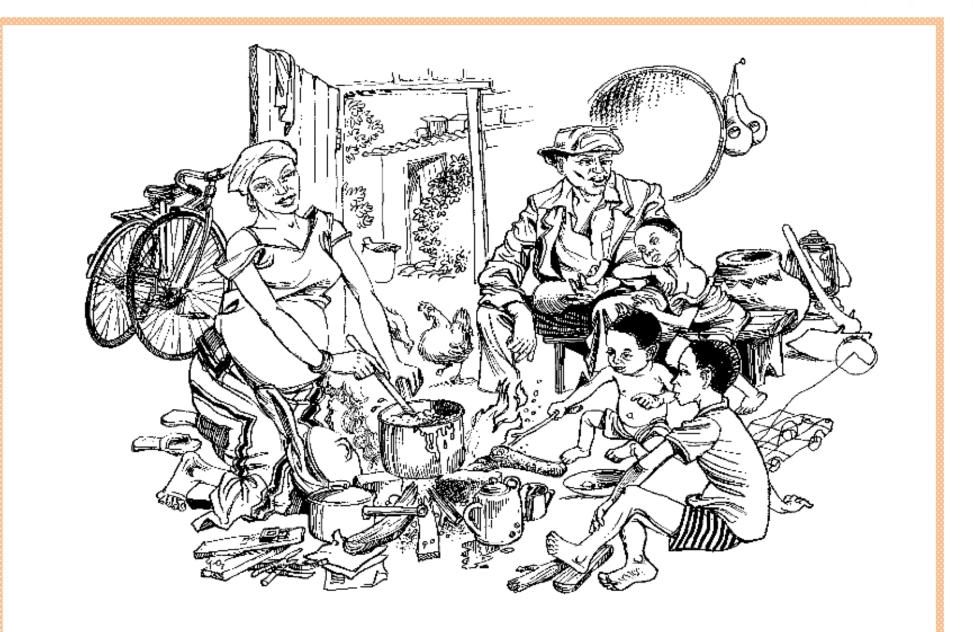
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Emmanuel and Grace live in a very remote village more than 15 kilometres away from the closest health facility. Grace is pregnant with their fourth child.



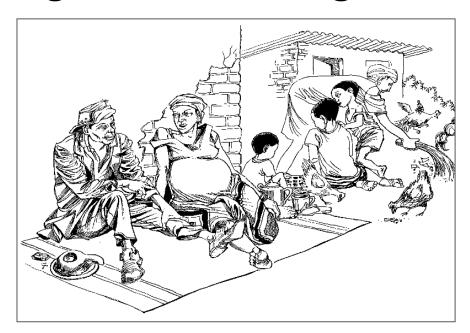






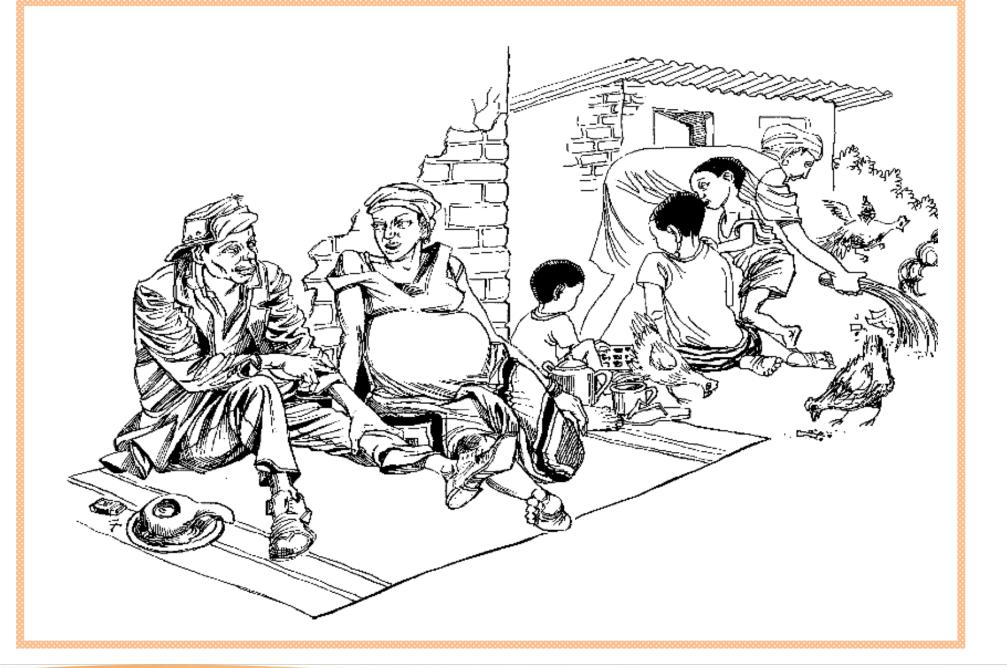


Grace and Emmanuel realise that because they are so far away, they need to take special precautions and be prepared. They are sitting and discussing their plans.

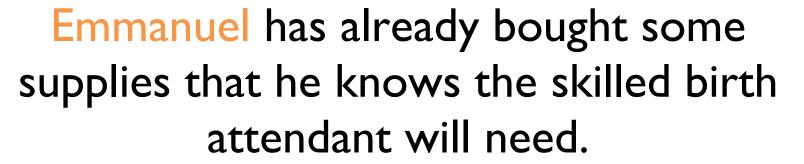










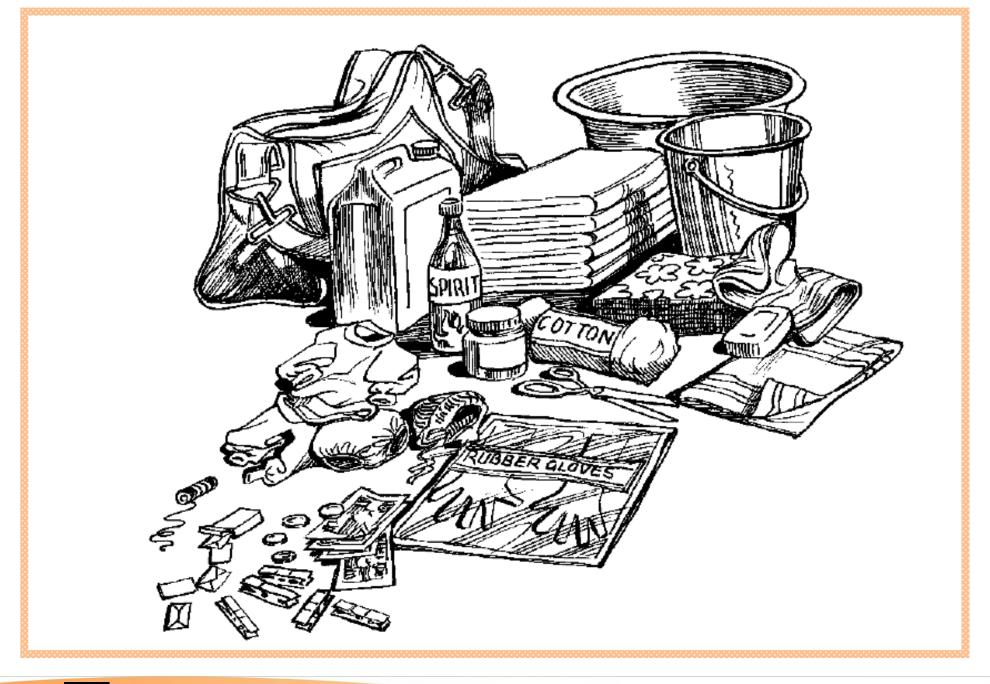


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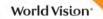










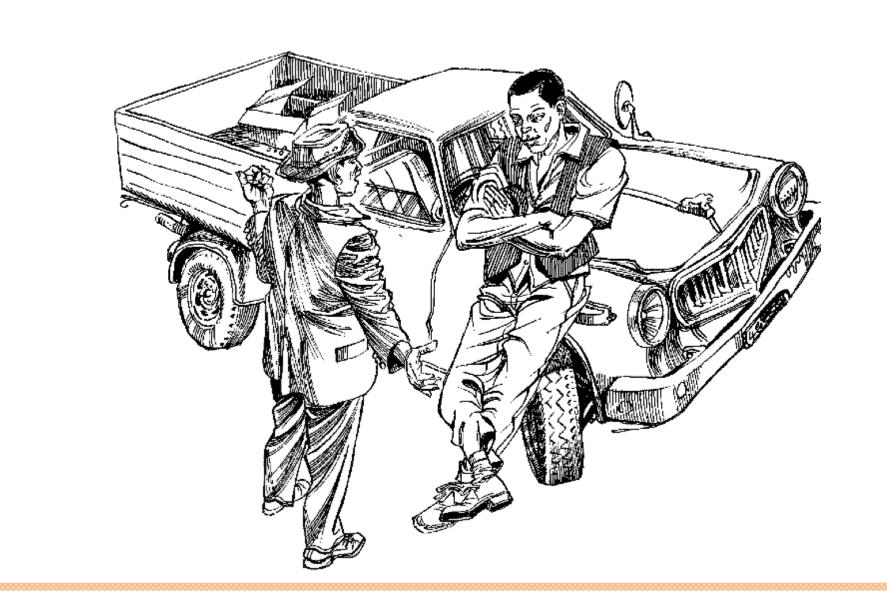


Emmanuel has even spoken to one of his friends who has a truck.







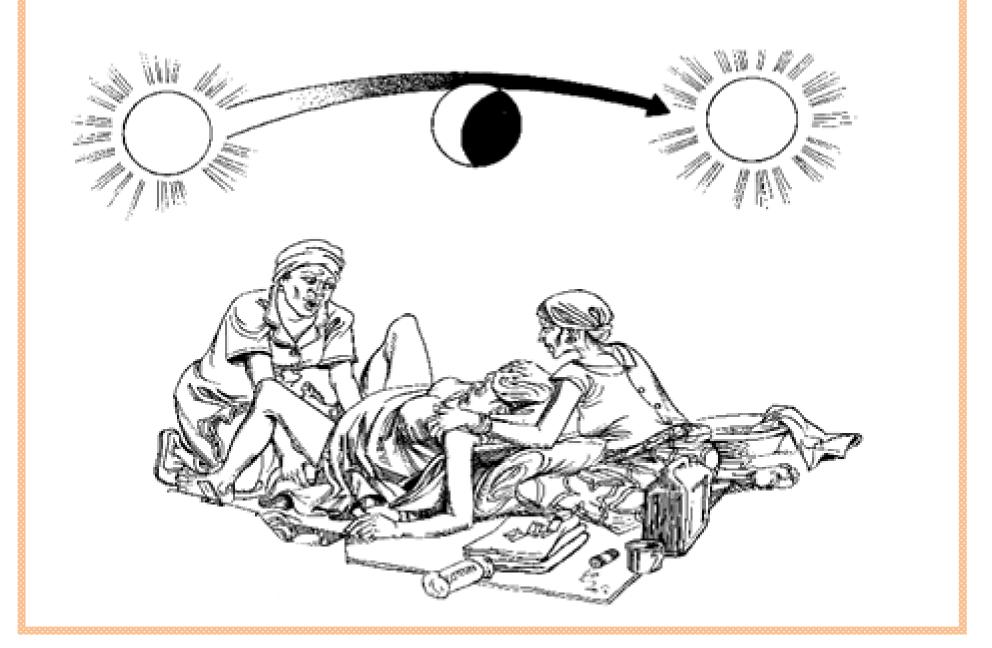




The time comes for Grace to deliver. The skilled birth attendant and Grace's mother are there with her. The baby is not coming even though much time has passed. It has been more than a day and Grace is very weak and tired.









Grace is unable to eat or drink. She is sweating and feels hot, but her mother thinks it is because she has worked so hard pushing to deliver the baby. They decide that Grace should rest and not push for a while.



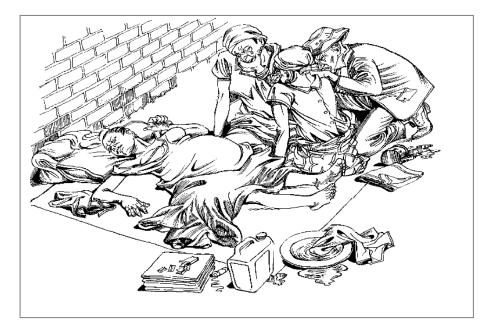






As Grace is lying down, her mother realises that she is not breathing. She has died and the baby has not been delivered. There is no one there that knows how to

help the baby survive. Both Grace and the baby are dead.







Problem Story: Complications in Labour

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J: Problem Story: Complications in Labour: Guiding Questions

I. What behaviours/practices did you see in the story?

Positive Answers:

- They bought supplies for the birth.
- They arranged transportation in advance.

Negative Answers

- Grace and Emmanuel did not understand that labour longer than 12 hours is dangerous.
- They did not understand that a fever during delivery is dangerous.
- They did not take Grace to the health facility immediately when she had these problems.
- 2. Do similar things happen in your community?
- 3. Do any of these happen in your own experience/family/home?What might you do differently?

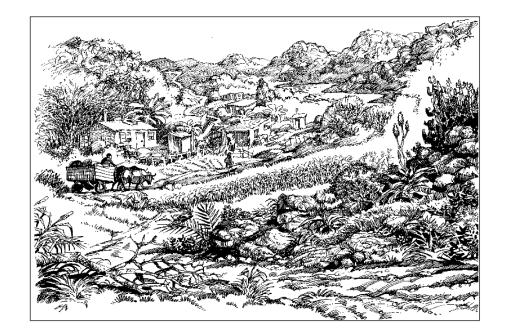


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Samuel and Monica live in a remote village more than 15 kilometres away from the health facility.





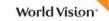




The ttC home visitor visited Samuel and Monica and helped them to make a birth plan. Because of the distance, the family chose a home birth.





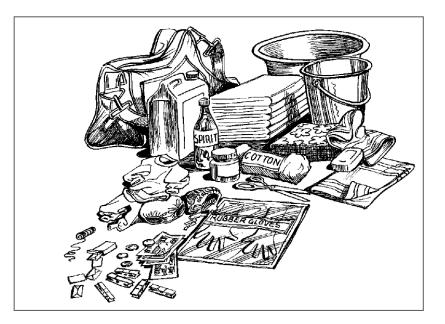








Samuel purchased all the supplies for Monica and the baby. He understood that having these would help prevent infection.



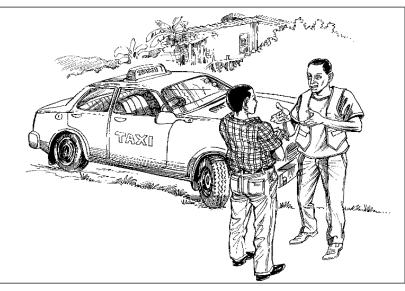






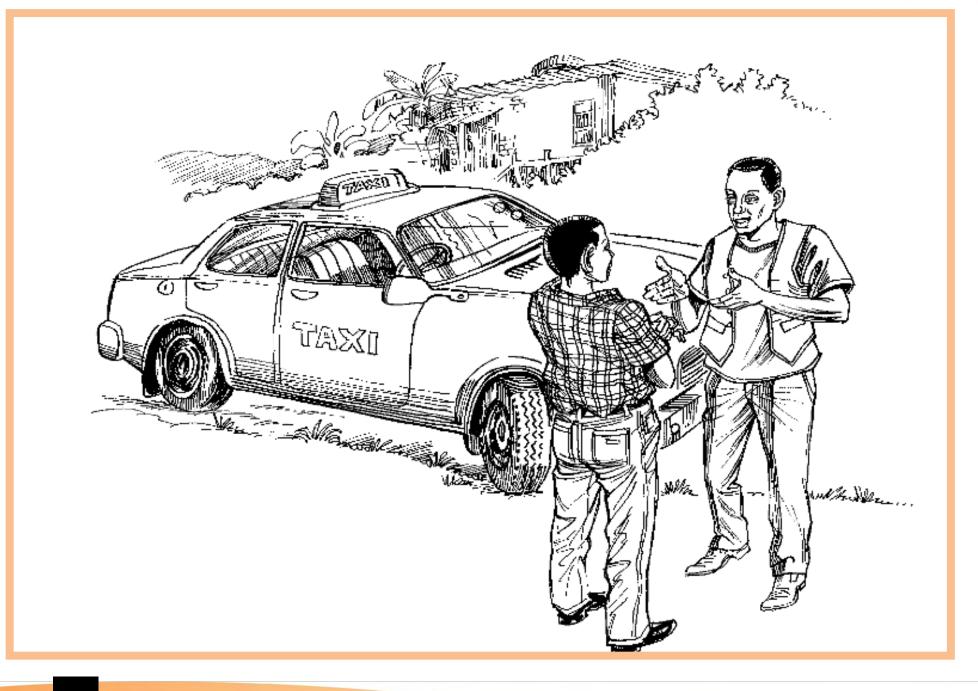


Samuel identified the driver he would like to use in case Monica had a problem during delivery. He knew that he would not want to waste time arranging transportation if Monica had an emergency.











After a few hours of labour, Monica remembers the ttC-HV told her to tell someone if she feels hot or has chills. Monica tells her mother she does not feel good. Her mother notices her skin is warm and she seems to be shaking. Monica's mother remembers the TTC-HV explained fever and chills, labour longer than 12 hours and too much blood can be signs of serious danger for mother and baby. She knows that she should call for help. Monica's mother calls Samuel.









Immediately Samuel runs to find the driver. The women give Monica something to drink and prepare for departure.

VISIT 4

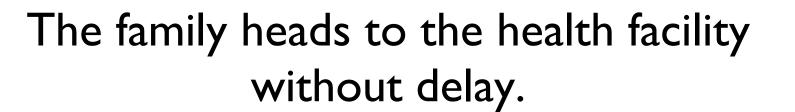




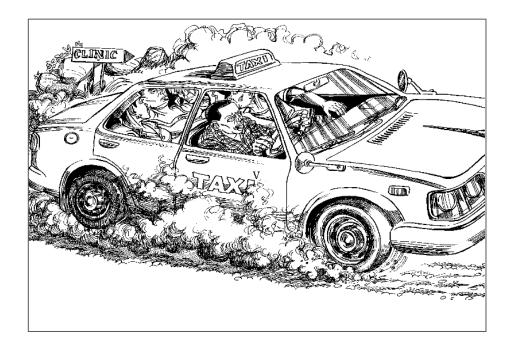






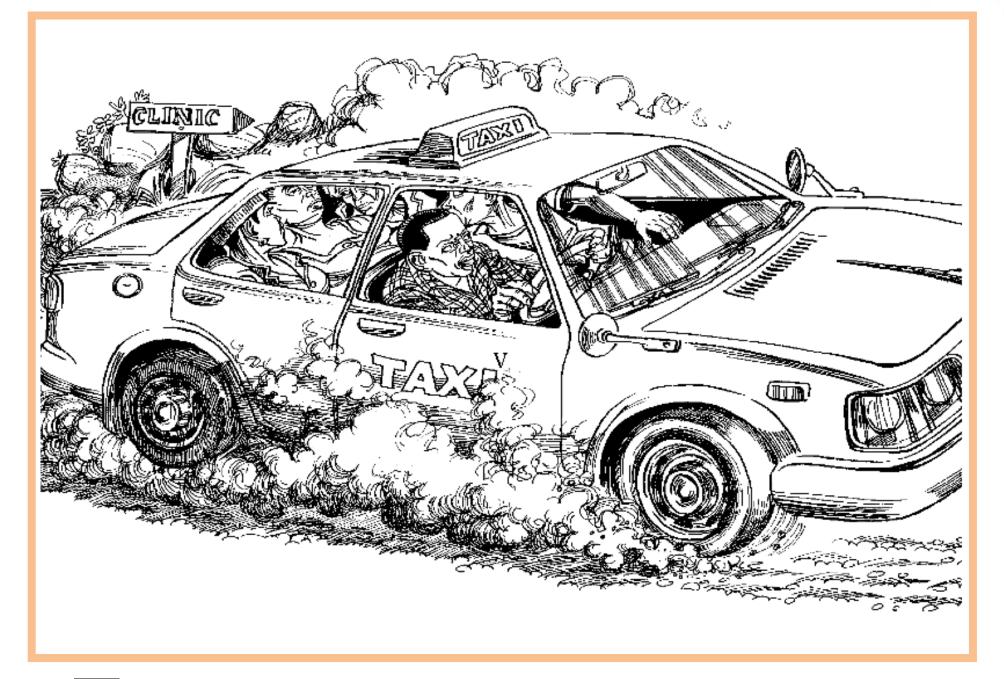


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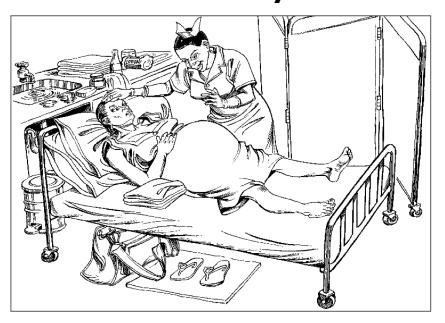






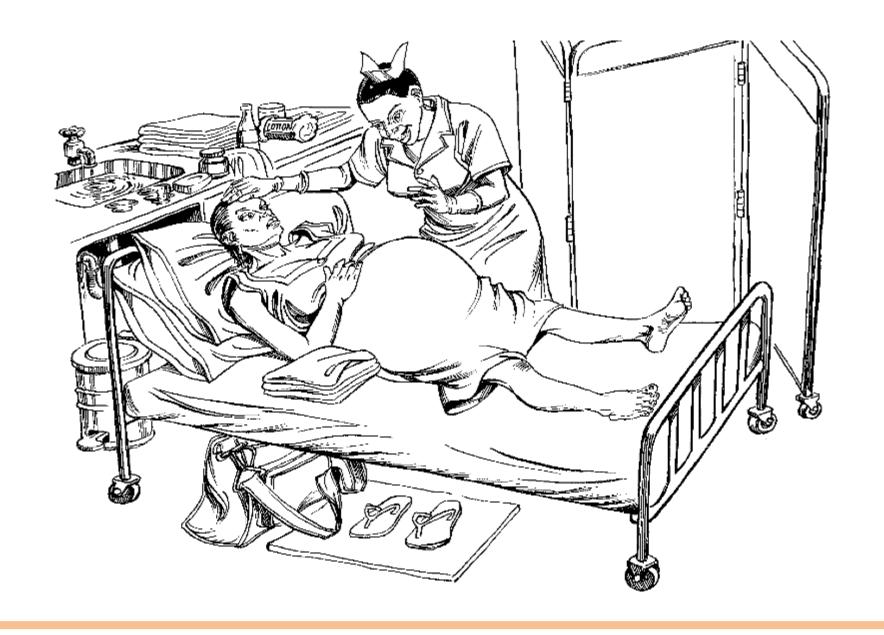


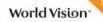
Monica is taken immediately into the maternity ward, where the nurse gives her medicine and special care to safely deliver her baby.











