

# WHEEL OF GOOD PRACTICES FOR THE FIRST 1000 DAYS OF A CHILD'S LIFE: FROM PREGNANCY TO 2 YEARS



## Counseling Cards

# The 5 Steps of Counseling

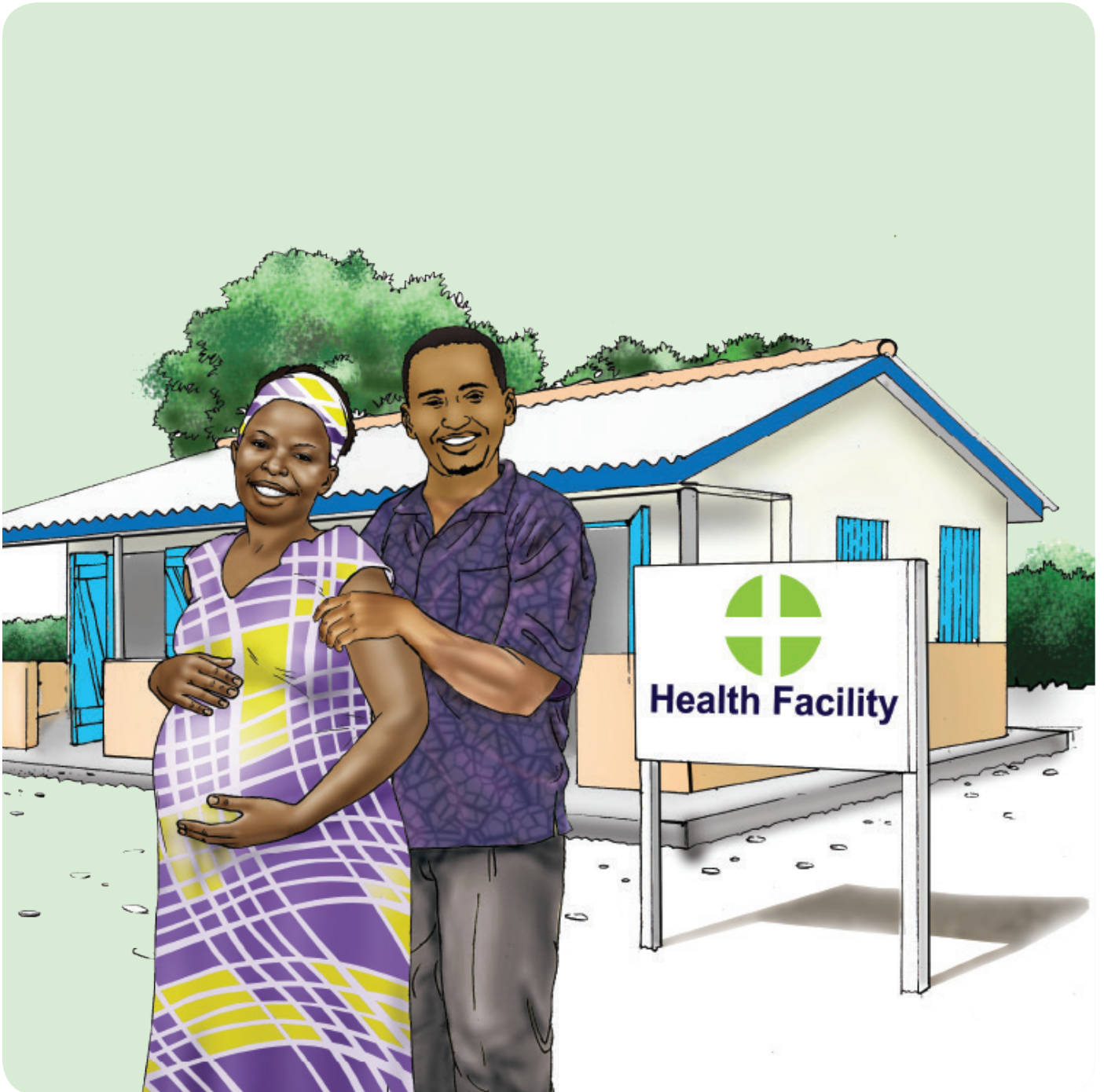
<b>1</b> Greet and say something positive	<ul style="list-style-type: none"><li>• Greet the household members.</li><li>• Introduce yourself, if you have not done so before.</li><li>• Explain the reason for your visit.</li></ul>
<b>2</b> Ask questions	<ul style="list-style-type: none"><li>• Ask questions to understand the situation of the family.</li><li>• Observe the home context as it will affect the adoption of the recommended practices.</li><li>• If the family made a commitment in the previous visit, ask how it went.</li></ul>
<b>3</b> Counsel	<ul style="list-style-type: none"><li>• Based on the conversation, congratulate them on improved practices.</li><li>• If the family had difficulty with a previous commitment, examine the barriers and look for solutions.</li><li>• Given each specific situation, suggest practices that the family can improve on.</li><li>• Ask if the family has any questions.</li></ul>
<b>4</b> Make a commitment	<ul style="list-style-type: none"><li>• Ask the family for suggestions about how they can adopt the practices that were discussed.</li><li>• If the suggestions benefit their health, ask them to make a commitment.</li><li>• Ask them to explain in detail how they will carry out the commitment.</li><li>• Help or coach them as necessary.</li><li>• Say out loud the practice that the family will carry out.</li></ul>
<b>5</b> Offer support to accomplish the commitment	<ul style="list-style-type: none"><li>• After the mother agrees to try to perform one or more new practices, mark the Wheel on the commitment(✓) to remember them on the next visit.</li><li>• Point to the specific practice on the Wheel of Practices that the family committed to try to do or improve.</li><li>• Thank them for their willingness to improve their family health.</li><li>• Schedule the next visit.</li></ul>



# During pregnancy



*I have at least  
8 antenatal contacts*

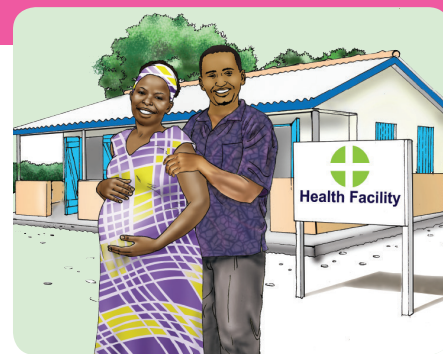


*For more information, counselling and referral*

**Call the toll free line**

**0800 200 600**

This practice is for families with a pregnant woman.



**1**

**Greet**

**2**

**Ask** to understand the situation of the family in relation to the practice:

- Do you know if you are pregnant?
- Do you know how many weeks or months of pregnancy you have?
- How many times have you gone to the health service for antenatal care (ANC)?
- What services did you get?
- When is your next appointment?
- Were you happy with the service?
- When do you have to go back?

**3**

**Advise** the best practices. The pregnant woman should:

- Ensure you have at least 8 antenatal (ANC) contacts at the health service, the last one just before the expected date of delivery.
- Together with her partners get tested for HIV.
- If HIV positive start treatment immediately.
- Get vaccinated against tetanus.
- Be given iron and folic acid to prevent anaemia and birth defects.
- Take malaria prevention medicine and sleep under a treated mosquito net every night.
- Take vitamins and eat a variety of locally available foods.
- Talk about the ANC with her partner and ask him to accompany her.

- ↑ During the ANC contacts, the health staff examines the pregnant woman to know that the pregnancy goes well.
- ↑ If health personnel identify that something is not right, it is time to take action.
- ↑ They also offer HIV test, vaccines against tetanus and vitamins.

**4**

**Make a commitment**

What changes can the pregnant woman or another person make? Give suggestions, if the person needs them. After the pregnant woman is committed to one or two new practices, ask her to state what the practices are and how she will do them. Mark in the Wheel the commitments to remember them in the next visit.

**5**

**Follow up the commitment**

Use the chart below to discuss possible obstacles or barriers faced by the mother or the family to perform the recommended practice and find solutions.

Barrier	Suggest
Some pregnant women think it is more important to attend only one ANC check in the 8 <sup>th</sup> or 9 <sup>th</sup> month, to know the position of the baby.	<ul style="list-style-type: none"> <li>• If pregnant women attend at least 4 ANC check-ups, health personnel can support them more (SEE ADVISE).</li> <li>• In each ANC visit different things are checked.</li> </ul>
Some families live far from a health center or hospital.	<ul style="list-style-type: none"> <li>• Search for services in community outreaches where it can be more convenient for you.</li> <li>• Save money for transport.</li> </ul>
Some pregnant women are too busy to seek health services, especially during certain times of the year.	<ul style="list-style-type: none"> <li>• The family can help more with the woman's tasks so she will have time to take care of herself and her baby.</li> </ul>



*My family does the heavy work  
and they let me rest every day*



*For more information, counselling and referral*

**Call the toll free line**

**0800 200 600**

This practice is for families with a pregnant woman.



## 1 Greet

**Ask** to understand the situation of the family in relation to the practice:

- ## 2
- Do you know if you are pregnant?
  - Are you still doing your heavy chores/ house work?
  - Do you take off time to rest in between work?
  - Who in the family could help you with heavy tasks?

**Advise** on best practices. The pregnant woman:

- ## 3
- Talk with your family about your need to avoid doing heavy work.
  - Ask your family for help with the heavy work.
  - Avoid heavy work such as working in the field, carrying water, chopping wood, or carrying heavy things.
  - Set aside time each day to rest with your feet up.

↑ Heavy work can affect the health of mother and child.

↑ The pregnant woman needs to have energy for the moment of delivery and for breastfeeding.

## 4 Make a commitment

What changes can the mother or another person make? Give suggestions, if the person needs them.