Monica delivers a healthy baby boy with the help of the midwife and her birth companion, Monica's mother. Samuel is a happy and proud father. His friend the driver

congratulates him on his quick thinking and good planning.













K: Positive Story: Complications in Labour: Guiding Questions

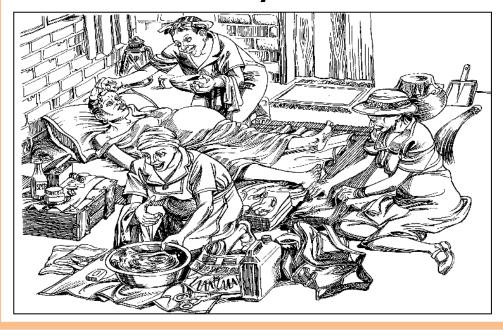
I. What behaviours/practices did you see in the story?

Possible Answers:

- Monica understands the signs of danger during labour and delivery.
- Monica tells her mother when she is not feeling well.
- Monica's husband takes her to the health clinic as soon as he realizes that she is in danger.
- At the clinic, the nurse takes Monica immediately to the maternity ward. She does not wait.
- Both Monica and the baby survive, even though Monica was in danger.
- 2. Do similar things happen in your community?
- 3. Do any of these happen in your own experience/family/home? What might you do differently?



Lesedi and her husband have chosen to deliver at home with the help of a midwife and her birth companion, Lesedi's mother-in-law. They have prepared well in advance and have purchased all the supplies that the midwife will need for a clean delivery. The midwife and Lesedi's mother

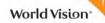


knows that it is very important to wash their hands thoroughly before touching Lesedi or a newborn baby.









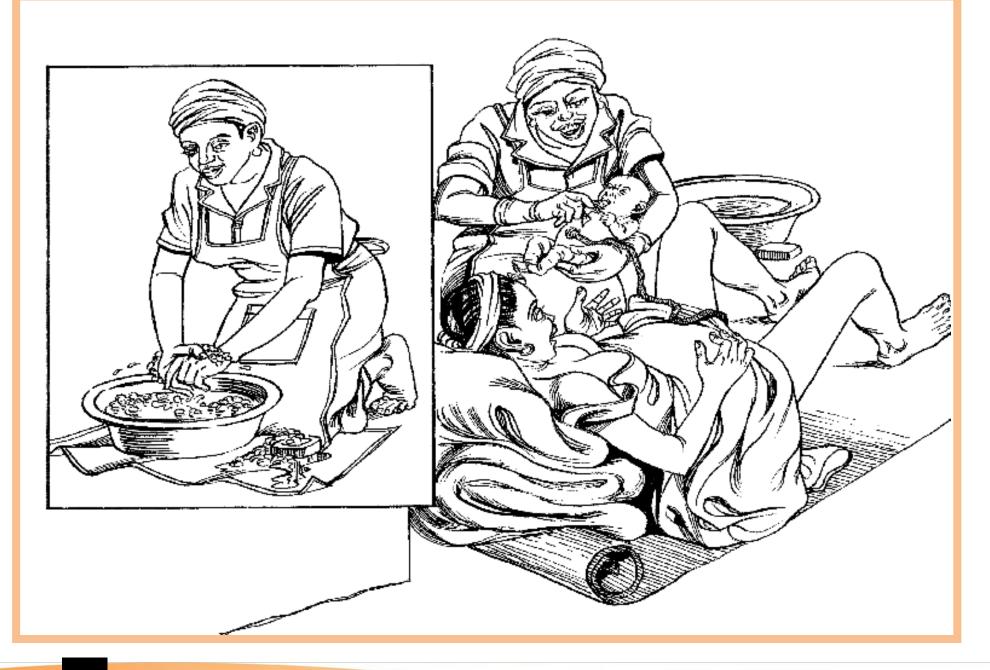
Lesedi has delivered a healthy baby girl. The midwife cleans the baby's nose and mouth, rubs the baby's back and hears the baby cry. She waits for a few minutes before cutting the cord to let additional

blood flow through the cord to her baby. After a few minutes, she uses the clean supplies and new razor to cut the cord.











The midwife knows that it is very important to keep the baby dry and warm. She dries the baby with a clean cloth and puts a hat on the baby's head. She rubs the baby's back to help her breathe. She knows not to put the baby in water for at least a full day.







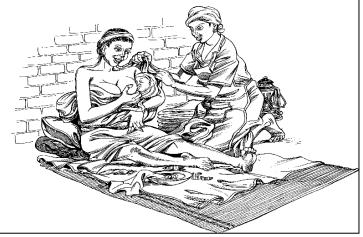


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VISIT 4

Lesedi remembers that the ttC-HV told her that if she can immediately breastfeed her baby, she will deliver the placenta and stop bleeding much faster. The midwife hands Lesedi her newborn and Lesedi places the baby on her bare chest. The midwife covers them together with a clean, dry cloth. Lesedi begins to breastfeed. The

placenta passes.



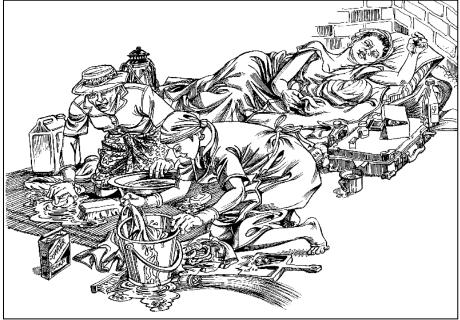








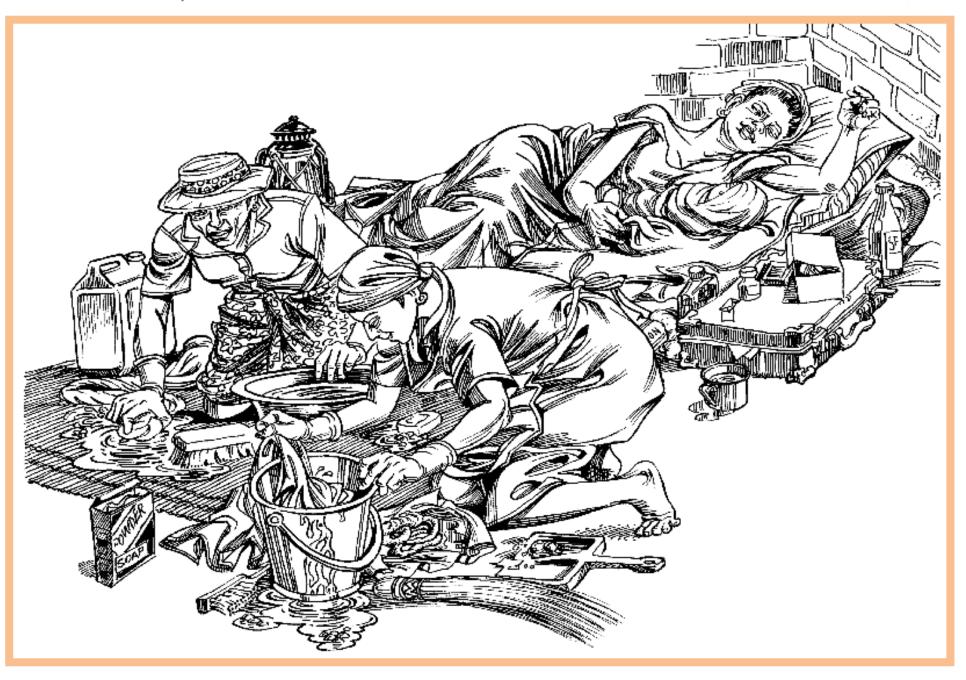
The midwife and Lesedi's mother-in-law remove the soiled and wet cloths and put Lesedi and her baby together on a clean, dry mat.



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VISIT 4

rests.

Lesedi breastfed her baby immediately, giving her baby the first thick yellowish milk, called colostrum, which acts like a vaccine to help protect her baby from getting sick. After the baby has been fed, Lesedi keeps the baby skin to skin on her chest and wraps her to keep her warm. When Lesedi is tired, her husband washes his hands and holds the baby to keep her warm whilst Lesedi









VISIT 4

Lesedi knows that she will feed her baby only breast milk for 6 months. Although her neighbour has told her that she should give the baby water and traditional tea, Lesedi

does not do this. She knows that giving only breast milk will help to protect her baby from diarrhoea, pneumonia and other infections.







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VISIT 4

The ttC-HV told Lesedi and her family that it was very important for her to go to the health facility within 48 hours of delivering her baby. The baby needs his first immunisations and a general postdelivery check-up. Lesedi herself also needs to be checked.











Positive Story: Essential Newborn and Maternal Care Guiding Questions

- I. What behaviours/practices did you see in the story (positive or negative)?
- 2. Do similar things happen in your community?
- 3. Do any of these happen in your own experience/family/home? What might you do differently?



If you have difficulty breastfeeding in the first hour or days of life you may need to express colostrum into a clean beaker or cup and give it to the newborn baby until it is able to suckle by itself. Do not give anything else

to the baby.



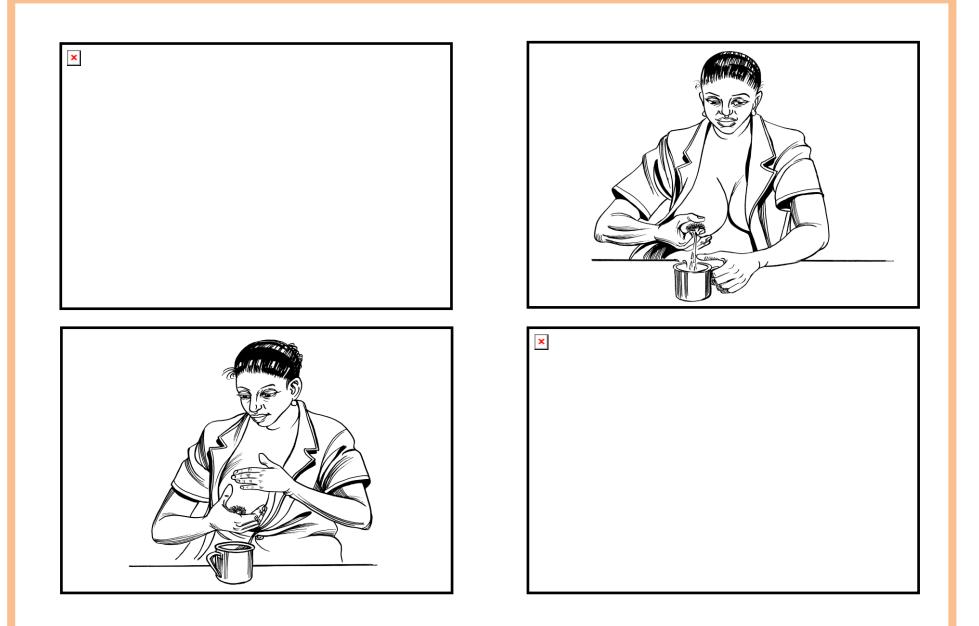
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Technical: Expression of Breast milk for the Newborn



VISIT 4





Technical: Expression of Breast milk for the Newborn



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VISIT 4

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VISIT 5









A few days ago, Madupe had a baby. Madupe's baby is fussy and cries all night. Madupe thinks she doesn't have enough milk yet to satisfy the baby.







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Madupe's mother tells her to get milk from the goat and give it to the baby in a bottle which she borrowed. She does not clean or boil the bottle and teat before using it. World Vision



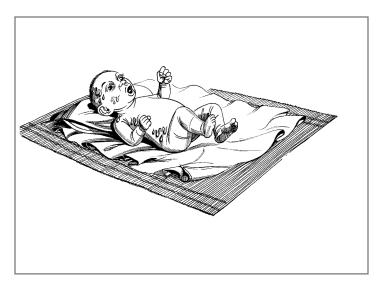




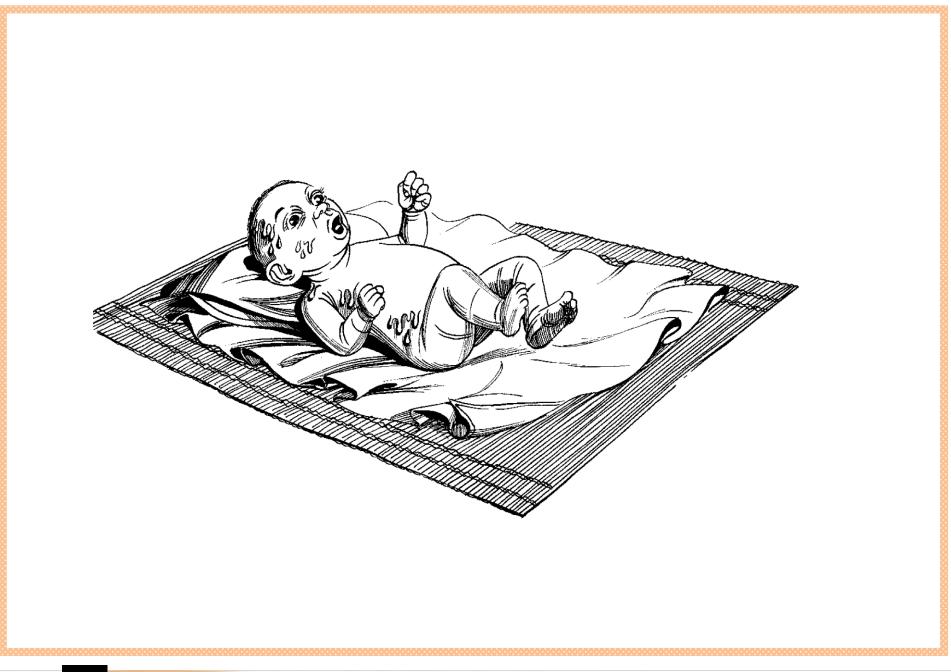




The next day the baby becomes feverish and lethargic. The baby has difficulty breathing and stops crying.





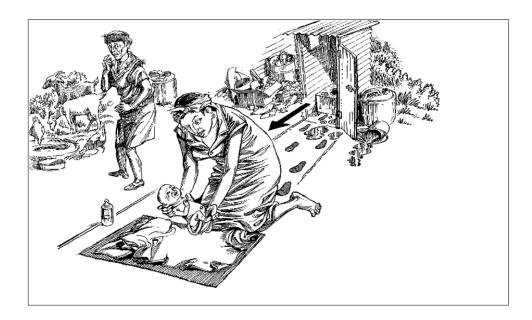


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Madupe uses the latrine and touches the baby without washing her hands. The baby seems to be weak.







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Madupe's mother is concerned about the baby. She spends most of the day holding the baby in unclean surroundings.

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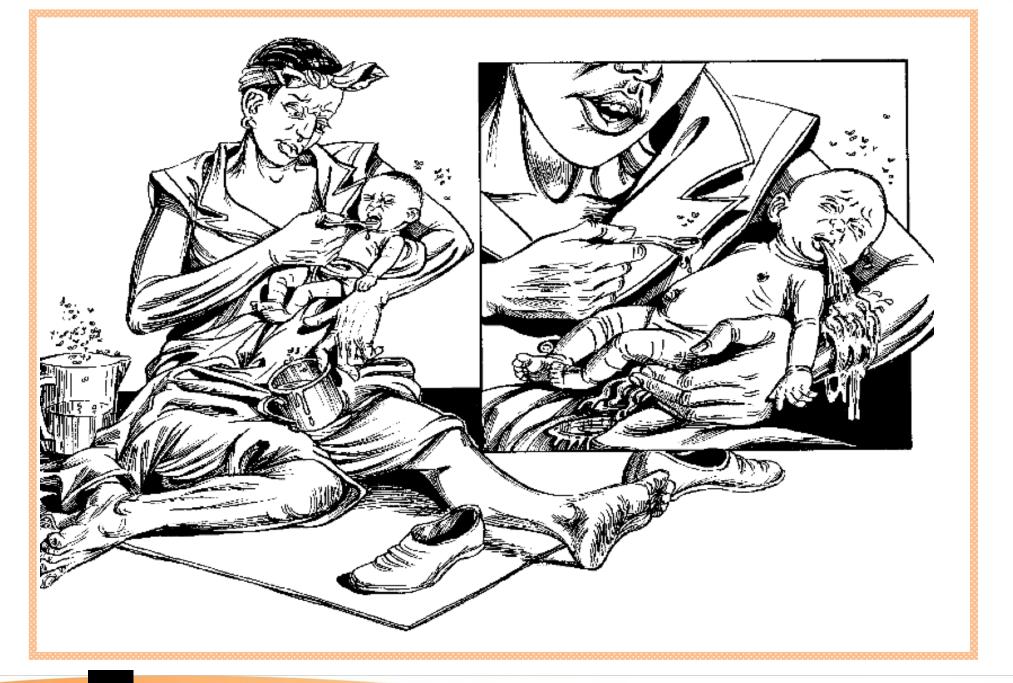


Madupe notices the baby looks weak and decides to give the baby some water. The baby begins to vomit.

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Madupe and her mother start walking to the health clinic.

VISIT 5







Problem Story: Essential Newborn Care and Breastfeeding

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Along the way, the baby stops breathing.

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Problem Story: Essential Newborn Care and Breastfeeding: Guiding Questions

I. What behaviours/practices did you see in the story (positive or negative)?

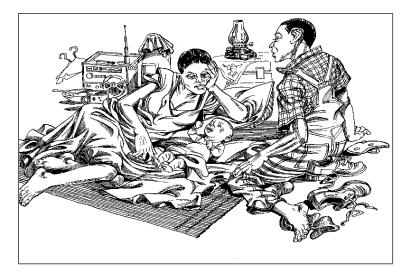
Possible answers:

- Madupe doesn't have confidence about her breastfeeding.
- She doesn't know how to stimulate her breasts so that the milk will come
- She gives goat's milk to the baby.
- She doesn't wash her hands.
- She feeds the baby using a bottle. The nipples of the bottle are not sterile (they are not clean enough, even if Madupe washes the bottle).
- She doesn't notice that the baby has a fever and that the baby has difficulty breathing
- The baby is in unclean surroundings.
- She gives water to the baby.
- Madupe and her mother wait too long to get help for baby.
- The baby is kept naked: the baby is not warm.
- 2. Do similar things happen in your community?
- 3. Do any of these happen in your own experience/family/home? What might you do differently?



VISIT 5

Lesedi and Solomon have just had a baby. The baby is fussy and cries all night. Although the baby has been exclusively breastfeeding, Lesedi is now worried that she may not have enough milk to satisfy the baby.













Lesedi tells the ttC-HV that she is worried that she doesn't have enough breast milk and that her baby is crying from hunger. The ttC-HV explains to her that it is important to eat well and that her body will make enough milk for the baby. The ttC-HV tells Lesedi the baby should eat around 8 to 12 times a day. The TTC-HV also explains that as long as the baby is feeding

regularly and urinating several times a day, then Lesedi can know the baby is getting enough milk.







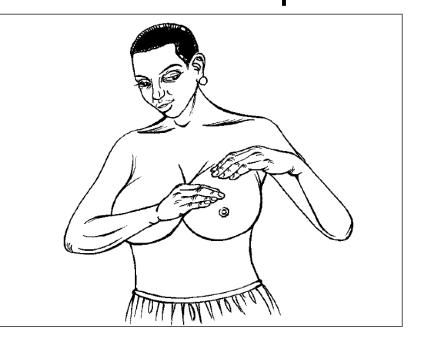




Lesedi says she has full breasts. The ttC-HV shows Lesedi how to massage her breasts so that the milk will come down and it will be easier to attach correctly. She explains that when Lesedi feels like she does not have milk, she should not stop

breastfeeding the baby. She tells her that breastfeeding the baby regularly, day and night, will help her body to make even more milk.