After the mother is committed to one or more new practices, ask her to say what they are and how she will do them. Mark in the Wheel the commitments to remember them in the next visit.

## 5 Follow up the commitment

◆ Use the chart below to discuss possible obstacles or barriers that the mother or family faces to perform the recommended practice and find.

Barrier	Suggest
The woman is the only person responsible for certain tasks in the home. Even when pregnant, it is up to her to continue doing them.	<ul style="list-style-type: none"> <li>• Carrying heavy things endangers the pregnant woman and her baby. Someone in the family must help her (SEE ADVISE).</li> </ul>
Husbands do not help in doing “women’s work.”	<ul style="list-style-type: none"> <li>• Involve the husband during the ANC and the home visit of the community health worker</li> <li>• Have your husband participate in educational sessions in the community.</li> </ul>
Women do not dare to negotiate these roles with their husbands.	<ul style="list-style-type: none"> <li>• That women participate in organized groups in their community to learn to assert their opinion.</li> </ul>



*We recognize the signs of danger during pregnancy and delivery, and go to the health facility immediately*



*For more information, counselling and referral*

**Call the toll free line**

**0800 200 600**

*This practice is for families where there is a pregnant woman; if possible, talk with the mother and other adults in the family.*



**1**

**Greet**

**2**

**Ask** to understand the situation of the family in relation to the practice:

- Do you know what a danger sign during pregnancy is?
- What are danger signs do you know during pregnancy, labour and other delivery?
- Do you know what to do if you have one of these signs?

The family can use a birth plan / family emergency plan, if one is available, to say the signs. If you do not have the card, you must discuss and deliver one during the visit.

**3**

**Advise** on best practices. The couple:

- Advise on best practices. The couple:.
- Can mention at least 3 of the danger signs during pregnancy, childbirth and after delivery. Signs of danger include: vaginal bleeding during pregnancy or heavy bleeding after delivery; headache; blurry vision; fever; severe pain in the pit of the stomach; difficulty in breathing.
- Has a family emergency plan to know where to go, how to go.
- Is willing to take the mother to a health facility when she recognizes a danger signal.

- ↑ Some emergencies or complications during pregnancy, delivery or after delivery cannot be avoided or anticipated.
- ↑ Knowing danger signs helps make decisions soon about what to do.
- ↑ Recognize a danger sign in good time and go to the health facility early on can save the life of the woman or the newborn.
- ↑ Save some money for emergencies.

**4**

**Make a commitment**

What changes can the mother or another person make? Give suggestions, if the person needs them.

After the mother is committed to one or more new practices, ask her to say what and how she will do them. Mark in the Wheel the commitments to remember them in the next visit.

**5**

**Follow up the commitment**

◆ Use the chart below to advise on possible obstacles or barriers faced by the mother or the family to perform the recommended practice and find solutions.

Barrier	Suggest
Danger signs recognized locally may be different from those promoted in health programs. Families do not know the danger signs.	<ul style="list-style-type: none"> <li>• It is good to recognize traditional / cultural danger signs and also those indicated by health personnel.</li> <li>• In case of a danger sign, the mother must go to the nearest health facility immediately.</li> </ul>
Make decisions and act quickly.	<ul style="list-style-type: none"> <li>• Learn to recognize danger signs and discuss where to go and how to get there in case of emergency, before the problem occurs.</li> </ul>
Some families do not know how to get transportation when they have an emergency.	<ul style="list-style-type: none"> <li>• Learn to recognize the danger signs and have transportation planned and the cost of round trip, before the problem occurs. Save some money for emergencies.</li> <li>• Implement the community emergency plan.</li> <li>• Have emergency numbers to call. e.g Boda, health worker.</li> </ul>

*I eat well and get the proper  
vitamins and minerals*



*For more information, counselling and referral*

**Call the toll free line**

**0800 200 600**

*This practice is for families with a pregnant woman.*



## 1 Greet

**Ask** to understand the situation of the family in relation to the practice:

## 2

- Do you know if you are pregnant?
- What are you eating? For example, what did you eat yesterday?
- When you are pregnant, do you eat more, less, or the same as when you are not pregnant?
- Are you taking vitamin and minerals tablets? Which ones (can you show me)? How often do you take them?

## 3

**Advise** on the best practices. The pregnant woman:

- Eats varied and nutritious foods every day (egg, chicken, meat, milk, soya, fish, silver fish, ground nuts, beans, fruits, vegetables and herbs).
- Adds another meal time or snack every day such as ground nuts, eggs, porridge, maize, jack-fruit, papaws.
- Takes vitamins (folic acid and iron) every daily.

↑ The pregnant woman needs to eat well so that the baby is born healthy and strong.

↑ The pregnant woman needs to eat better than before so as not to become malnourished during pregnancy and to be strong and energetic at the time of delivery and to breastfeed.