VISIT 5



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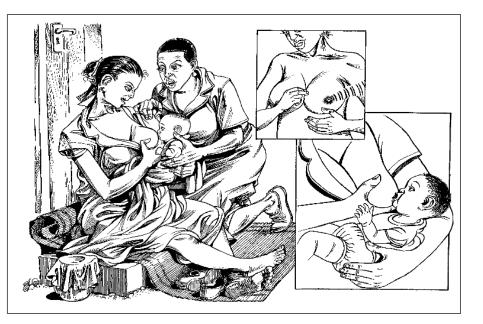




Lesedi said that her nipples hurt, and the ttC-HV explained that they may be sore if the baby is not latched correctly to the breast. This can also cause poor milk production. She helps

Lesedi by showing her how to hold the baby and how to tell if the baby's mouth is correctly positioned on her breast.

VISIT 5











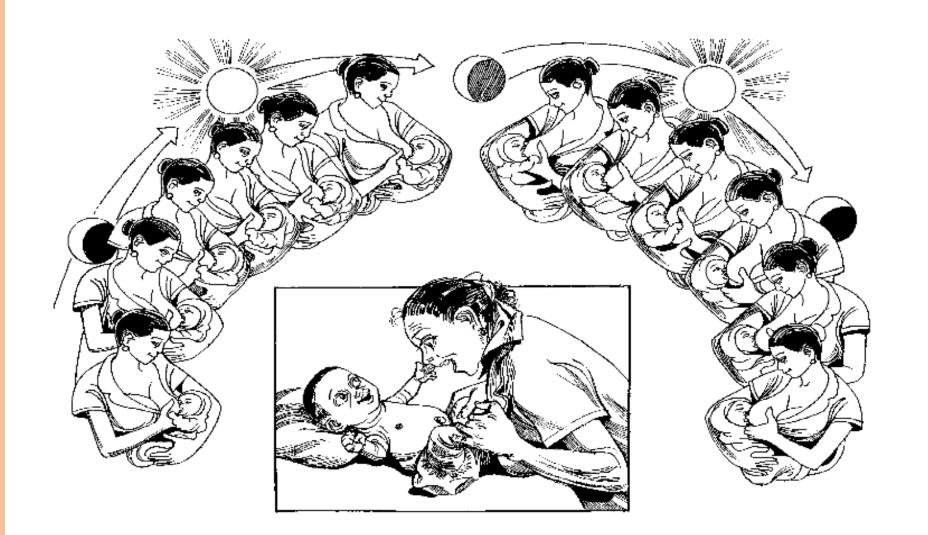
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The ttC-HV tells Lesedi small babies have very tiny stomachs and so they will eat every 2-3 hours, even during the night. The ttC-HV advises her to stimulate the baby to keep her awake and ensure the baby is fully satisfied before falling asleep.

To develop fully, babies need love and stimulation, and benefit from play and communication activities with mother and father. Talking and singing to the baby will help Lesedi to develop a loving relationship and breastfeed well.





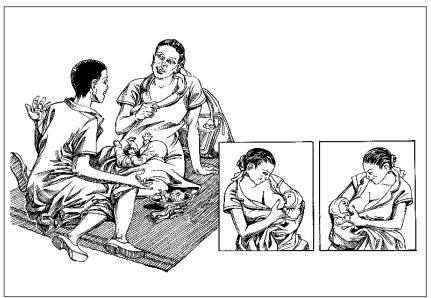




The ttC-HV tells Lesedi that to make the most milk, she should feed the baby frequently, day and night, whenever the baby is hungry. She should make sure the baby finishes the milk from one breast before she

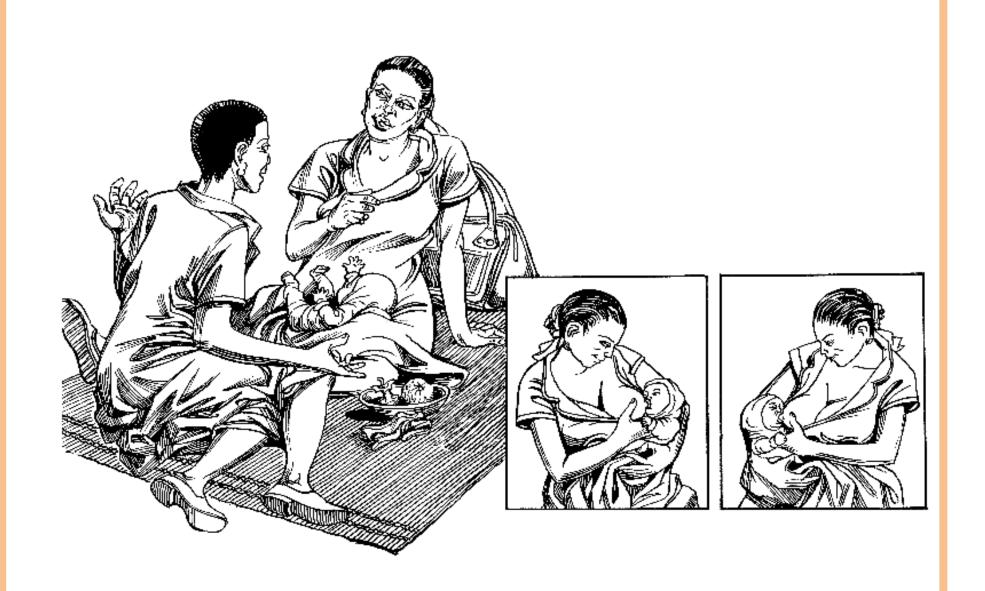
changes to the other breast to make sure it gets the fats, vitamins and minerals from the hind milk (the last milk to come out, which is the richest milk).

VISIT 5













The ttC-HV tells Lesedi breast milk has all the water the baby needs and that her baby NEVER needs additional water even if the baby has a fever or if it is very hot outside. She also tells her she should never feed with a bottle because that could lead to an infection.

Giving the baby only breast milk for 6 months will help to prevent diarrhoea, pneumonia and other infections.

















N: Positive Story: Essential Newborn Care and Breastfeeding: Guiding Questions

I. What behaviours/practices did you see in the story (positive or negative)?

Possible answers:

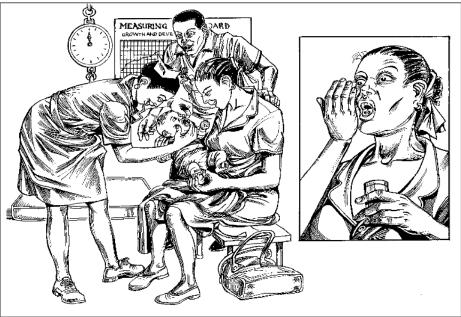
VISIT 5

- Lesedi receives advice on how to breastfeed her baby.
- Lesedi breastfeeds her baby exclusively and the baby is healthy.
- Massage breasts from back to front to encourage milk forward.
- Make sure baby is correctly attached to the breast.
- Do not continuously switch breasts while feeding; empty one before changing; begin with the other breast on the next feed.
- Breastfeed the baby exclusively. Don't give any other fluids.
- Don't give bottles to the baby.
- Feed every 2-3 hours.
- Keep the baby awake while feeding.
- Massage the baby's back and legs.
- Talking and singing to baby.
- 2. Do similar things happen in your community?
- 3. Do any of these happen in your own experience/family/home? What might you do differently?

VISIT 5

Lesedi gives birth to her baby at home. The next day, Lesedi and Solomon take the baby to the health facility for birth immunisations. It is also time for Lesedi to receive iron and folic acid tablets to

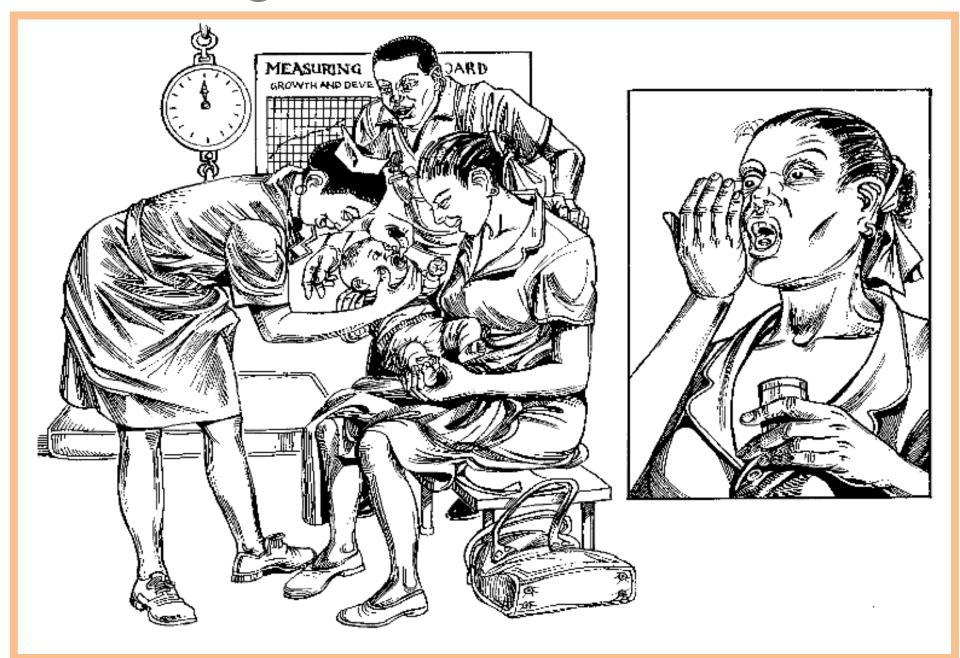
help her get strong again after her pregnancy and delivery.



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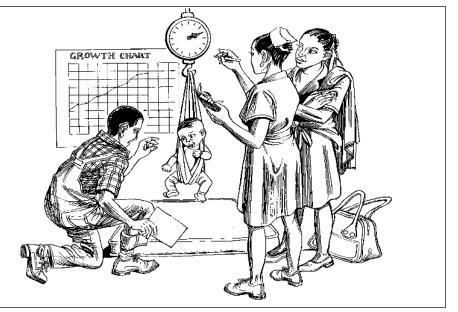




The nurse at the health facility explains that it is important to check and monitor the baby's growth. She weighs and measures the baby and records the results on the baby's health card. She explains that it

is very important to come back every month so that

the baby can have additional vaccinations and weigh the baby so they can check it is growing well.

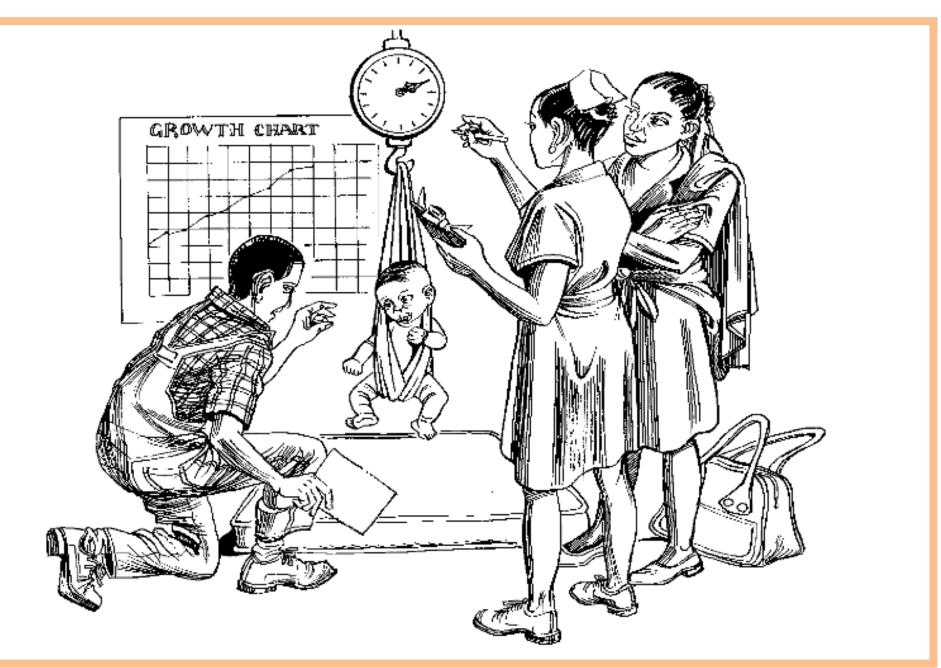


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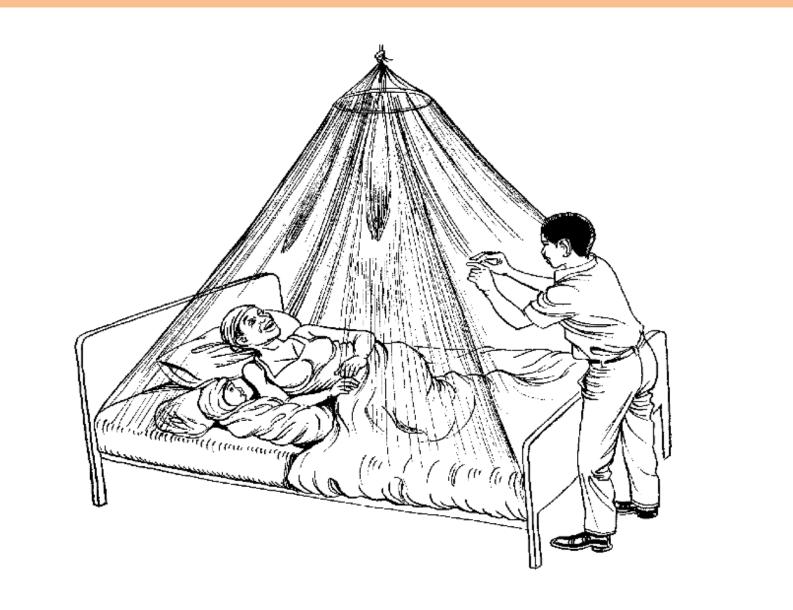


VISIT 5

After a long day, they arrive home, where Solomon sets up the mosquito net under which Lesedi and her baby will sleep. He assures that the net is tucked under the mattress and that there are no holes or tears.











Positive Story: Postnatal Care: Guiding Questions

I. What behaviours / practices did they see in the story?

Possible answers:

- Monitoring the growth of the baby.
- Immunizations for the baby.
- Iron and folate for Lesedi.
- Baby sleeps under bed net with mother.
- 2. Do similar things happen in your community?
- 3. Do any of these happen in your own experience/family/home? What might you do differently?



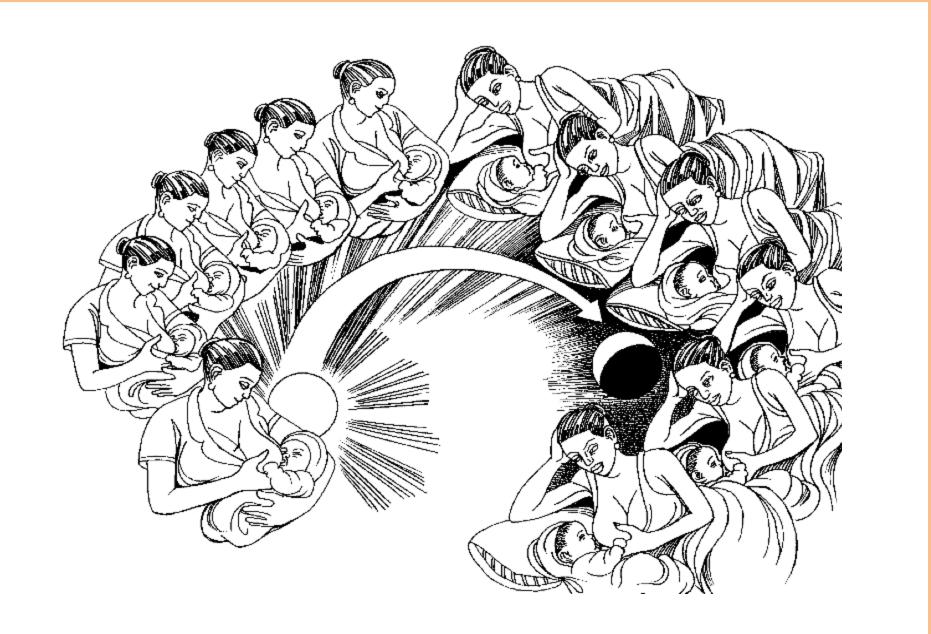


Breastfeeding frequently will help to produce more milk. Breastfeed at least 12 times over 24 hours.











The baby should be correctly attached to the breast when suckling:

- Chin touching breast
- Mouth wide open

VISIT 5

- Lower lip turned outward
- More areola above than below the mouth

Baby should not detach from the breast frequently or make clicking sounds.







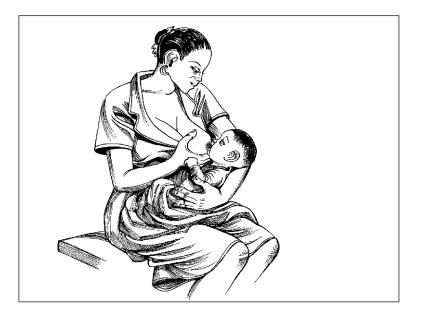






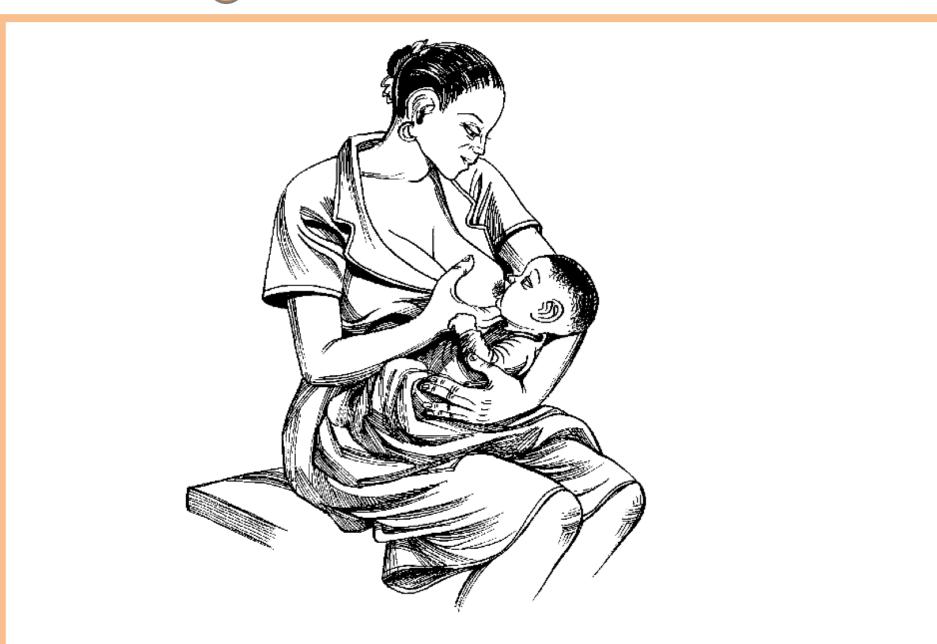
The baby should be correctly positioned:

- \checkmark The mother should also be in a relaxed, comfortable position.
- \checkmark Support the baby's head with a hand or arm.
- \checkmark His/her head and body should be in a straight line.
- \checkmark Wait until its mouth is opened wide.
- Bring the baby close to the breast and tickle its lower lip with the nipple.
- Move the baby onto the breast.
- The baby should have a big mouthful of breast with the nipple deep inside its mouth.















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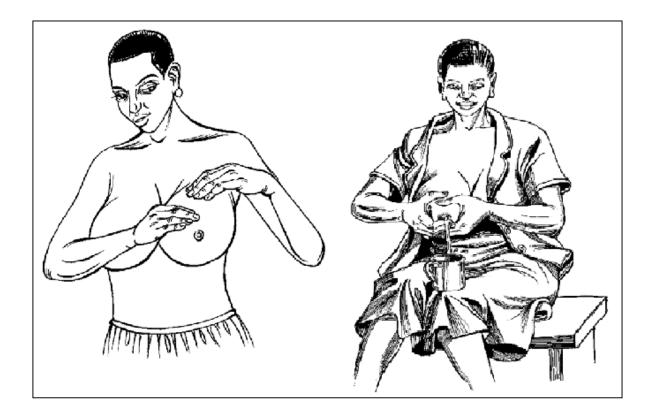








You can massage the breast to help the milk come down and express into a clean cup.