## 4

### Make a commitment

What changes can the pregnant woman make? Give suggestions, if the person needs them.

After the pregnant woman agrees to do one or more new practices, ask her to say what they are and how she is going to do them. Mark in the Wheel the commitments to remember them in the next visit.

## 5

### Follow up the commitment

- ◆ Use the chart below to discuss possible obstacles or barriers that the pregnant woman or family face to carry out the recommended practice and solutions.

Barrier	Suggest
Many pregnant women have indigestion and little appetite.	<ul style="list-style-type: none"> <li>• Eat more times a day in small amounts.</li> </ul>
There is a lack of food in the home.	<ul style="list-style-type: none"> <li>• Grow vegetables in the yard. Have laying hens.</li> <li>• Take advantage of and eat the foods locally available.</li> </ul>
Meat, chicken and fish (animal protein) are expensive.	<ul style="list-style-type: none"> <li>• Discuss cheaper but equally nutritious options of food such as mukene.</li> </ul>
They do not want to gain weight for fear of having a big baby and a difficult delivery.	<ul style="list-style-type: none"> <li>• If the woman attends her ANC, the health worker will take her weight and give advice on the food so that she does not get overweight.</li> </ul>

*I take my malaria prevention medication from week 13 until I deliver my baby*



*For more information, counselling and referral*

**Call the toll free line**

**0800 200 600**



This practice is for families with a pregnant woman.



## 1 Greet

## 2

**Ask** to understand the situation of the family in relation to the practice:

- Is there a pregnant woman in this household?
- Does she take malaria medicine for prevention?
- Does she sleep under a treated mosquito net?

## 3

**Advise** on the best practices. The pregnant woman:

- Goes for an antenatal care (ANC) visit as soon as she suspects she is pregnant.
- The medicine are effective if one takes 3 or more doses

↑ You need to demand for the medicine when you are at the health facility.

## 4

### Make a commitment

What changes can the pregnant woman make? Give suggestions, if the person needs them.

After the pregnant woman agrees to do one or more new practices, ask her to say what they are and how she is going to do them. Mark in the Wheel the commitments to remember them in the next visit.

## 5

### Follow up the commitment

Use the chart below to discuss possible obstacles or barriers that the pregnant woman or family face to carry out the recommended practice and solutions.

Barrier	Suggest
Women feel they are not sick.	<ul style="list-style-type: none"><li>• Prevention is for people who are not yet sick.</li></ul>
They are already sleeping under the mosquito nets.	<ul style="list-style-type: none"><li>• In life there are no single magic solution, there is need to use multiple methods</li></ul>
Fear of side effects.	<ul style="list-style-type: none"><li>• Every drugs has its side effects. However, the benefits of taking malaria prevention medicine during pregnancy outweigh the side effects.</li></ul>

*We prepare to go to health facility  
for delivery and all emergencies*



*For more information, counselling and referral*

**Call the toll free line**

**0800 200 600**

*This practice is for families with a pregnant woman; If possible, talk with the mother and father.*



## 1 Greet

**Ask** to understand the situation of the family in relation to the practice:

## 2

- Have you planned to deliver in a health facility?
- Have you discussed an emergency family plan to know where you will go in case of an emergency, how will you arrive, who will take care of the other children and the house?
- Have you written your decisions on a birth and family emergency plan?

## 3

**Advise** the best practices. The family:

- Discusses and complete the birth and emergency plan.
  - Understands that delivery should occur in a health facility.
- ↑ You can not avoid many of the emergencies that may arise during pregnancy and childbirth. It is important to have a plan to avoid delays in case of danger signs. This can save the life of the woman or the baby.
- ↑ The plan serves as a reminder of the various decisions the family made and helps take action quickly in case of an emergency.

## 4

### Make a commitment

- What changes does the mother or other person think she can make? Give suggestions, if the person needs them.
- After the mother is committed to one or more new practices, ask her to say what they are and how she will do them. Mark in the Wheel the commitments to remember them in the next visit.

## 5

### Follow up the commitment

- ◆ Use the chart below to advise on possible obstacles or barriers that the mother or family face in carrying out the recommended practice and finding solutions.

Barrier	Suggest
Making plans for actions in the future is strange for some families, it is not the custom.	<ul style="list-style-type: none"> <li>• Just as you save money for important events in the future or save seeds to plant next year, in the same way you can plan for pregnancies and the health of children and family.</li> </ul>
Some husbands are not interested in talking about childbirth because they consider it a women's issue.	<ul style="list-style-type: none"> <li>• Involve the husband in groups of respected men in the community to change perceptions and behaviors.</li> </ul>

# During the first 2 years of the child





*I breastfeed within 1 hour of  
delivery and give only breast milk  
for six months*



*For more information, counselling and referral*

**Call the toll free line**

**0800 200 600**



*This practice is for families with a baby under 6 months.*



**1**

**Greet**

**2**

**Ask** to understand the situation of the family in relation to the practice:

- Have you started breast feeding?
- What else does your baby feed on?
- How is your baby breastfeeding and growing?
- How is breastfeeding for you? Do you have any challenges in breastfeeding?

**3**

**Advise** on best practices. The nursing woman:

- Breastfeed the baby within the first hour after birth because breast milk has all nutrients and helps to fight disease.
- Give only breast milk until 6 months.
- Try to empty both breasts each time you breastfeed your baby.

- ↑ Breast milk has all the liquid and food that the baby needs from birth to 6 months of age.
- ↑ Giving only breast until 6 months protects the baby against various diseases such as flu and diarrhea. The mother passes protection to the baby through her milk.
- ↑ Giving only breast helps save money.
- ↑ Breast milk is always ready to use, clean, and at the right temperature.
- ↑ Giving other foods to the baby before 6 months makes him sick.

**4**

**Make a commitment**

What changes can the mother and her partner make to breastfeed at birth and only breast in the first 6 months? Give suggestions on what can be done. After the mother is committed to one or more new practices, ask her to say what they are and how she will do them. Mark in the Wheel the commitments to remember them in the next visit.

**5**

**Follow up the commitment**

◆ Use the chart below to discuss possible obstacles or barriers that the mother or family faces in carrying out the recommended practice and find solutions.

Barrier	Suggest
They believe that the baby needs water in addition to breast milk to quench thirst. The tradition is to give water and other liquids, as well as breast milk.	<ul style="list-style-type: none"> <li>• Breast milk has all the water a baby needs up to 6 months.</li> <li>• Other liquids can cause illness, not breast milk.</li> <li>• Colostrum or first milk is very good for the baby.</li> </ul>
Some mothers believe that their babies are left hungry when they take only breast milk.	<ul style="list-style-type: none"> <li>• Any mother who breast feeds in the recommended way will produce enough milk for the baby, because the more the baby pulls or sucks, the more milk the mother produces.</li> <li>• Empty both breasts each time you breastfeed.</li> <li>• Have a good position for the baby to suck well and empty breasts.</li> </ul>
The persistent crying of the baby is interpreted as pain and recourse is made to watering holes and other home remedies.	<ul style="list-style-type: none"> <li>• There are several possible causes of crying in babies. When the baby is hungry, the solution is to breastfeed, not other liquids.</li> <li>• If it is air, place the baby face down and pat him on the back.</li> <li>• If the baby is wet or cold, change him/her and wrap him/her well.</li> </ul>

*We bring our newborn to the health facility within 3 days of birth*



*For more information, counselling and referral*

**Call the toll free line**

**0800 200 600**

*This practice is for families with a mother and newborn; If possible, talk with the mother and father.*



## 1 Greet

**Ask** to understand the situation of the family in relation to the practice:

- ## 2
- At home, how are you caring for yourself?
  - At home, how are you caring for the baby?
  - Have you returned to the health facility?
  - What challenges to find in returning?

**Advise** the best practices. The family:

- ## 3
- Helps the mother and baby to keep clean.
  - Helps the mother to eat more and healthy and supports her to breastfeed the baby.
  - Helps the mother and newborn to return the health facility.

↑ Many complications can occur in the first 24 hours after birth. If the delivery was at home, it is especially important that the mother and baby go to the health facility and receive postnatal examination.

## 4 Make a commitment

What changes can the mother or another person make? Give suggestions, if the person needs them. After the mother agrees to try one or more new practices, ask her to say what they are and how she is going to do them. Mark in the Wheel the commitments to remember them in the next visit.

## 5 Follow up the commitment

◆ Use the chart below to advise on possible obstacles or barriers faced by the mother or the family to perform the recommended practice and find solutions.

Barrier	Suggest
Misconceptions regarding the importance of postnatal care.	<ul style="list-style-type: none"> <li>• A postnatal examination is important to see how the mother and baby are doing after birth and how is breastfeeding going.</li> </ul>
Distance to health facility; no money to pay for transportation.	<ul style="list-style-type: none"> <li>• Save money as part of the birth and emergency plan to be able to pay for transportation to return to the facility after birth.</li> </ul>
See no need to return if mother and child are feeling well.	<ul style="list-style-type: none"> <li>• Even when mother and baby seem well health staff is qualified to examine them and answer questions the mother may have.</li> </ul>

*We take proper care of the newborn and recognize danger signs*

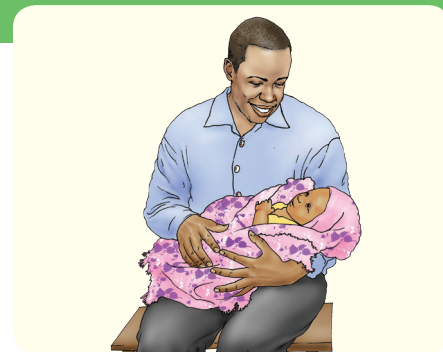


*For more information, counselling and referral*

**Call the toll free line**

**0800 200 600**

*This practice is for families with a child under 2 years of age.*



**1** Greet

**2**

**Ask** to understand the situation of the family in relation to the practice:

- How are you taking care of your newborn?
- What are the common danger signs among newborns and women after delivery?
- What should the mother do when she recognizes danger signs?