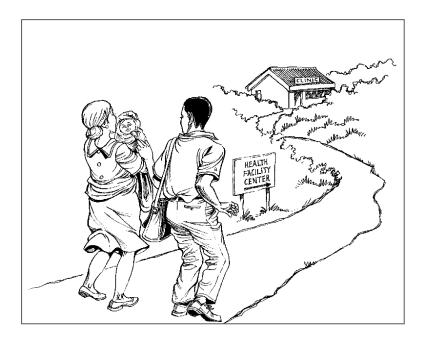








Take the baby to the health facility if the baby shows any of the following symptoms:







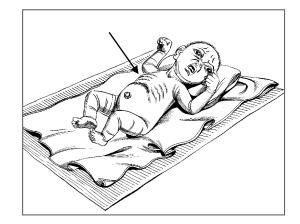


Technical: Danger Signs - Birth to I Month





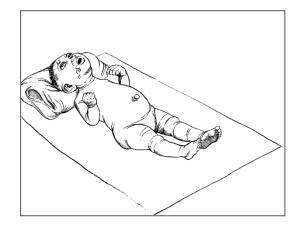
Trouble breathing with flaring nose, indrawn chest



Unable to feed



Rigid body or fits



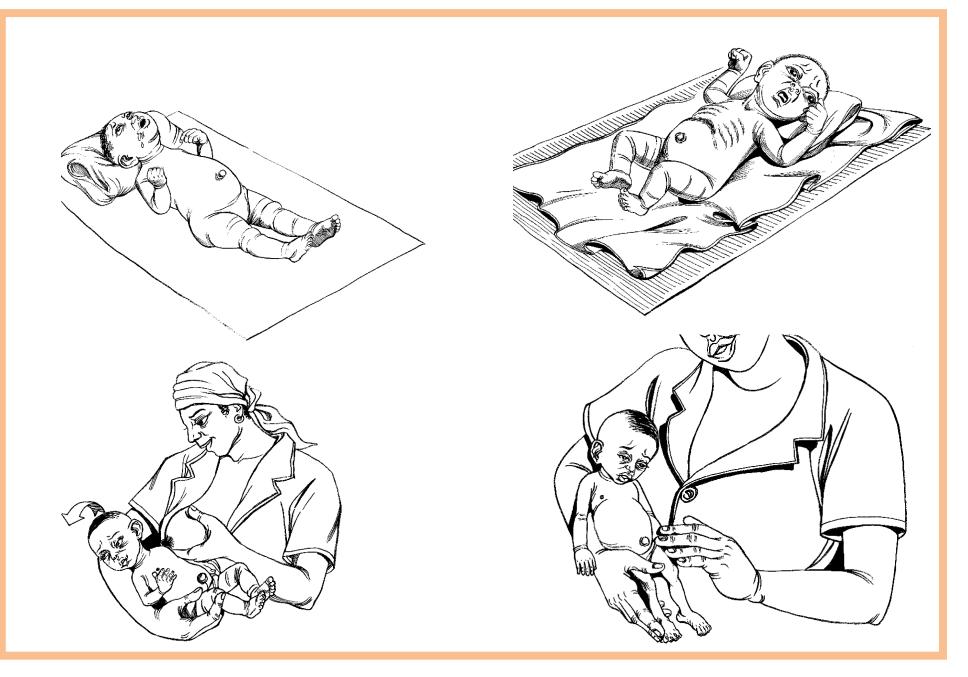
Less active / lethargic



Technical: Danger Signs - Birth to I Month





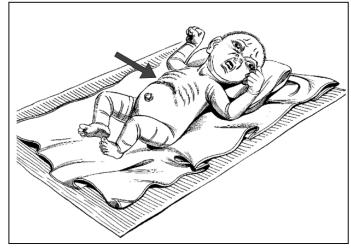


Technical: Danger Signs - Birth to I Month

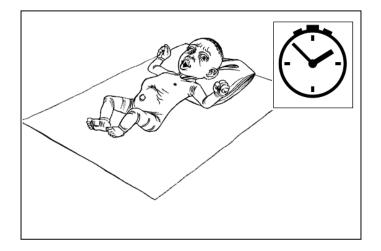


Chest in-drawing

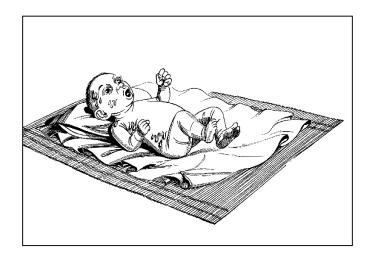
VISIT 5



Difficult or fast breathing



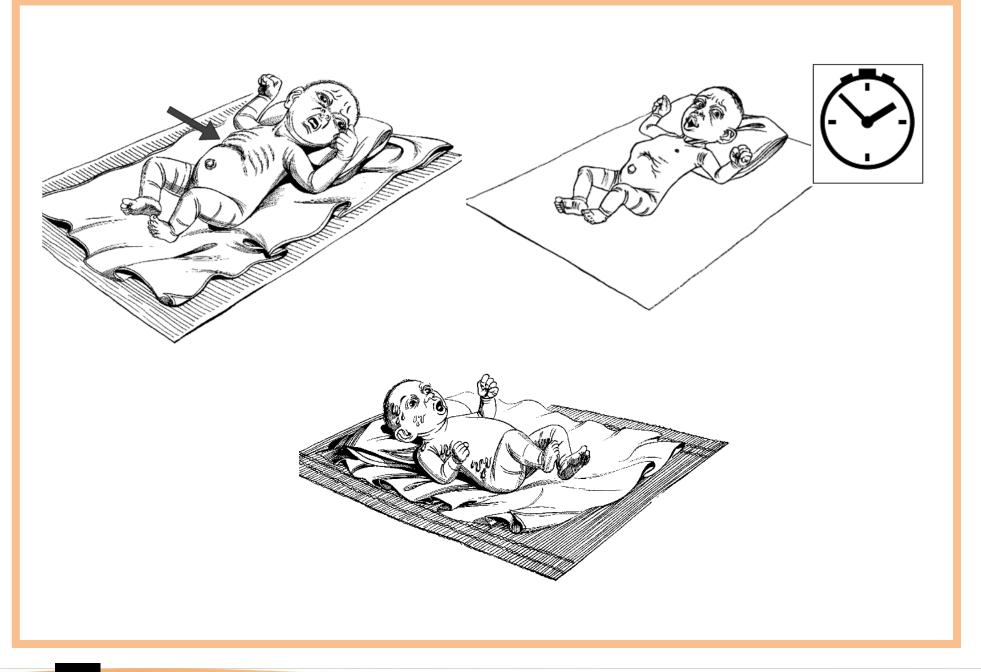
Fever, sweating



Technical: Danger Signs - Birth to | Month



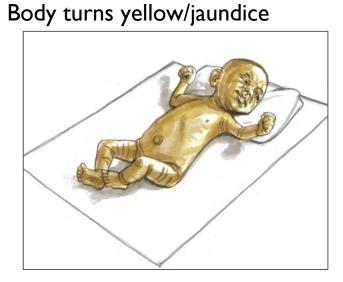




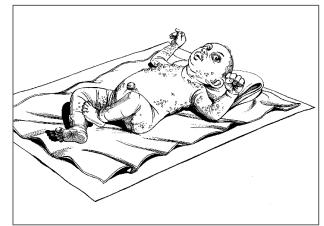
Technical: Danger Signs - Birth to | Month







Body blisters



Pus and redness around cord stump



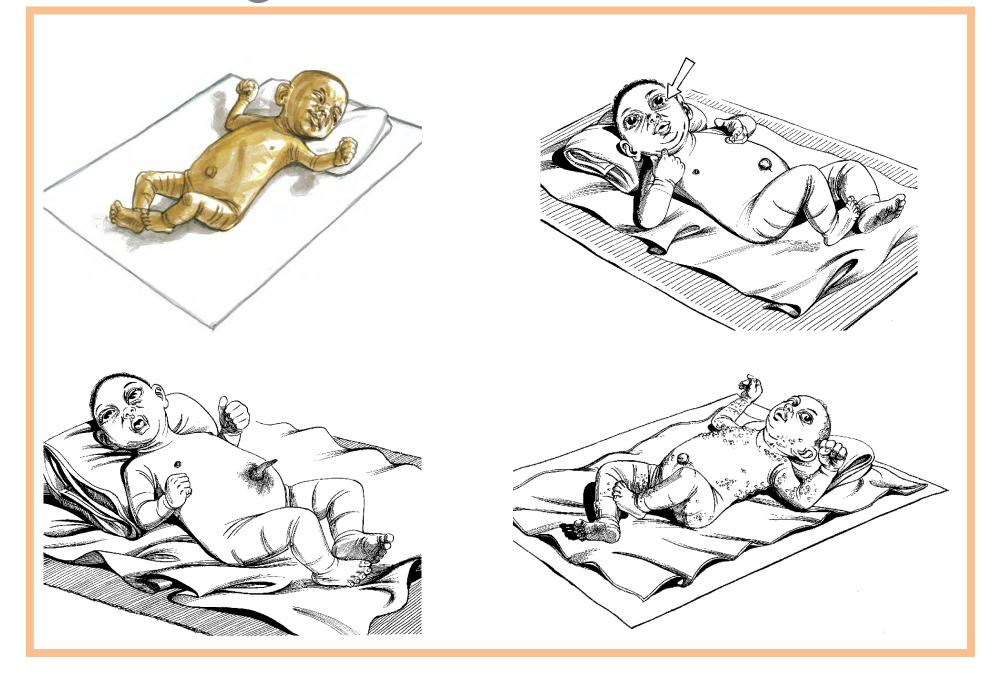
Pus in eyes



Technical: Danger Signs - Birth to | Month







Technical: Danger Signs - Birth to I Month







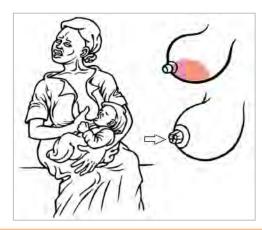




Fever /chills



Difficulty breastfeeding, breasts and nipples swollen red or painful



Refer mother and baby immediately.



Technical: Danger Signs - Birth to | Month









Technical: Danger Signs - Birth to | Month







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Technical: Danger Signs - Birth to I Month







VISIT 6



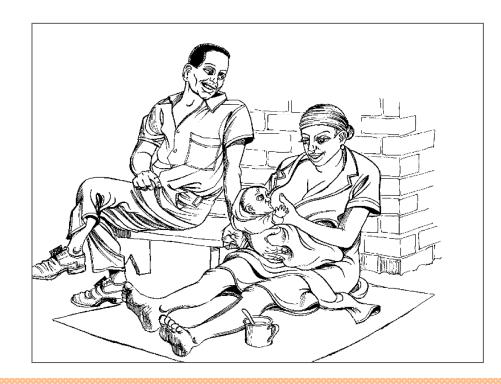






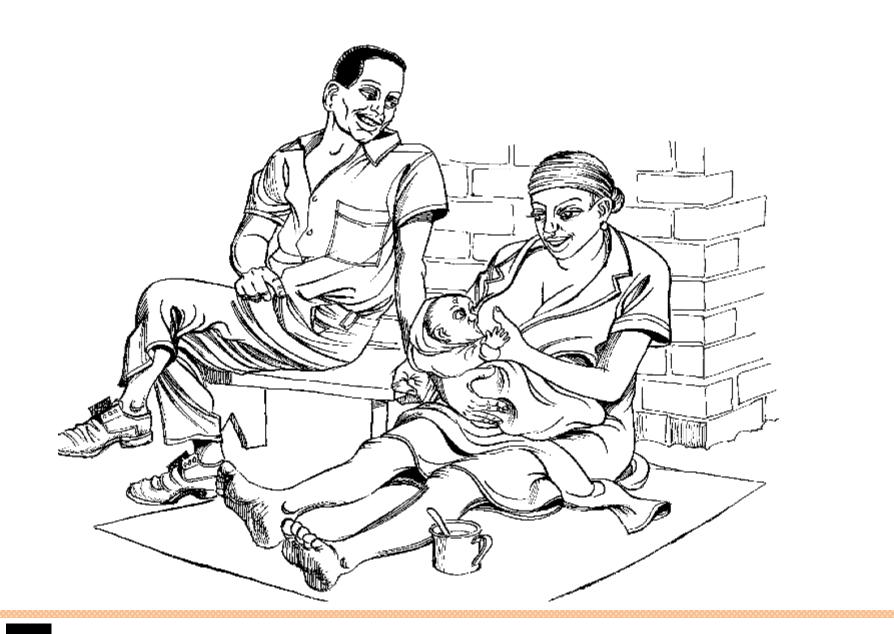


Daniel and Meena have a baby boy named Peter, who is one month old. Meena is exclusively breastfeeding Peter, and he is strong and healthy.













When Daniel and Meena went to the ANC, the nurse explained that mosquito bites could make them sick with malaria. He told them it was very important for Meena and Peter to sleep under the net every night. Daniel and Meena received a mosquito net from the health facility. Meena

complains that if she sleeps under the net, she gets too hot at night and it's inconvenient if she needs to get up.





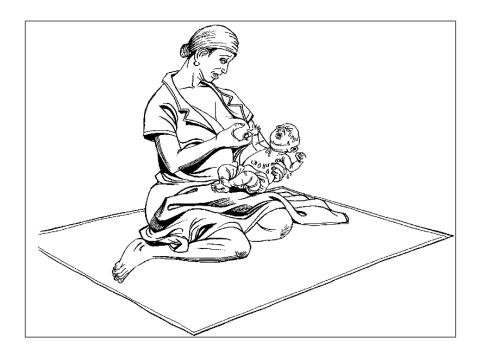






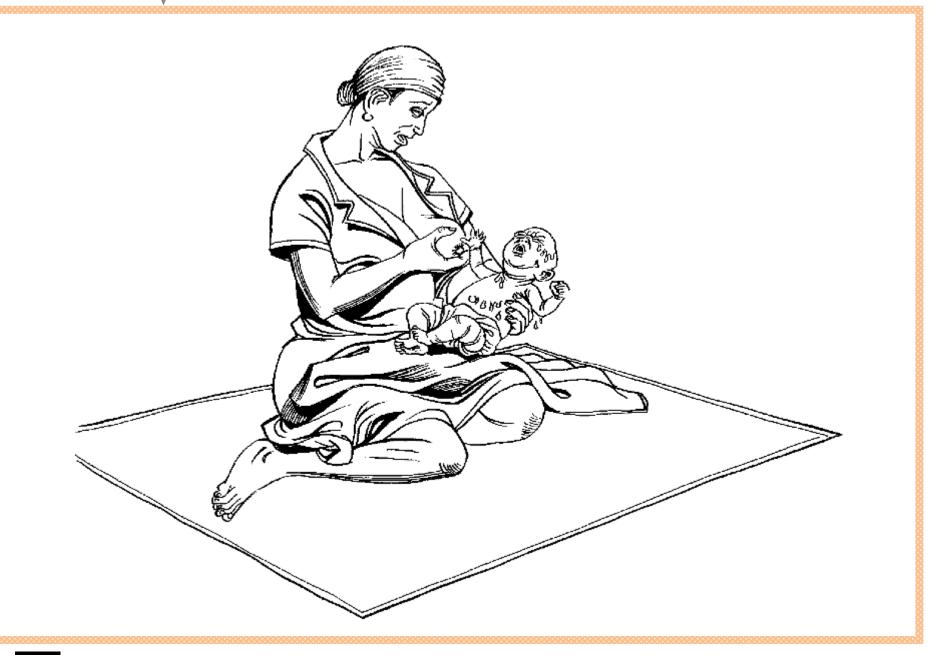
One day Meena notices that Peter is very fussy. His skin is hot and he won't eat well.

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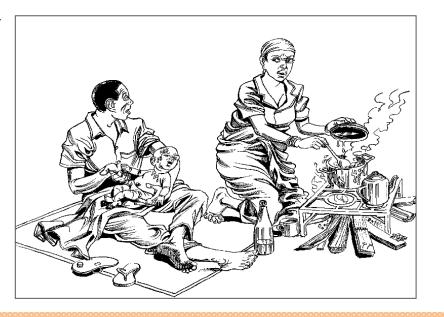




VISIT 6

The next day, Daniel realises that Peter is not very active or playful. He asks Meena what is wrong with Peter. Meena tells Daniel that Peter has a fever and has not been eating, but she doesn't think it is too serious, because it has

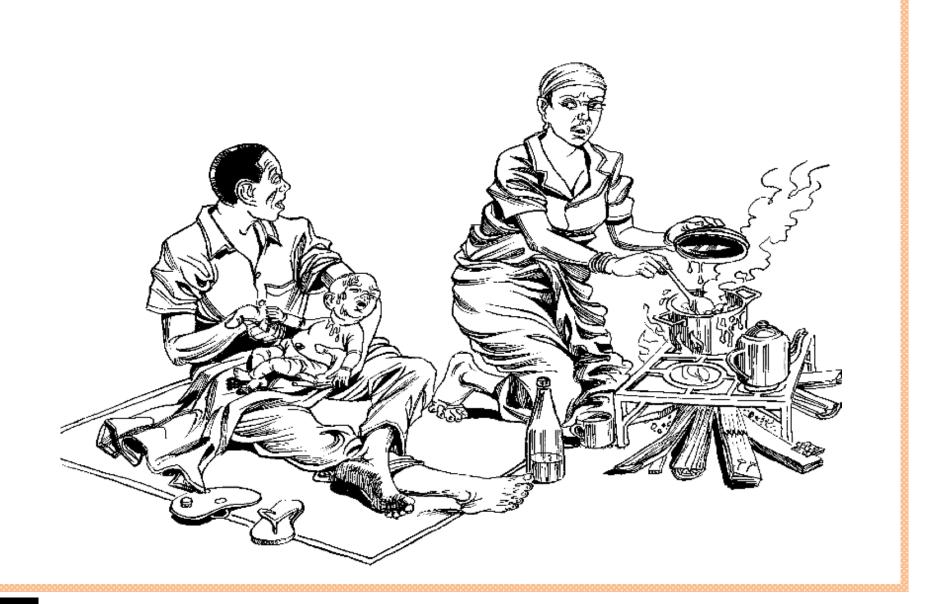
only been one day. They decide that if Peter is not better by the next day, they will get some traditional medicine.



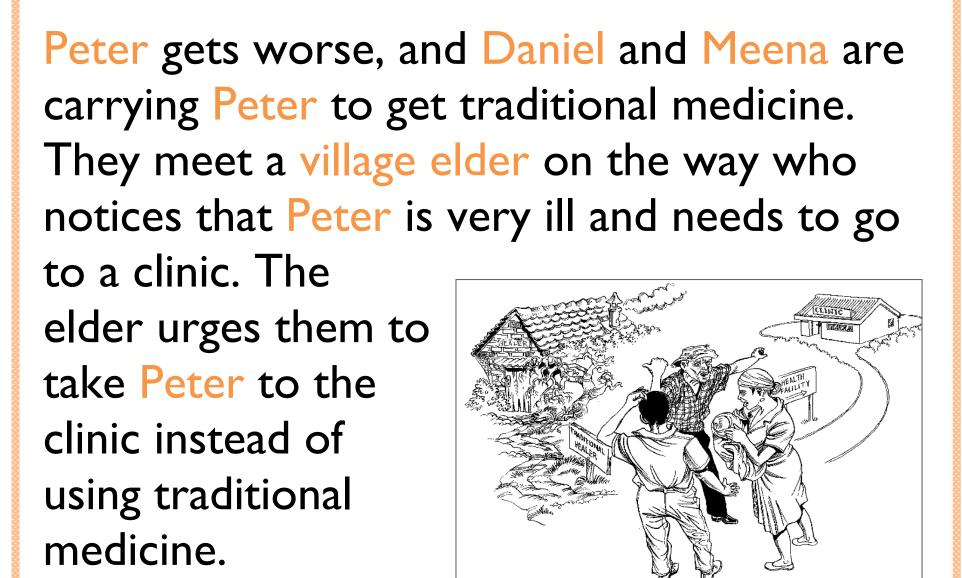












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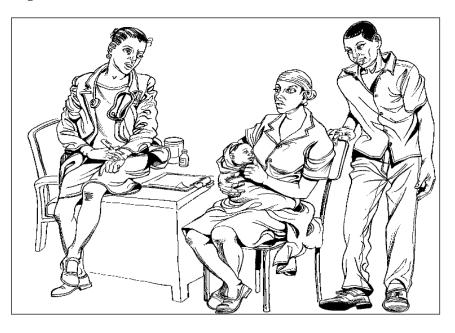






When they arrive at the clinic, Peter must be admitted for several days because he has become very ill from the malaria. The doctors say that the malaria has affected his brain and they are not sure if he will survive.