**3**

**Advise** the best practices. The family:

- Helps keep the baby clean and warm, with a cap. Does not put anything on the baby cord. Supports breastfeeding immediately after delivery and only breastfeeding for 6 months.
- Recognizes danger signs in the mother and the newborn, such as increased vaginal bleeding, fast or difficult breathing, fever, or severe headaches with blurred vision in the mother; difficult breathing or indrawing, fits, feels cold or has fever, not breastfeeding well, irritated cord with pus or blood yellow eyes, palms and soles of feet in newborns.
- Goes to the health facility as soon as they see any of these danger signs.

↑ Danger signs should prompt the family to seek care at the health facility. Recognizing danger signs and having an emergency plan to seek care immediately are key to saving the mother's and the baby's life.

**4**

**Make a commitment**

What changes can the mother or another person make? Give suggestions, if the person needs them. After the mother agrees to try one or more new practices, ask her to say what they are and how she is going to do them. Mark in the Wheel the commitments to remember them in the next visit.

**5**

**Follow up the commitment**

◆ Use the chart below to advise on possible obstacles or barriers faced by the mother or the family to perform the recommended practice and find solutions.

Barrier	Suggest
Some families live far away from a health facility.	<ul style="list-style-type: none"> <li>• If you don't have the money for transportation ask for help in your village and with leaders; you can pay them later. The lives of mother and baby are precious.</li> </ul>
Many families refer to herbal options to cure these conditions	<ul style="list-style-type: none"> <li>• Generally these conditions require medicines provided at the health facility (such as antibiotics) in addition to herbal options.</li> </ul>



*We take our baby/child to facility or  
community outreach for immunizations  
and growth monitoring*



*For more information, counselling and referral*

**Call the toll free line**

**0800 200 600**

*This practice is for families with a child under 2 years of age.*



## 1 Greet

**Ask** to understand the situation of the family in relation to the practice:

- ## 2
- Have you taken your child to the health facility or community outreach?
  - What service did your baby receive at the health facility or community outreach?
  - How often do you go to the health facility with your child or community outreach?
  - What challenges do you find in going to the health facility or community outreach?

**Advise** the best practices. The family:

- ## 3
- Takes the baby below 2 years to the health facility or community outreach for immunization, vitamins and growth monitoring.
  - At the health facility or community outreach, discuss ways to delay the next pregnancy.

Taking the baby/child to the health facility or community outreach is important for:

- ↑ Vaccination, monitoring of weight and height, and receiving vitamins and minerals.
- ↑ Detecting and treating any childhood illness.
- ↑ Learning what to do if the child is not growing well or if him/her is sick.

## 4 Make a commitment

What changes can the mother or another person make? Give suggestions, if the person needs them. After the mother agrees to try one or more new practices, ask her to say what they are and how she is going to do them. Mark in the Wheel the commitments to remember them in the next visit.

## 5 Follow up the commitment

Use the chart below to advise on possible obstacles or barriers faced by the mother or the family to perform the recommended practice and find solutions.

Barrier	Suggest
Some families live far from a health facility. Getting to the service is even more difficult when it rains.	<ul style="list-style-type: none"> <li>• Look for services in the community outreaches closer to home.</li> </ul>
Many women return to their parents after birth.	<ul style="list-style-type: none"> <li>• Notify the health service that the baby was born to be visited or a family member takes the baby to his first control until the mother can leave.</li> </ul>
Some mothers are very busy, especially during certain times.	<ul style="list-style-type: none"> <li>• Talk with the family about how to solve the problem.</li> </ul>

*I feed my child appropriately for  
his or her age*



*For more information, counselling and referral*

**Call the toll free line**

**0800 200 600**

*This practice is for families with children aged 6-23 months, taking into account that complementary feeding is promoted after 6 months.*



## 1 Greet

**Ask** to understand the situation of the family in relation to the practice:

## 2

- How old is your baby?
- What foods and drinks do you give besides the breast milk?
- How do you prepare the foods and drinks?
- When do you feed? How many times a day do you feed him/her? What amount do you feed him/her?

**Advise** on best practices. The family:

(6-8 months)

- At the end of 6 months, starts giving mashed soft foods, in addition to breast milk.
- Starts with enriched porridge with milk.
- Feeds the child 2 to 3 times a day in addition to breast milk.

(9-11 months)

- In addition to breast milk and the above, gives foods in little pieces.
- Gives several types of foods, including a meal of animal origin, such as: eggs, meat, chicken, liver dried fish, fruits, vegetables every day.
- Feeds the child 3 to 4 times a day.