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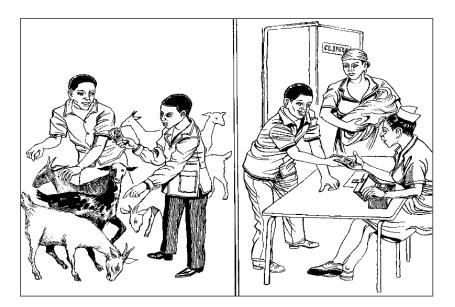








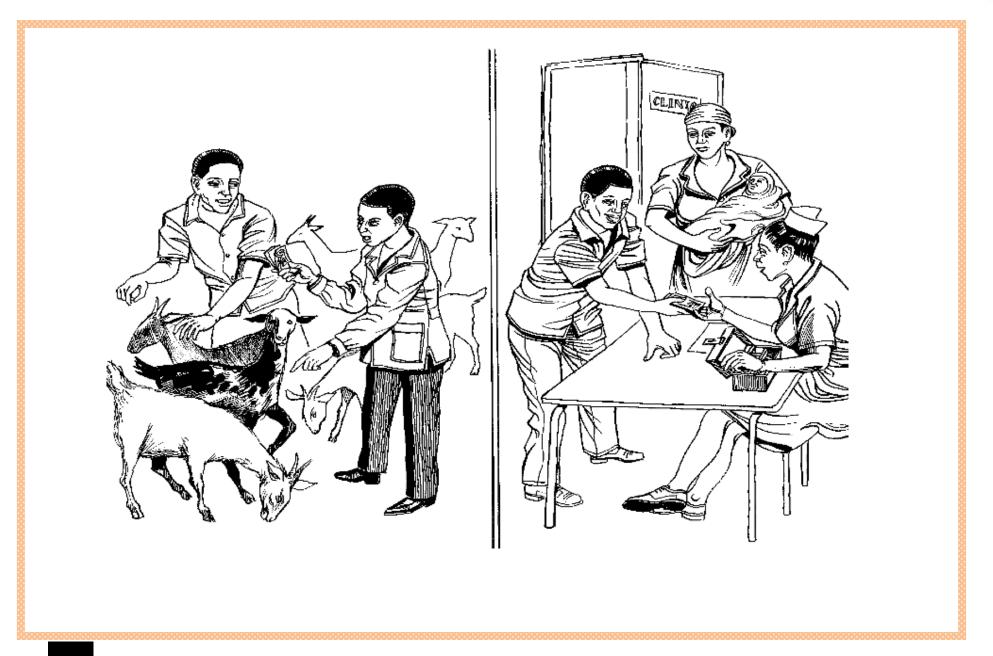
The medical bills for Peter's hospital stay and medicines are quite expensive, and Daniel and Meena must sell a goat to pay the bills.













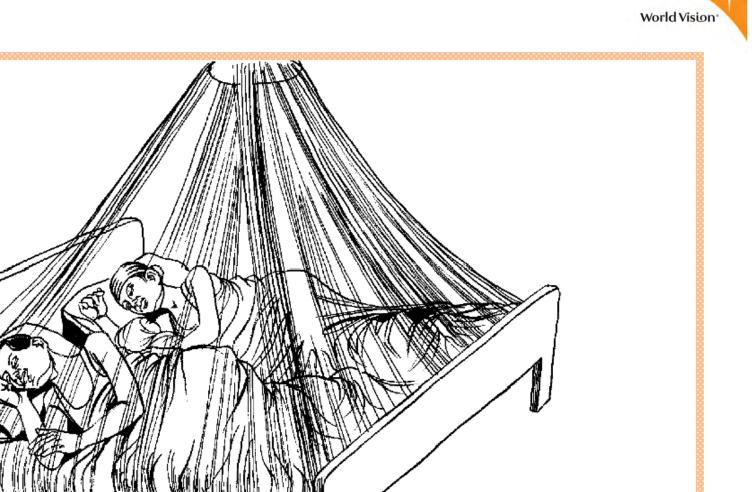


Meena and Daniel realise that if they had prevented Peter from getting malaria, they wouldn't have had to pay the hospital bills, and Peter wouldn't have been sick. They all now sleep under bed nets.















R: Problem Story: Care Seeking for Fever and Acute Respiratory Infection: Guiding Questions

I. What behaviours / practices did they see in the story?

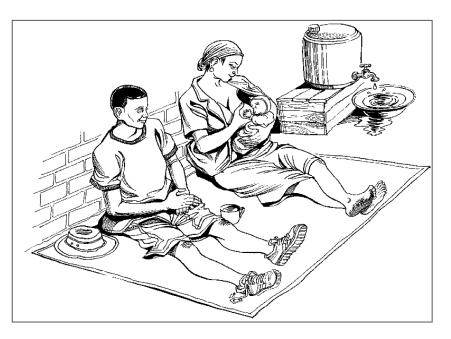
Negative practices

- Meena and Peter don't sleep under bed net.
- Daniel and Meena don't understand that a fever in a baby requires immediate medical care.
- They wait too long to take him to the clinic.
- 2. Do similar things happen in your community?
- 3. Do any of these happen in your own experience/family/ home? What might you do differently?



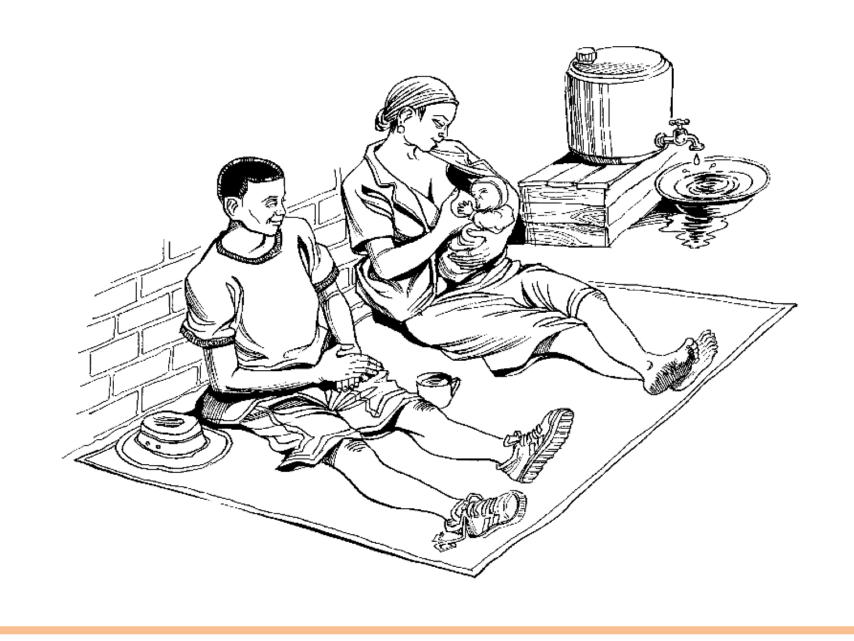
Mariana and her husband, John, have a onemonth-old son named Lionel. Mariana has been exclusively breastfeeding Lionel. Lionel is strong and healthy.

VISIT 6











VISIT 6

As part of the money he saved in preparation for Lionel's birth, John had purchased a mosquito net to help protect Mariana and the baby against malaria. Mariana and Lionel sleep under the net every night.













One day the ttC-HV comes to visit. She reminds Mariana that now that Lionel is more than 3 weeks old, it almost time to take him back to the health facility for his second round of immunisations and to check he is growing well. She shows Mariana and her husband pictures of the different illnesses and explains the shots Lionel will receive will protect him from these dangerous illnesses.

To develop fully, babies need love and stimulation too. The ttC-HV explains how important it is for Mariana and all the family members to interact with Lionel every day by smiling, talking and singing to him.



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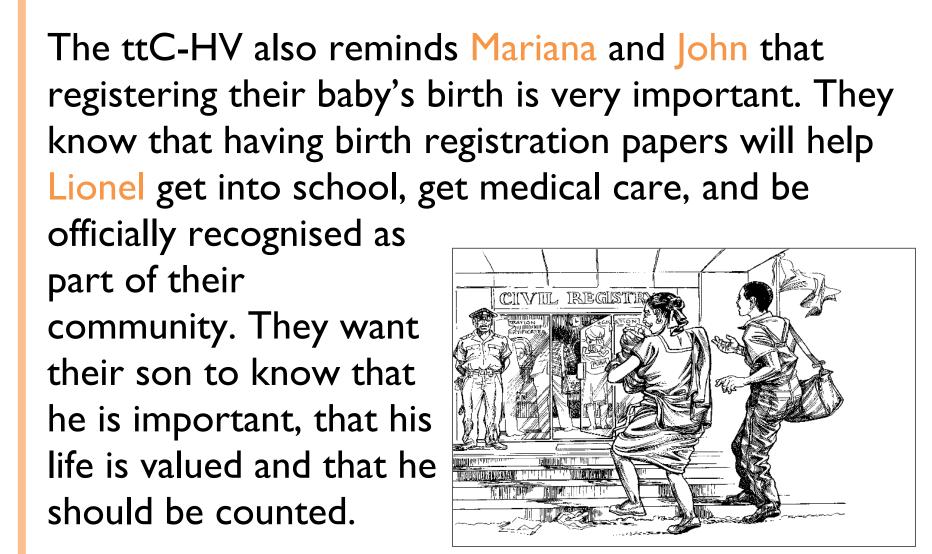










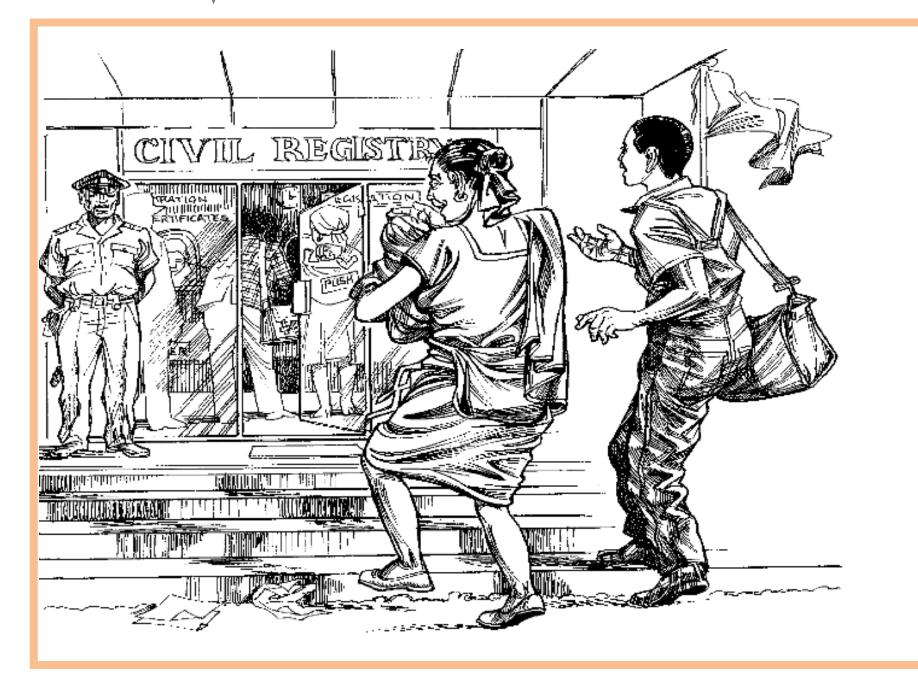


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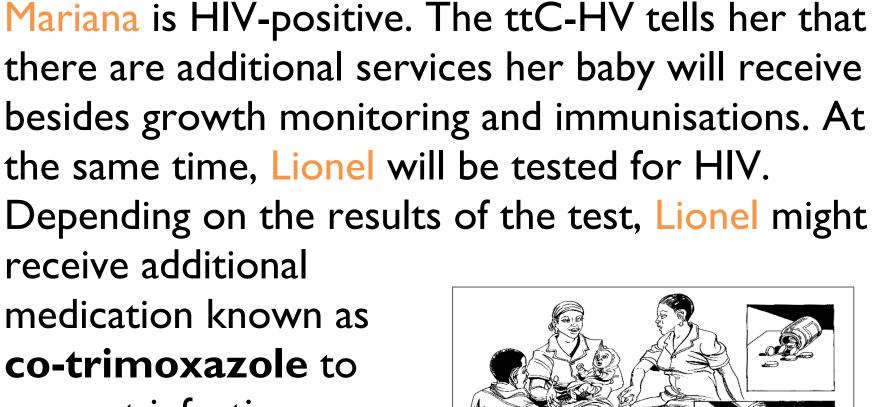












prevent infections.



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The ttC-HV would now like to see which choice Mariana and John have made for their family planning. She reminds them of the options they discussed during her last visit. Mariana shows the ttC-HV her handbook and

points out the method she and John have chosen and circled.

VISIT 6















One morning Mariana notices that Lionel is fussy and does not eat well. She notices that he seems to be having trouble breathing. She is worried, so she looks at the handbook that the ttC-HV gave her, turning to the first pages showing the danger

signs. She sees that difficult breathing is a danger sign that needs immediate medical attention. She calls for John right away.















John remembers that this danger sign might mean that Lionel has an infection. He also notices that Lionel has a fever and his breathing sounds are not normal.







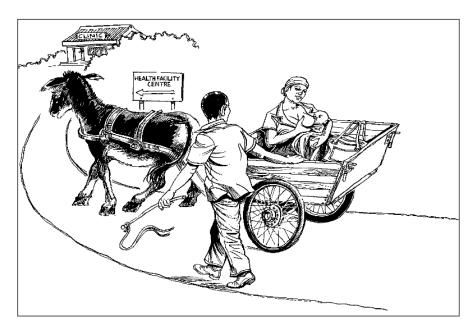








John and Mariana leave immediately with Lionel for the health clinic. Mariana knows that feeding the baby while sick is very important so she breastfeeds Lionel on the way to the clinic.















The nurse gives Lionel some medicine to fix his fever and to fight the infection. She tells John and Mariana that Lionel has pneumonia and that they were correct to bring him right away.













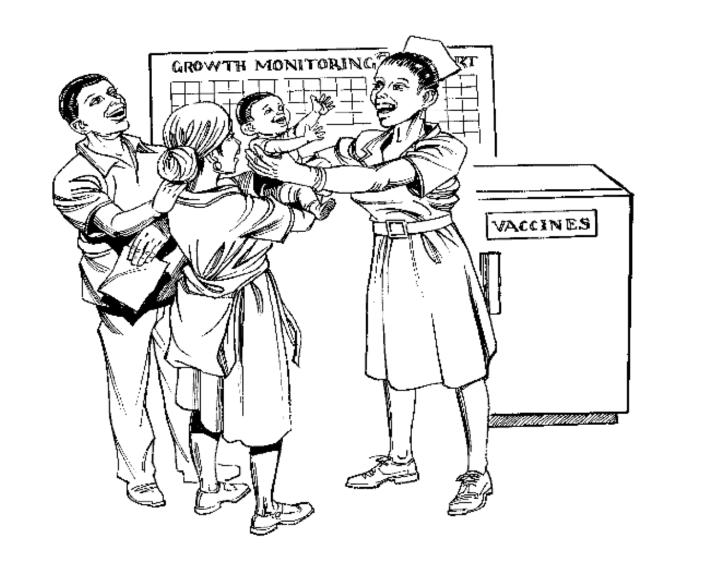


She reminds Mariana and John that Lionel will need to come back next week for his second round of immunisations and to be weighed and measured. Lionel's illness will not stop him from getting his immunisations. The nurse is very happy that Mariana and John VACCINES understood how sick Lionel was and that they came so quickly to the health facility.

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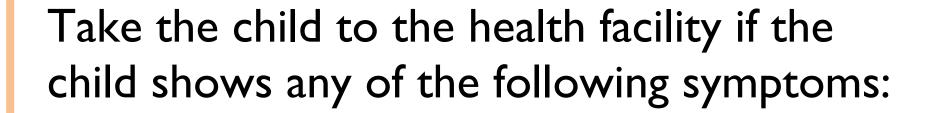
S: Positive Story: Routine Clinic Visits, Care Seeking for Fever, ARI: Guiding Questions

- I. What behaviours/practices did you see in the story (positive or negative)? **Positive practices:**
 - Exclusive breastfeeding
 - Sleeping under bed net
 - They understand the danger signs in a child, by referring to the handbook.
 - They understand that difficult breathing is a danger sign.
 - They take the baby to the clinic immediately.
 - Mariana continues to breastfeed even though the child is ill
- 2. Do similar things happen in your community?
- 3. Do any of these happen in your own experience/family/home? What might you do differently?