(12-23 months)

- Continues with breast milk and gives chopped, whole or cut foods before breastfeeding or other liquids.
- Gives several types of food, all those in the house, including a food of animal origin, such as: eggs, meat, chicken, liver, dried fish, fruits, vegetables every day.
- Always washes hands with soap and running water before feeding the baby.
- Feed the child 4 to 5 times a day.

## 3

### 4 Make a commitment

## 4

What changes can the mother or another person make? Give suggestions, if the person needs them. After the mother is committed to one or more new practices, ask her to say what they are and how she will do them. Mark in the Wheel the commitments to remember them in the next visit.

### 5 Follow up the commitment

## 5

Use the chart below to discuss possible obstacles or barriers faced by the mother or the family to perform the recommended practice and find solutions.

Barrier	Suggest
They introduce food between 4 and 10 months, but often in a liquid or very watery form, due to the belief that they are easier to swallow.	<ul style="list-style-type: none"> <li>• Thick foods are best for the baby to grow well and healthy.</li> <li>• Attend groups of mothers to learn how to prepare food for your baby.</li> <li>• Feed your child according to his/her age.</li> </ul>
Some times during the year and due to poverty there are not enough foods or of various types.	<ul style="list-style-type: none"> <li>• Ask how your family spends their money. The participation of the father is very important. Discuss about cheaper but equally healthy foods.</li> <li>• Grow food in your yard, have a laying hen to eat eggs.</li> </ul>
Lack of time and fuel to prepare specific foods for the baby.	<ul style="list-style-type: none"> <li>• Ask for the collaboration of other family members to help the mother cook and get fuel (firewood).</li> <li>• Give more importance to the child's food than to that of other people in the family.</li> </ul>
Fear that thick foods, including animal protein, may bind or bag the baby.	<ul style="list-style-type: none"> <li>• A 6-8 month old baby needs soft thick foods. At this age a baby can already digest these foods without problem.</li> </ul>



*We recognize danger signs in  
young children and go immediately  
to health facility*



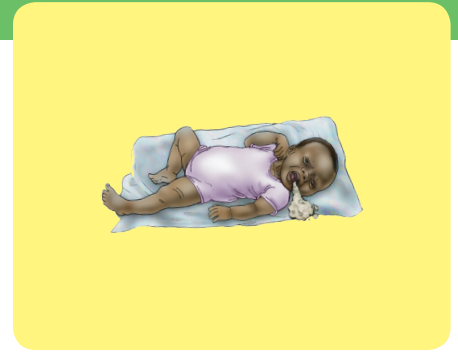
*For more information, counselling and referral*

**Call the toll free line**

**0800 200 600**



*This practice is for families with a pregnant woman or families with newborns under 28 days; If possible, talk with the mother and other adults in the family.*



**1**

**Greet**

**2**

**Ask** to understand the situation of the family in relation to the practice:

- How are you caring for your child?
- Do you know the danger signs in child?
- What should be done if you notice one of these signs in a young children? Who is it told?
- How are you feeling?
- How is your partner and family supporting you in caring for the child?

The family can use a newborn care material and family emergency plan to tell care and danger signs in the newborn. If you do not have the emergency plan card, discuss and give one during the visit.

**3**

**Advise** the best practices. The family:

- Recognized danger signs in a baby/ young child, which include: unable to breastfeed or drink, vomits everything, has convulsions or fits, is lethargic or unconscious, has cough or difficult breathing, has fever and/or diarrhea.
- Has a family emergency plan.
- Is willing to take the baby to a health facility upon recognizing a danger sign.

- ↑ Emergencies or complications in a baby/young child can not be avoided. Therefore, it is very important to be prepared for the possibility of an emergency.
- ↑ Knowing the danger signs helps to assess the situation and make a decision soon on what to do.
- ↑ Recognize a danger sign early and go to the health facility early to save the baby's life.

**4**

**Make a commitment**

What changes can the mother or another person make? Give suggestions, if the person needs them. After the mother is committed to one or more new practices, ask her to say what they are and how she will do them. Mark in the Wheel the commitments to remember them in the next visit.

**5**

**Follow up the commitment**

Use the chart below to advise on possible obstacles or barriers that the mother or family faces to carry out the recommended practice and find solutions.