S10

World Visio



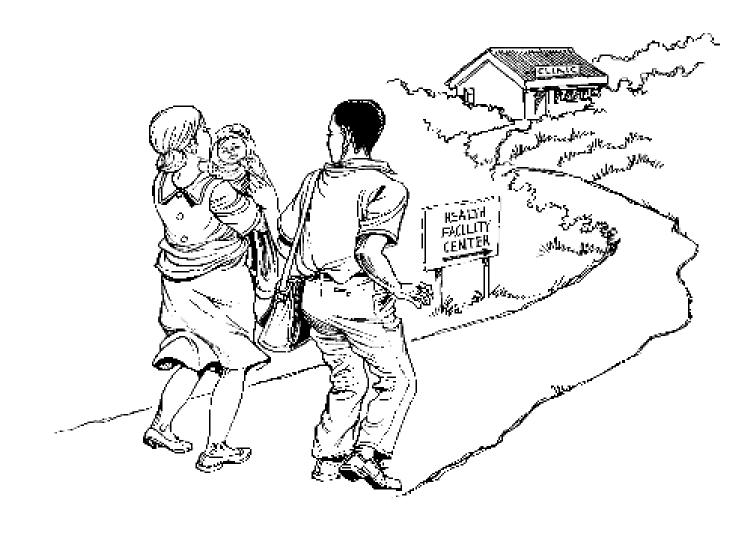


World Vision









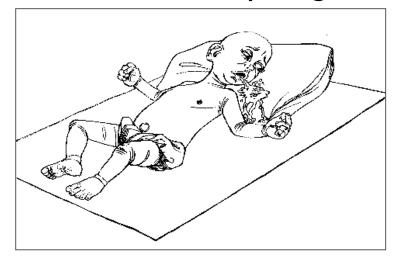




Child refuses to eat



Vomits everything



Unusually sleepy







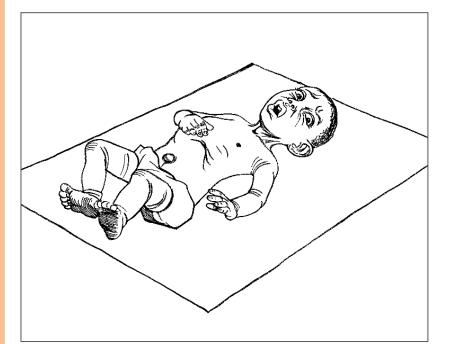








Chest in-drawing, difficult breathing

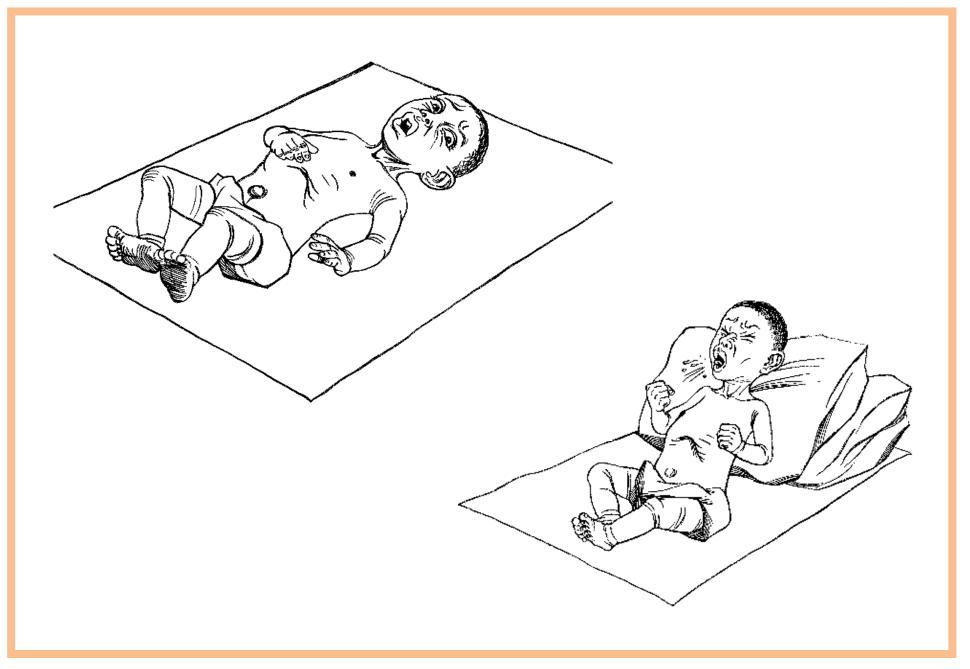








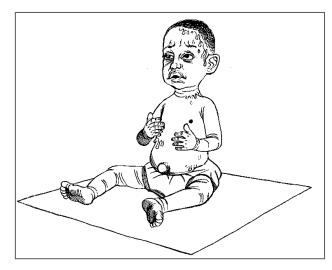


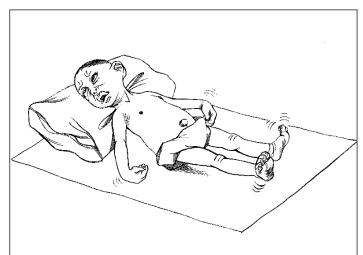


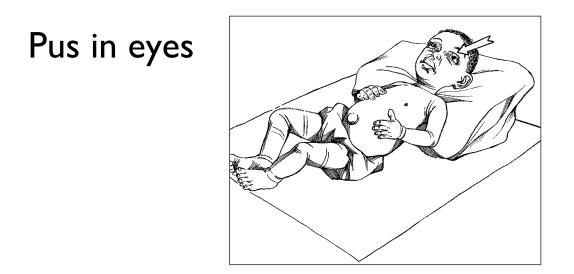




Sweating, fever





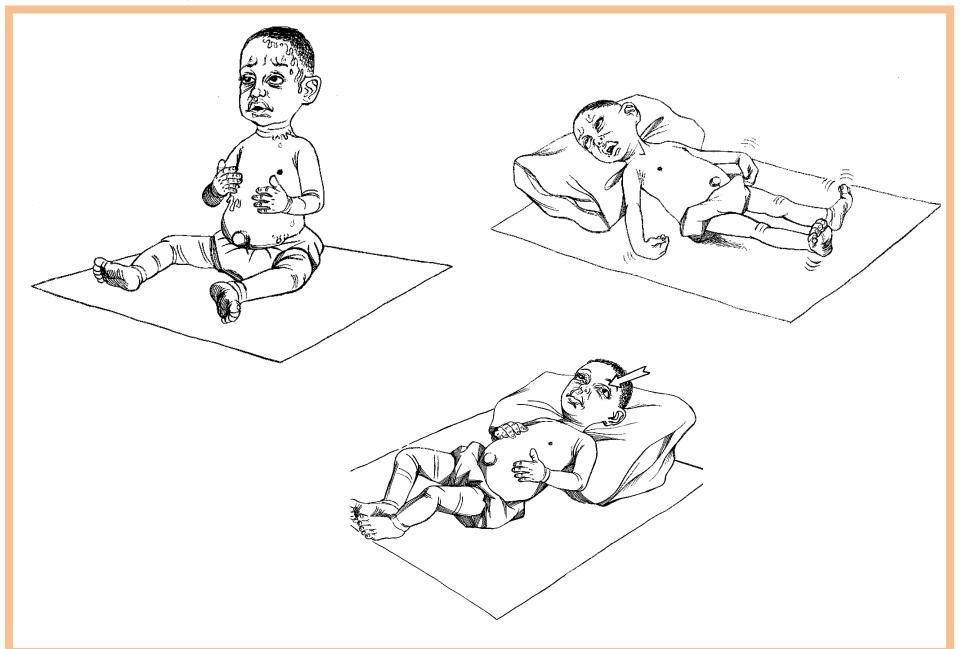


Technical: Danger signs in children

Seizure/fits



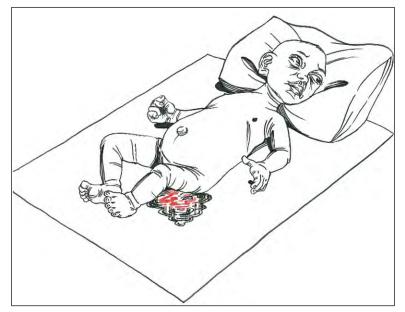




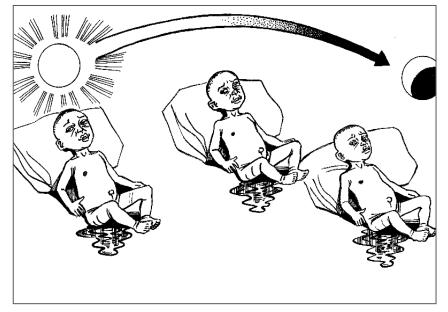




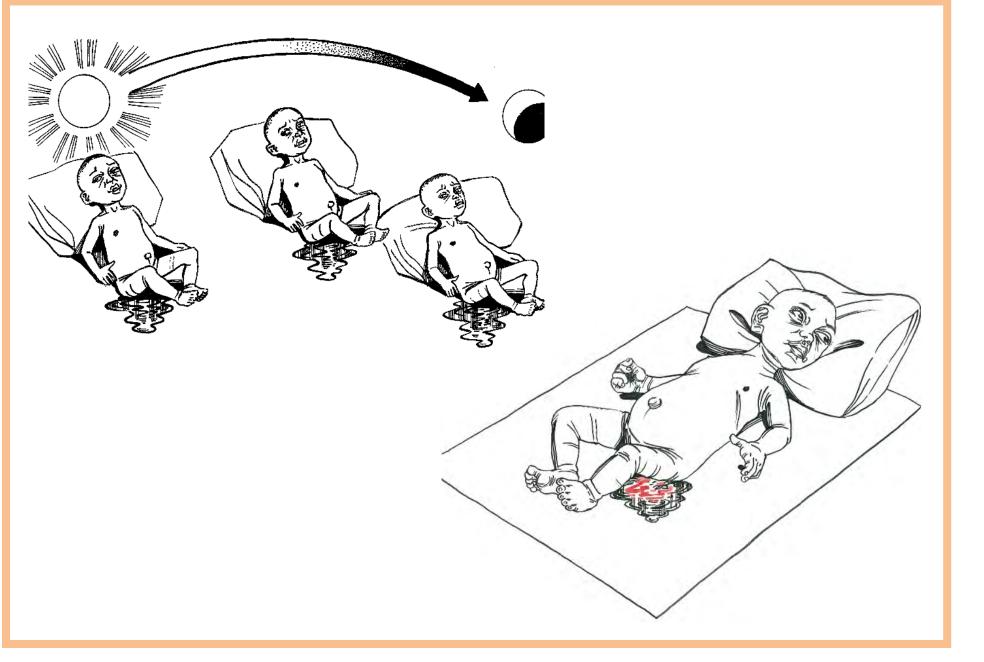
Blood in stool



Diarrhoea





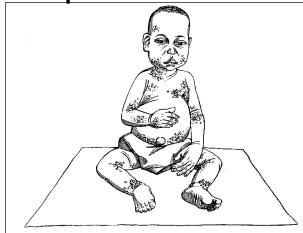


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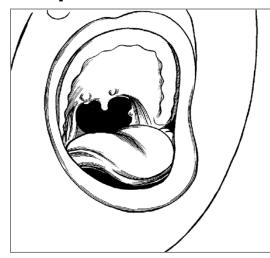




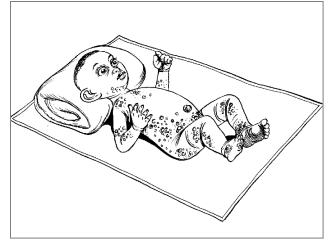
Skin pustules



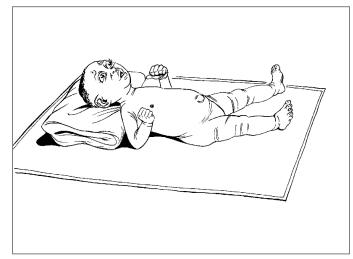
Diphtheria



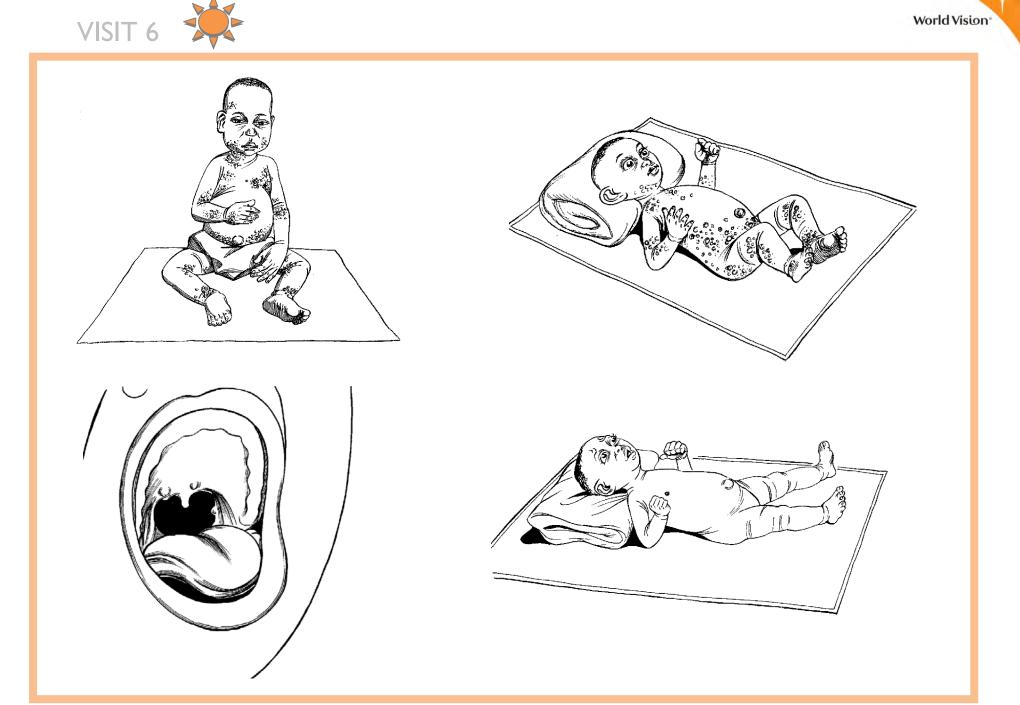
Measles



Tetanus



Technical Information: Vaccine preventable diseases



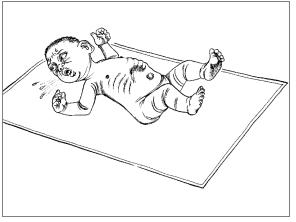
Technical Information: Vaccine preventable diseases





Polio Whooping cough Image: Comparison of the second se

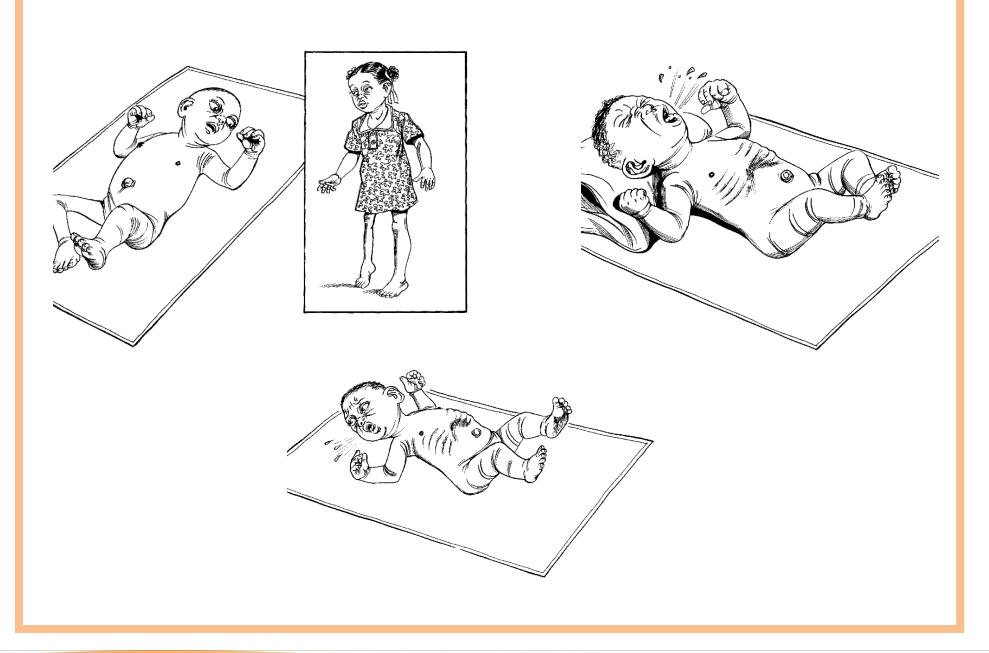




Technical Information: Vaccine Preventable Diseases







Technical Information: Vaccine Preventable Diseases



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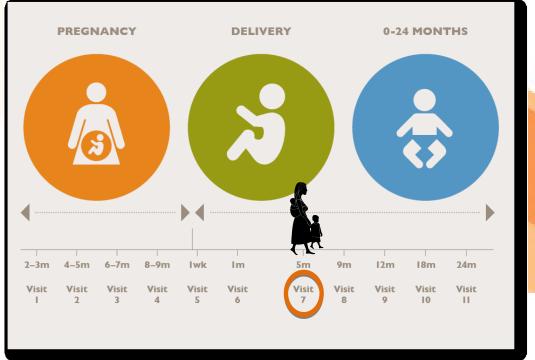
TIMED AND TARGETED COUNSELLING FOR HEALTH AND NUTRITION

Health, Nutrition and Development





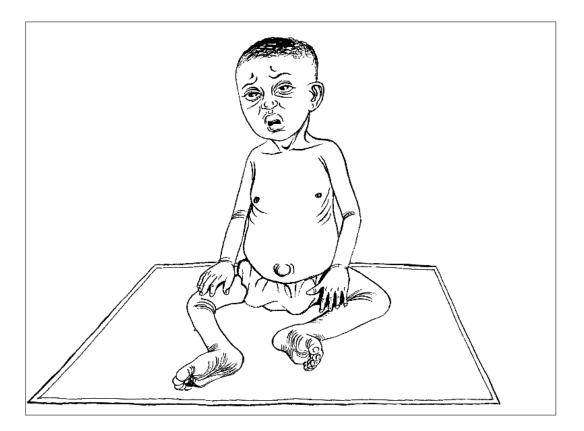
VISIT 7





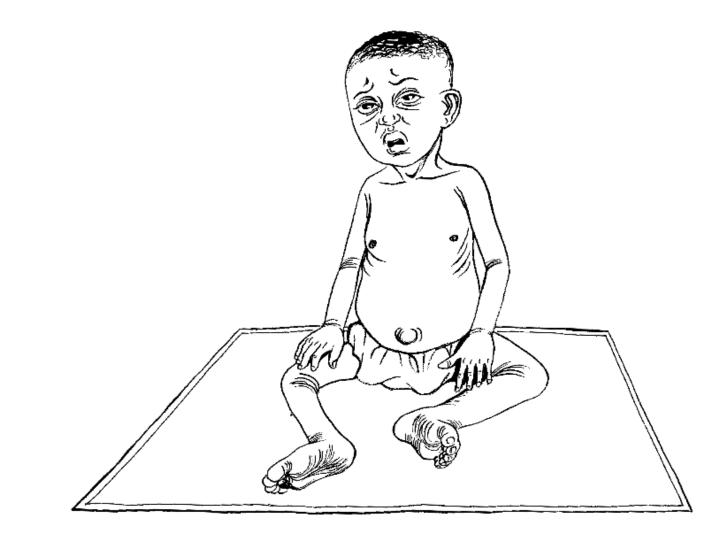


This is Kofi.













V: Problem Scenario: Malnutrition: Guiding Questions

I. This is Kofi. What do you notice about Kofi?

Possible answers:

- Not happy, not energetic
- Skinny
- Reddish hair/ brittle hair
- Distended stomach
- 2. Have you ever known or heard of a child like Kofi?
- 3. Do you have ideas about what might have caused these problems?
- 4. Do any of your children seem to have these problems?



Habiba and Uma are friends. They both have six month old babies. Today is growth monitoring and immunisation day at the health facility.

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Several of the community ttC-HVs have come together to teach the women with 6 month old babies about complementary feeding and weaning. The ttC-HVs are teaching the women about food groups. World Vision







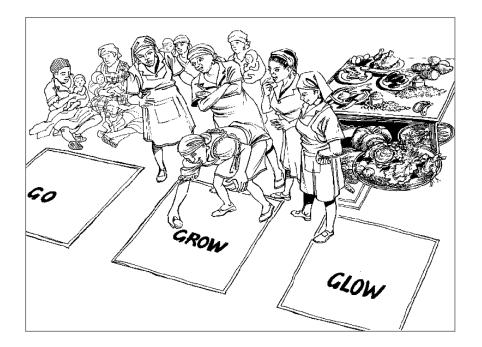




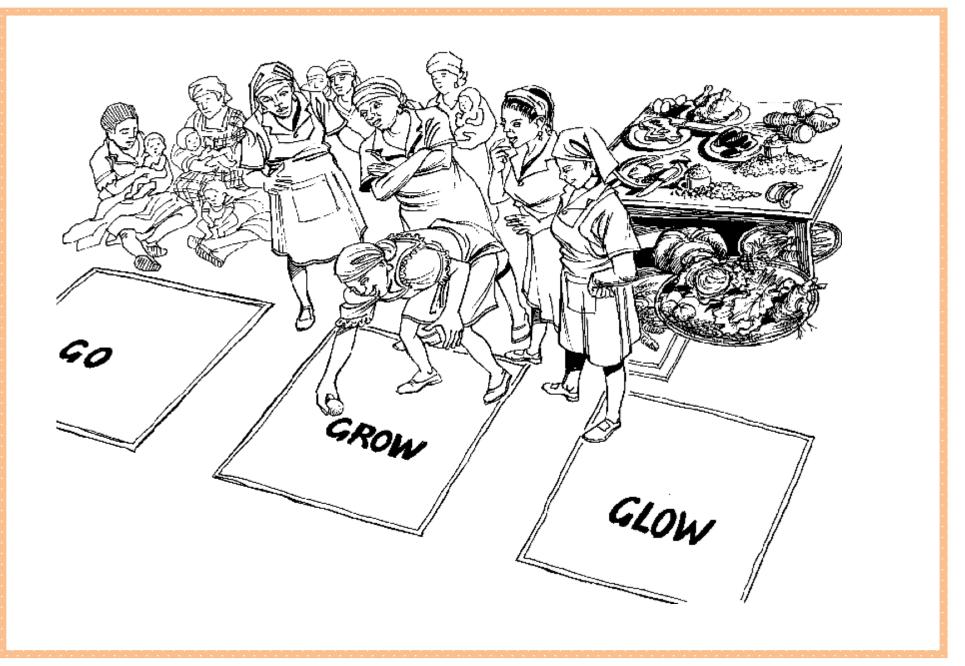


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The ttC-HVs asked the women to sort the foods on the trays according to the food groups, placing them on the correct mats.







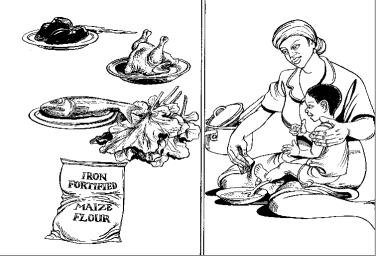
World Vision



The ttC-HVs tell the women that they want to talk about iron, a nutrient that is found in food. Without enough iron, the infant will have weak blood and will not have much energy. At 6 months, the infant is no longer getting enough iron from the breast milk, so it is necessary to make sure that he or she eats foods that contain iron.

Examples are liver, other animal foods like chicken and fish, and dark green leafy vegetables.

The ttC-HV explains that in some places it is possible to find special foods, such as maize flour with added iron, or packages of iron and other nutrients that can be sprinkled on to the food.



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The ttC-HVs showed the women new recipes which include all the food groups. They explained that breast milk alone is not enough for their baby babies that are 6 months old.

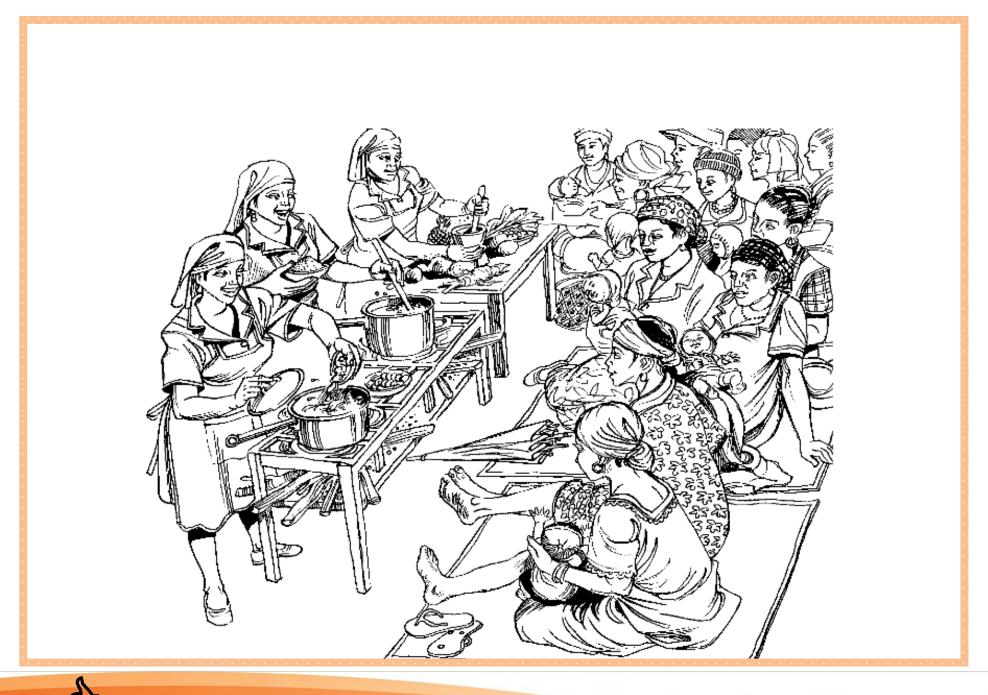
They stressed that breast milk is still important and

women should continue to give breast milk first to their babies. But now the babies will also need to eat at least 2 or 3 times in every day.





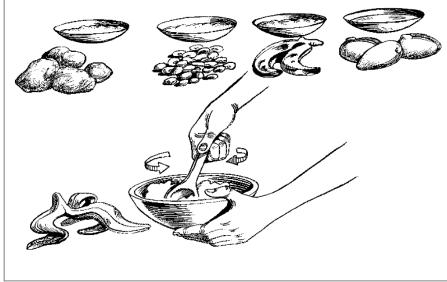






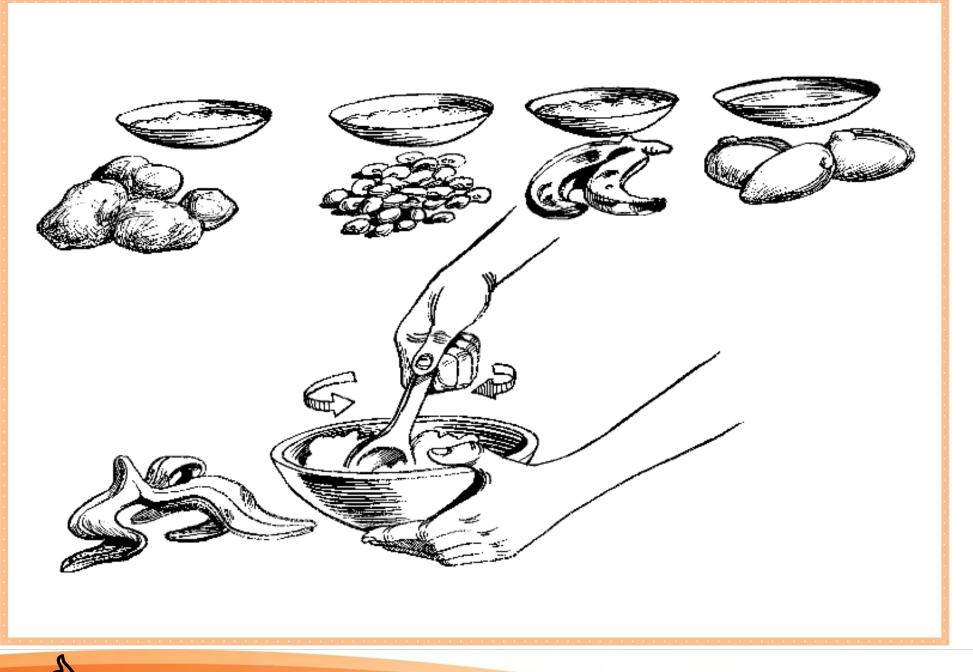


The home visitors show the women how to make special food for babies by grinding and mashing different fruits and vegetables. They explained that little babies don't swallow very well so caregivers need to be very patient when feeding their babies. They need to give them small spoons of very soft food.





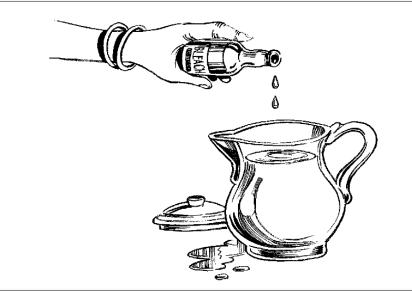








The ttC-HVs also explained to the women that they should make sure that the water their babies drink is pure. One way of doing this is to dissolve two drops of bleach into one litre of water to purify it.







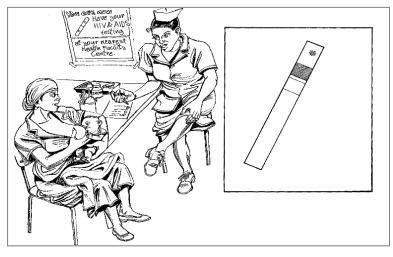






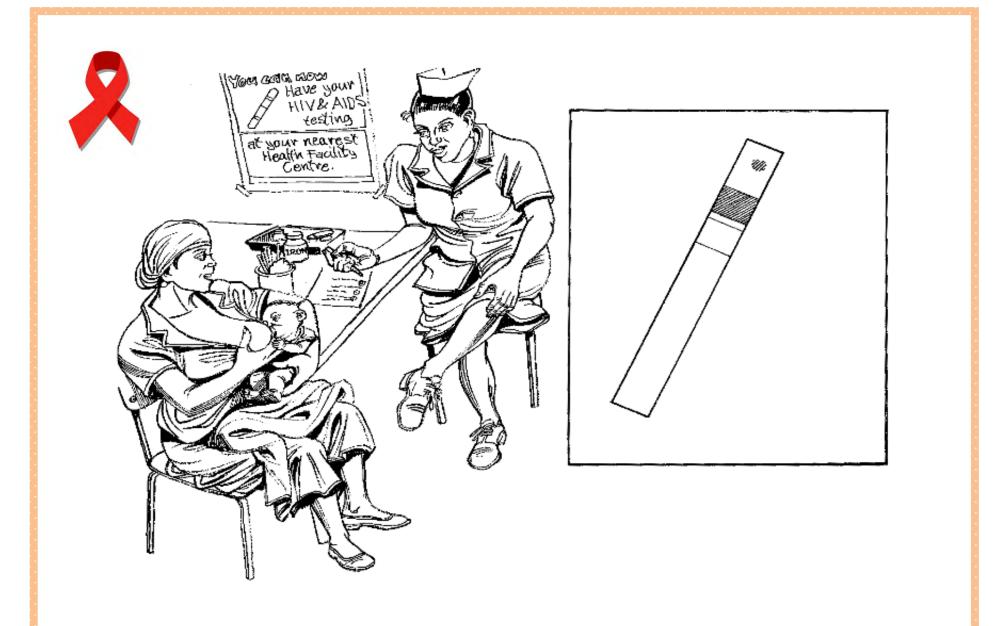
At the end of the visit, Uma goes to talk to her ttC-HV. The ttC-HV tells Uma that even though she is HIV-positive, she can continue to breastfeed and will give complementary foods to her baby just like all the other women are doing. When the baby reaches 12 months of age they will decide together if Uma has enough nutritious food to give the baby

so that she may stop breastfeeding then, but that is a decision that they will only make at that time.



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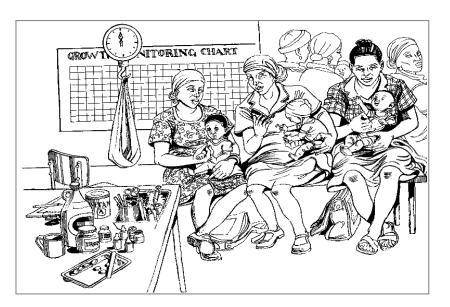








The clinic nurse helps with the growth monitoring. In addition to weighing and measuring the babies, the health facility today is also giving the babies Vitamin A to help protect them from disease.















The nurse reminds each woman of the importance of family planning, as fertility returns with the start of complementary feeding. She makes sure that supplies are given and that women know how to use the method before they leave the clinic.















T: Positive Story: Feeding at 6 Months, Vitamin A: Guiding Questions

• What behaviours/practices did you see in the story (positive or negative)?

Possible answers:

- Habiba and Uma take their children for growth monitoring.
- They bring their growth monitoring cards with them to the meeting.
- They participate in the food demonstration.
- Mothers are learning how to prepare foods from all the food groups.
- The children are receiving iron supplements at 6 months.

2. What advice do the women receive about feeding their babies at six months?

Possible answers:

- They should continue to breastfeed.
- They should wash their hands before preparing food and before feeding the baby.
- They should begin to give complementary foods now.
- They should feed these foods to the child 2 or 3 times a day, from all the food groups.
- They should mash the foods up so the child can easily swallow.
- The mothers should be patient when feeding the children.
- They should make sure the water is purified.
- Even HIV-positive mothers should continue to breastfeed, until the child is at least 12 months old.
- Do similar things happen in your community? What are some of the good things you do to feed your child at 6 months?
- Do any of these happen in your own experience/family/ home? What might you do differently?







The ttC-HV has come to Susana and Ernest's house to remind them that it is time for them to take their 6-month-old baby, Paula, to the health facility for growth monitoring and to receive a Vitamin A capsule.













After greeting the family, she goes to see Paula and notices that Paula is crying but is shedding no tears. She asks Susana if Paula has been sick. Susana tells her that Paula has had diarrhoea for 2 days.







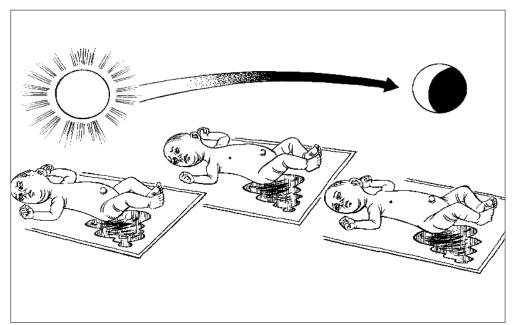




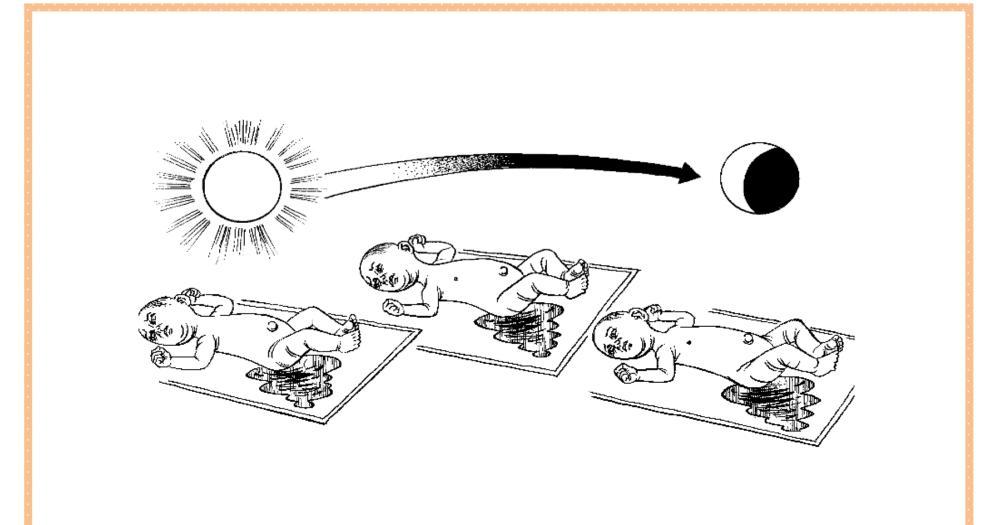


She tells Susana that if the baby has three or more watery stools in a day, this is diarrhoea. The ttC-HV explains to Susana and Ernest that diarrhoea can be very dangerous for children because much of the water, vitamins and minerals that their bodies need are lost.

The ttC-HV tells Ernest they should take Paula to the health facility right away.













The ttC-HV gives the family a small packet called oral rehydration salt solution and helps Susana to mix it with water to give to the baby. This will help to prevent the child from becoming dehydrated.











5



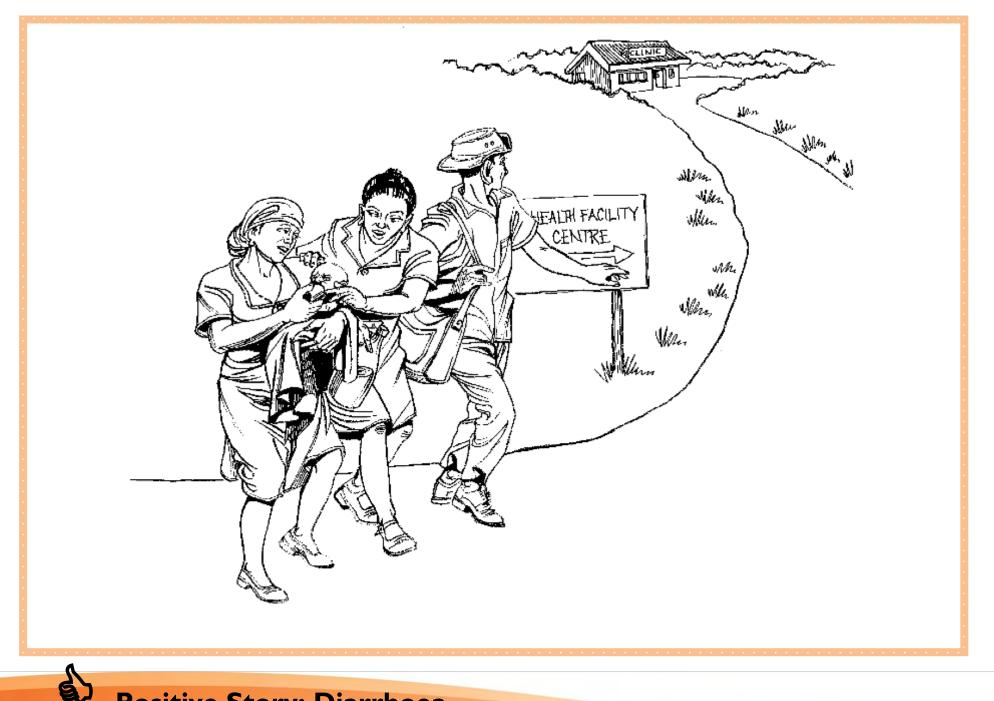
On the way to the health facility, the ttC-HV helps Susana to feed the drink to Paula in a cup.











Positive Story: Diarrhoea



The ttC-HV takes the family to the front of the line and explains to the nurse what has happened. The nurse tells Susana she has some medicine called oral rehydration

solution and **zinc** to give to Paula. She explains that zinc will help Paula to get better.











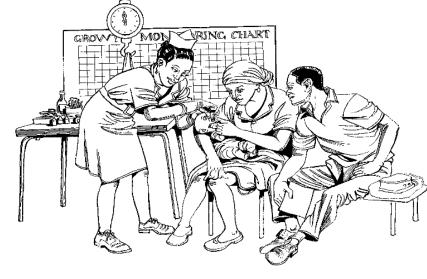






The nurse takes them to the growth monitoring room. Ernest has come with Paula's health card. The nurse gives her two drops of vitamin A in her mouth. She tells Susana not to worry – it is okay for Paula to receive both medicines even

though she has diarrhoea.







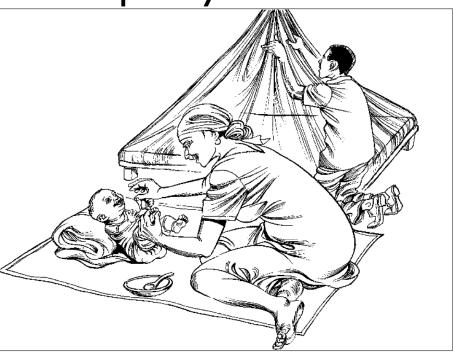


6



That night, after dinner, Paula is feeling better. Susana is singing to Paula to keep her calm and comforted. Susana also knows that babies need love and stimulation to develop fully.

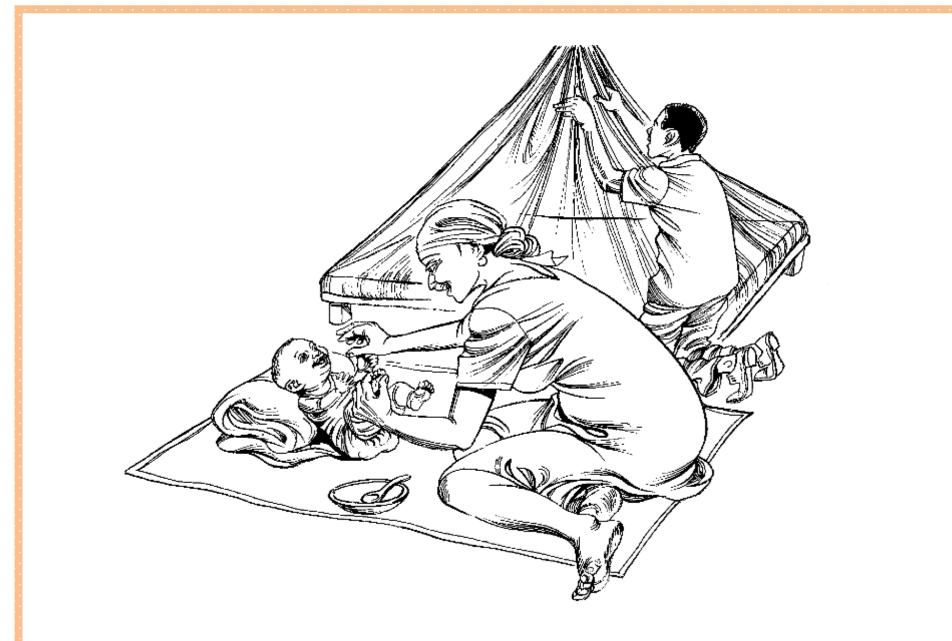
She looks into her eyes and smiles. Paula seems responsive, a sign that she is feeling better.

















W: Positive Story: Diarrhoea, Feeding at 9 Months, Vitamin A: Guiding Questions

I. What did the home visitor teach Susana and Ernest about diarrhoea?

Possible answers:

- Three or more watery stools a day is diarrhoea.
- Crying with no tears, eyes that look sunken and skin that seems tight are all signs of dehydration.
- Diarrhea is very dangerous for children because the water that their bodies need is lost.
- If a child has three or more watery stools in a day, the family should take the child to the clinic right away.
- It is okay to vaccinate the child even if the child has diarrhea or another illness.
- The mother should continue to breastfeed even when the child has diarrhoea.
- 2. What other positive things happened in the story?

Possible answers:

- The child was given oral rehydration solution and zinc to help the diarrhoea.
- The child was given a vaccine to prevent measles.
- The child was given vitamin A for good vision and good protection against diseases.
- The mother sang to the baby.
- The father hung the mosquito net.
- 3. What do you see in this picture that is good? (Go through the pictures and ask, one by one)
- 4. Have you learned any new ideas from this story? If so, what did you learn?

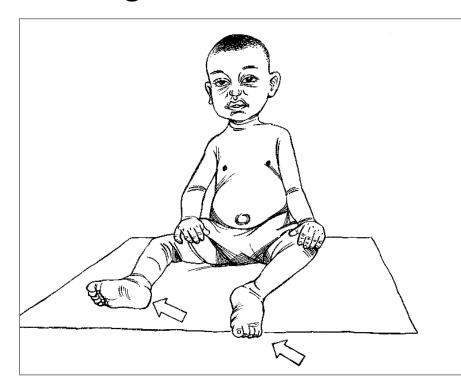


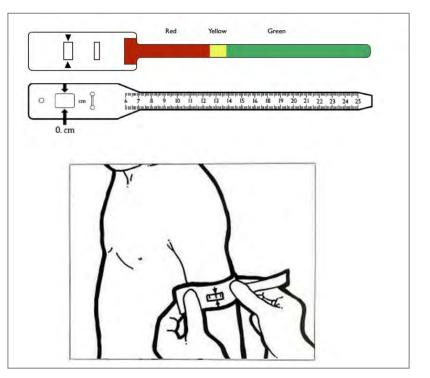




Swelling of feet

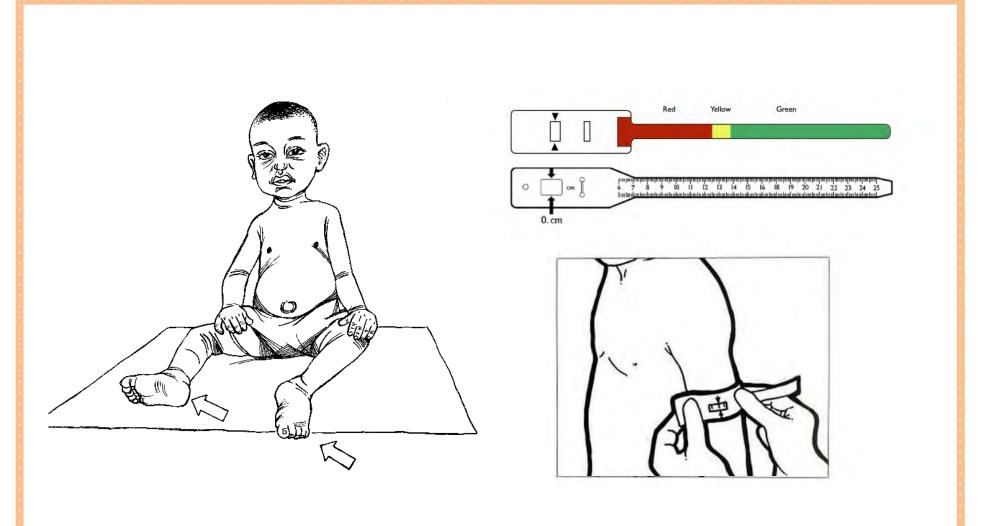
MUAC in red





Technical: Danger signs of malnutrition





Technical: Danger signs of malnutrition





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VISIT 8



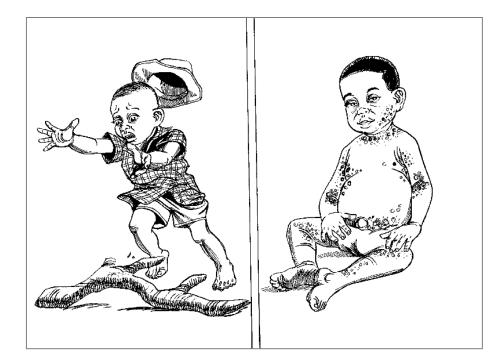








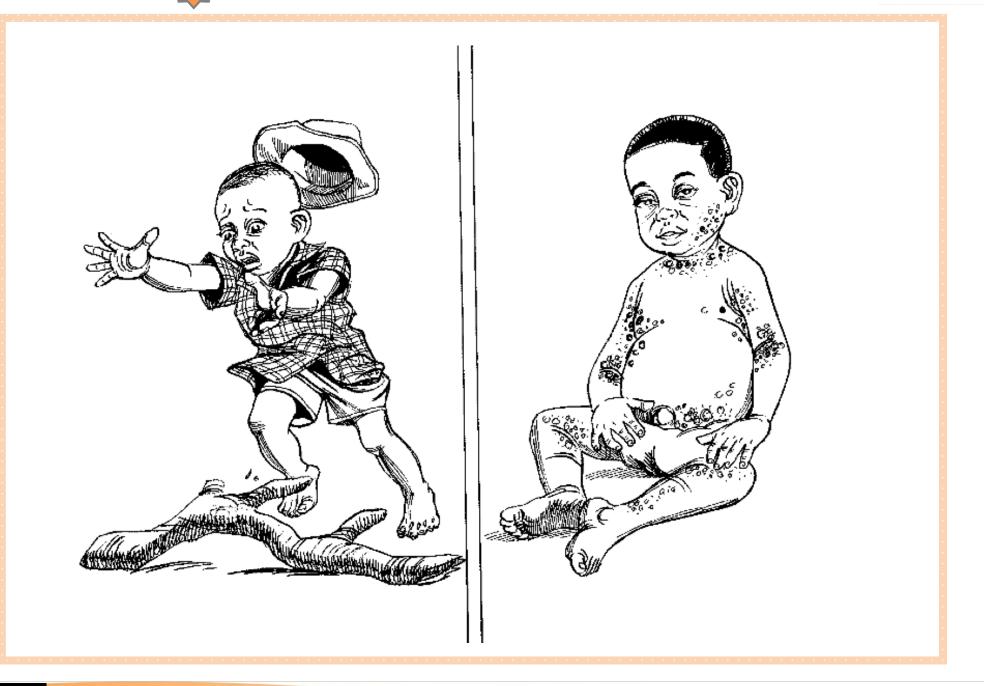
This is Ali. He has trouble seeing at night, and he often stumbles or bumps into things.



This is **Betty**, she has measles.









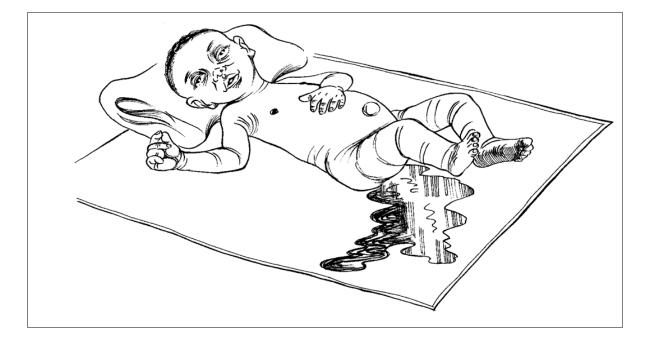


X: Problem Scenario: Vitamin A Deficiency and Measles: Guiding Questions

- I. The boy on the left is Ali. What seems to be his problem?
- 2. Is it common in this area that some children have difficulty seeing well at night?
- 3. Do you know what causes night blindness?
- 4. The child on the right has measles. Have you ever seen a child with measles?
- 5. Do you know how to prevent measles in children?

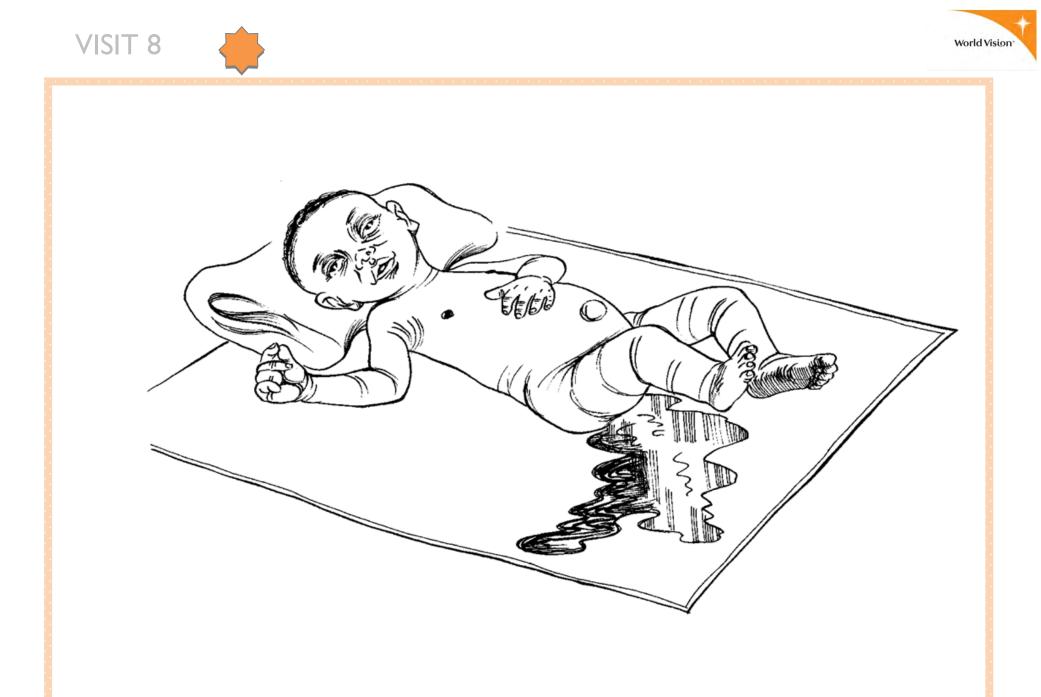


This is Rosa, she has severe diarrhoea.



Problem Scenarios

VISIT 8







Problem Scenario: Diarrhea

- I. This is Rosa. What is her problem?
- 2. Is diarrhoea a common problem in this area?
- 3. What should be done for a child when the child has diarrhoea?



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VISIT 9

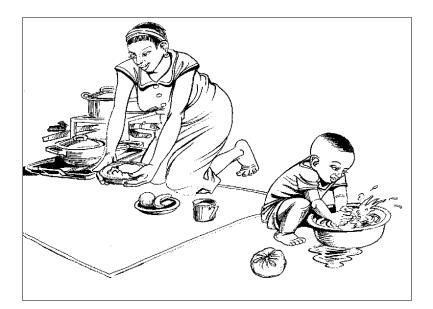








Thomas is one year old. He likes to do a lot for himself now. Thomas likes to try to wash his own hands before he eats.













As Thomas begins to walk, his mother knows that it is important to stimulate him so that Thomas can fully develop. She plays with him and teaches him new words.













His mother prepares a bowl especially for him and makes sure he finishes his portion. She helps him when he is having trouble. Thomas loves all fruits and vegetables. He is a very good eater.





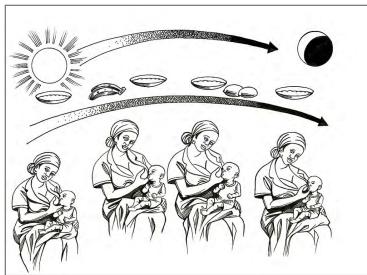






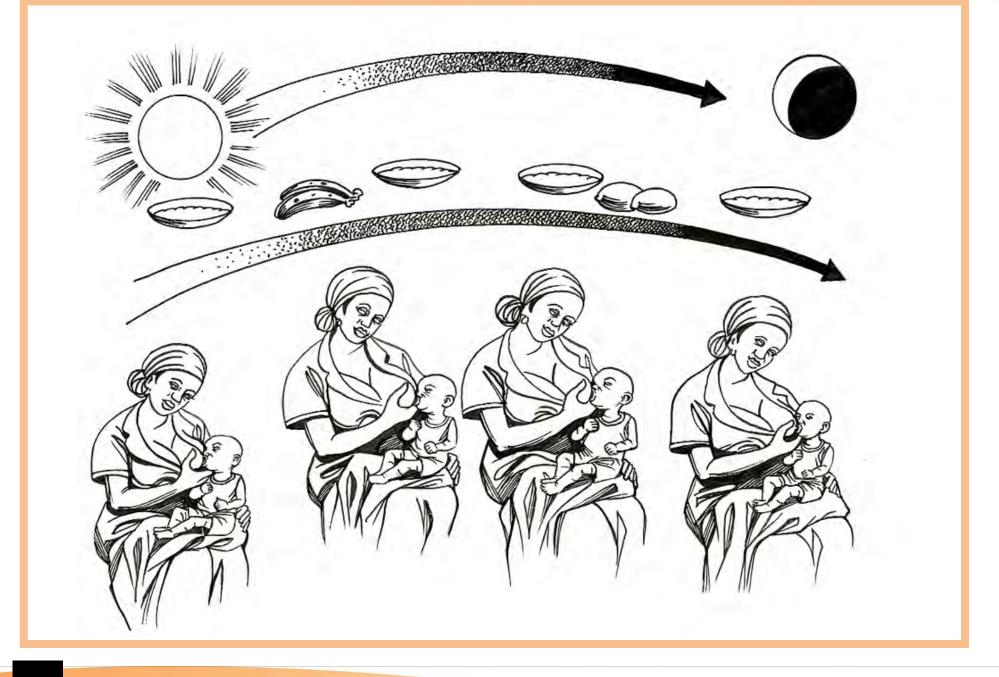


Thomas's mother, Elizabeth, has noticed that he is growing fast and she knows that now he needs to eat 6 times a day: 3 times with the family and 3 extra times when he can eat fruits, vegetables or other good, healthy choices.













Elizabeth also knows that it is still very important for Thomas to eat foods that are rich in iron. She feeds him liver whenever she has it available, and she feeds him dark green leafy vegetables almost every day.













The ttC-HV still visits Thomas and his family. The ttC-HV knows that Elizabeth is HIV-positive, so she will give her some new information now that Thomas is 12 months old. The ttC-HV can see that Thomas's family has good, nutritious food to feed to Thomas, so she tells Elizabeth that she should stop breastfeeding now.

Elizabeth agrees and tells the ttC-HV that she will be careful to make sure that Thomas eats his 6 portions of food every day.







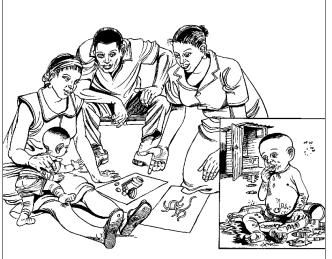






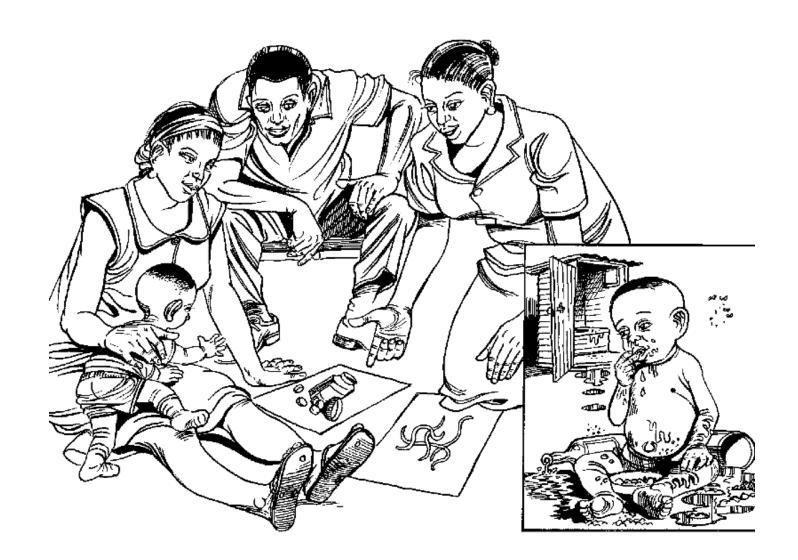
The ttC-HV also came to remind Elizabeth to take Thomas to the health clinic to get medicine for worms. She explained that many children Thomas' age lose weight because they get worms in their bellies. She explains that people can get worms from running around with no shoes or not washing hands after using the toilet or before eating. Even though Thomas and his mother stay very clean, they can still get worms. She explains that most people who have

worms do not feel sick.





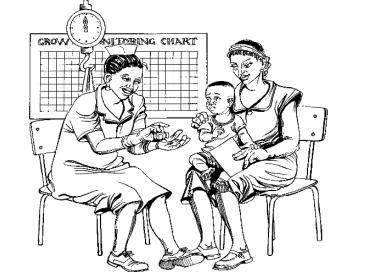






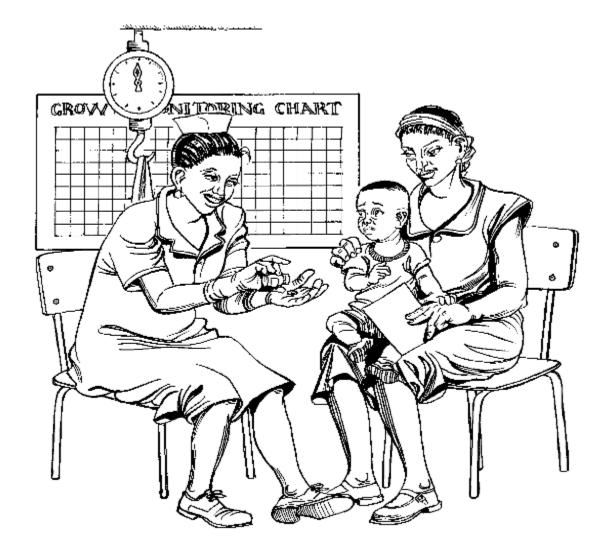


The next time that Thomas and his mother go to the health clinic to weigh and measure him, they ask the nurse and she gives Thomas medicine to treat worms. This will help Thomas to continue to grow and stay strong and healthy.













Since it has been 6 months since Thomas was given Vitamin A at the clinic, it is time to give him the drops once again. Thomas does not cry during the entire visit.













Y: Positive Story: Feeding at One Year, Deworming, Vitamin A: Guiding Questions

1. What do you see in the pictures that is good? (Go through the pictures and ask, one by one)

Possible answers:

- Thomas is washing his hands.
- Thomas has his own bowl.
- Thomas eating fruits and vegetables.
- Elizabeth helps Thomas to eat six times a day.
- Elizabeth gives Thomas foods that are rich in iron, like liver and dark green leafy vegetables.
- They go to the clinic and Thomas gets deworming medicine.
- Elizabeth is sure to take Thomas to the clinic every month to monitor his growth.
- Thomas gets a vitamin A drop.
- 2. Do similar things happen in your community?
- 3. Do any of these happen in your own experience/family/home? What might you do differently?



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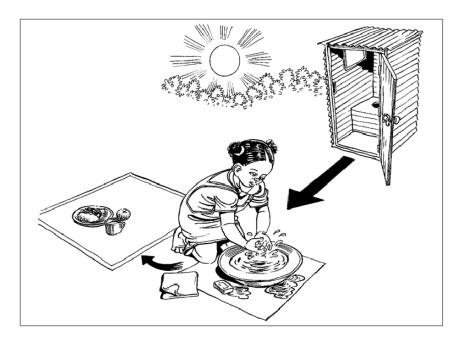






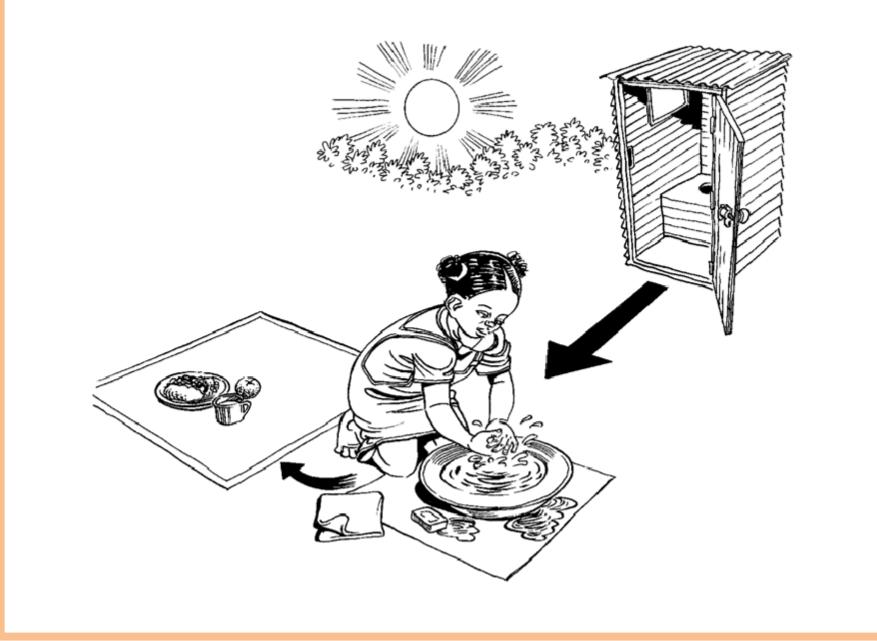


Leila is 18 months old. She learned from a very young age that she must wash her hands after she goes to the bathroom and before she eats any food.











 \bigcirc



Leila likes to snack all day long. This is good because now that Leila is 18 months and no longer breastfeeding, she needs to eat at least six times a day. Her mother knows about the food groups – Go, Grow and Glow – and so when Leila asks for something to eat, her mother knows that some good choices include mangos, bananas, oranges, peanuts, and eggs.

When her mother prepares family meals, she includes beans or

meat in the sauce together with leaves or vegetables. Leila has always liked having her own bowl, and now that she older, she is proud to show her parents how she can eat it all by herself. Her parents always praise her.











Now that Leila is 2 she likes to have much more space when she sleeps, so she no longer shares a mattress with her mother. Her father has now bought her very own mosquito net under which she can sleep each night. He's sure to set the net up for Leila correctly each night and he always checks for holes or tears.



World Vision









VISIT IO

One night Leila can't sleep because she is coughing a lot. Her mother notices that she feels hot and she has a funny noise coming

from her chest when she's breathing.











VISIT IO

Leila's father remembers that this is a serious danger sign for children, so he arranges to take Leila to the health clinic, where the nurse gives her medicine.









VISIT IO

While they are at the clinic, the nurse checks Leila's growth card and tells the family that it is time for Leila to receive vitamin A drops again. Leila opens her mouth wide for the nurse.











VISIT IO

The next day the ttC-HV comes to visit Leila's household. She is glad to hear that Leila's parents remembered the danger signs for children and took Leila immediately for care. She praises them for their quick response. She is glad to find that Leila is already feeling better and that her mother

is being very patient to ensure that Leila is still eating and drinking enough.







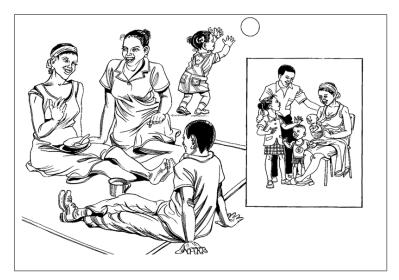




VISIT IO

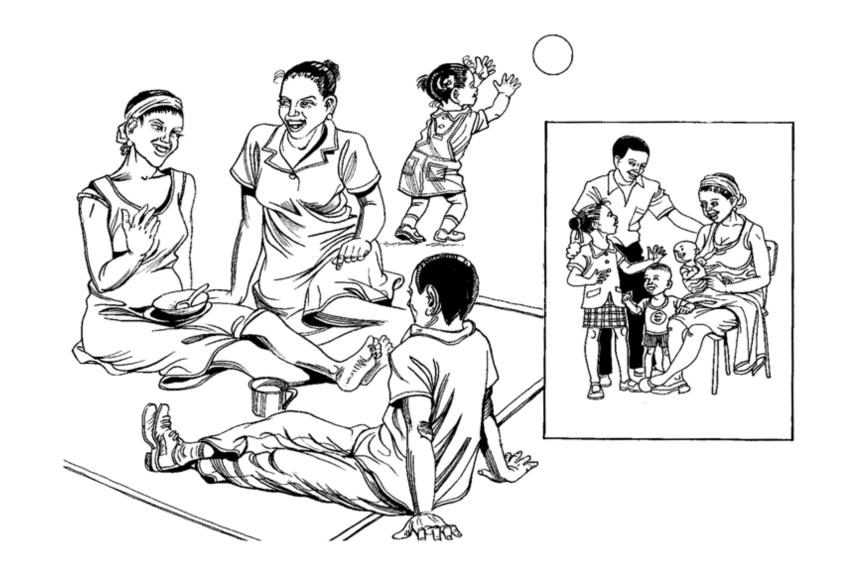
The ttC-HV tells Leila's parents that they have done a really good job and she can see that both Leila and her mother are strong and healthy. She tells them that if they want to have more

children, they can begin to think about trying for another pregnancy. Leila's parents have decided they want two more children.













Positive Story: Feeding at Two Years, Danger Signs, Birth Spacing: Guiding Questions

I. What behaviours/practices did they see in the story (positive or negative)?

Possible answers

- Leila is washing her hands.
- Leila eats nutritious snacks between meals, and her mother giving her good choices for snacks.
- Mother is preparing nutritious meals and putting nutritious ingredients into the sauce.
- Bed net.
- Leila's parents recognise the danger sign and take Leila to the clinic right away.
- Growth monitoring.
- Vitamin A.
- Leila still eats as much when she is ill.
- Family planning.
- 2. Do similar things happen in your community?
- 3. Do any of these happen in your own experience/family/home? What might you do differently?



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