Barrier	Suggest
Some danger signs recognized locally may be different from those promoted by health programs.	<ul style="list-style-type: none"> <li>• It is good to recognize the traditional signs and also the danger signs indicated by health personnel.</li> <li>• In any case of danger sign it is important to act soon.</li> </ul>
Recognize the magnitude of a danger signal and take immediate action.	<ul style="list-style-type: none"> <li>• Discuss the severity of danger signals.</li> <li>• If the family is concerned, they should consult with health personnel at the local level.</li> </ul>
Some families do not know or have no way to find transportation for an emergency.	<ul style="list-style-type: none"> <li>• Discuss the danger signs and the emergency plan to have transportation planned and the cost of the round trip, before the problem occurs.</li> <li>• Implement the family and community emergency plan.</li> </ul>

*I continue feeding my baby/child  
when he or she is sick*



*For more information, counselling and referral*

**Call the toll free line**

**0800 200 600**

*This practice is for families with a baby under 6 months.*



**1**

**Greet**

**2**

**Ask** to understand the situation of the family in relation to the practice:

- Is your child breastfeeding? Is he/she eating other foods besides breast milk?
- What foods do you usually give your baby/ child?
- What does your baby/ child eat when he/she is sick?
- Do you prepare him/her special food when he/she is sick? What do you prepare him/her?

**3**

**Advise** on best practices. The family:

- Continues to breastfeed the sick baby/child and continues to feed him/her other foods (if child already eats).
- Gives food with love and patience because the child possibly has little appetite.
- If child is 6 months or older, gives soft thick food.
- As the child gets better and has appetite, gives him/her more to eat than before.

Feeding the sick child is important so that:

- ↑ He/she doesn't lose weight and becomes weak.
- ↑ He/she recovers more quickly.
- ↑ He/she grows and develops well.

**4**

**Make a commitment**

What changes can the mother or another person make? Give suggestions, if the person needs them. After the mother is committed to one or more new practices, ask her to say what they are and how she will do them. Mark in the Wheel the commitments to remember them in the next visit.

**5**

**Follow up the commitment**

Barrier	Suggest
Frequently children do not have an appetite when sick. It is not that we don't give them food, but that the child doesn't want to eat.	<ul style="list-style-type: none"> <li>• Feed baby/child with a lot of patience. For children 6 months and older, offer them their favorite foods.</li> <li>• Feed more frequently in smaller amounts.</li> </ul>
Belief that for sick children liquids are better than semi-solid or solid foods.	<ul style="list-style-type: none"> <li>• Offer soft thick foods which are more nutritious than liquids.</li> <li>• A sick child that doesn't eat can lose more weight which will be harder to recover.</li> </ul>
Belief that feeding can make the illness worse.	<ul style="list-style-type: none"> <li>• Feeding during illness prevents the child from becoming malnourished.</li> <li>• Foods prepared hygienically/ clean will not make the child sick or sicker.</li> </ul>

# Every day practices

Every day practices





# *We use family planning to prevent closely-spaced pregnancies*



*For more information, counselling and referral*

**Call the toll free line**

**0800 200 600**



*This practice is for all couples who have a child under 3 years old. If possible, talk not only with the mother but with the couple, in a private environment.*



## 1 Greet

## 2 Ask to understand the situation of the family in relation to the practice:

- Are you pregnant now?
- Do you plan to have another pregnancy?
- What are you doing to make this happen?

## 3 Advise best practices. The couple:

- Understands the importance of waiting at least three years to have another child.
- Can use a method to space pregnancies or no longer have children.
- The health service offers free family planning methods.
- There are appropriate methods to avoid very frequent pregnancies or avoid more pregnancies.
- Can correctly use the family planning method that is best for them.

↑ Waiting for 3 years before the next birth benefits the health of mother and child.

## 4 Make a commitment

- What changes can the mother or another person make? Give suggestions, if the person needs them.
- Improved practices do not have to be ideal, but they should be better for health than current practices.
- Mark in the Wheel the commitments to remember them in the next visit.

## 5 Follow up the commitment

- ◆ Use the box below to discuss possible obstacles or barriers that the mother or family face to perform recommended practice and solutions.

Barrier	Suggest
The tradition is to have many children.	<ul style="list-style-type: none"> <li>• It is not that there are no children, but to have healthier and better nourished children.</li> <li>• If you plan your family, it gives you time to better serve your children, your husband and yourself.</li> <li>• There are economic benefits in addition to the health benefits to the mother and children.</li> </ul>
Some couples have exaggerated perceptions of the dangers of methods such as pills and copper IUDs.	<ul style="list-style-type: none"> <li>• At first most methods give some discomfort, but the body gets used to it. It is sure that there is an appropriate method for you. *</li> </ul>

\* If the counselor is not trained in family planning, you should refer to the nearest service.

*We use a latrine and keep it clean*



*For more information, counselling and referral*

**Call the toll free line**

**0800 200 600**

*This practice is for all family members; if possible, talk with the mother and father.*



## 1 Greet

## 2 **Ask** to understand the situation of the family in relation to the practice:

- Where does the family urinate or defecate?
- Ask to see the facility

## 3 **Advise** the best practices. The family:

- Has or manages the construction of a latrine.
- Always uses the latrine to defecate.
- Throws the faeces of small children in the latrine.
- Keeps the latrine clean and covered.

- ↑ Using the latrine prevents faeces from making the family environment dirty.
- ↑ Using the latrine prevents diseases such as diarrhea.

## 4 **Make a commitment**

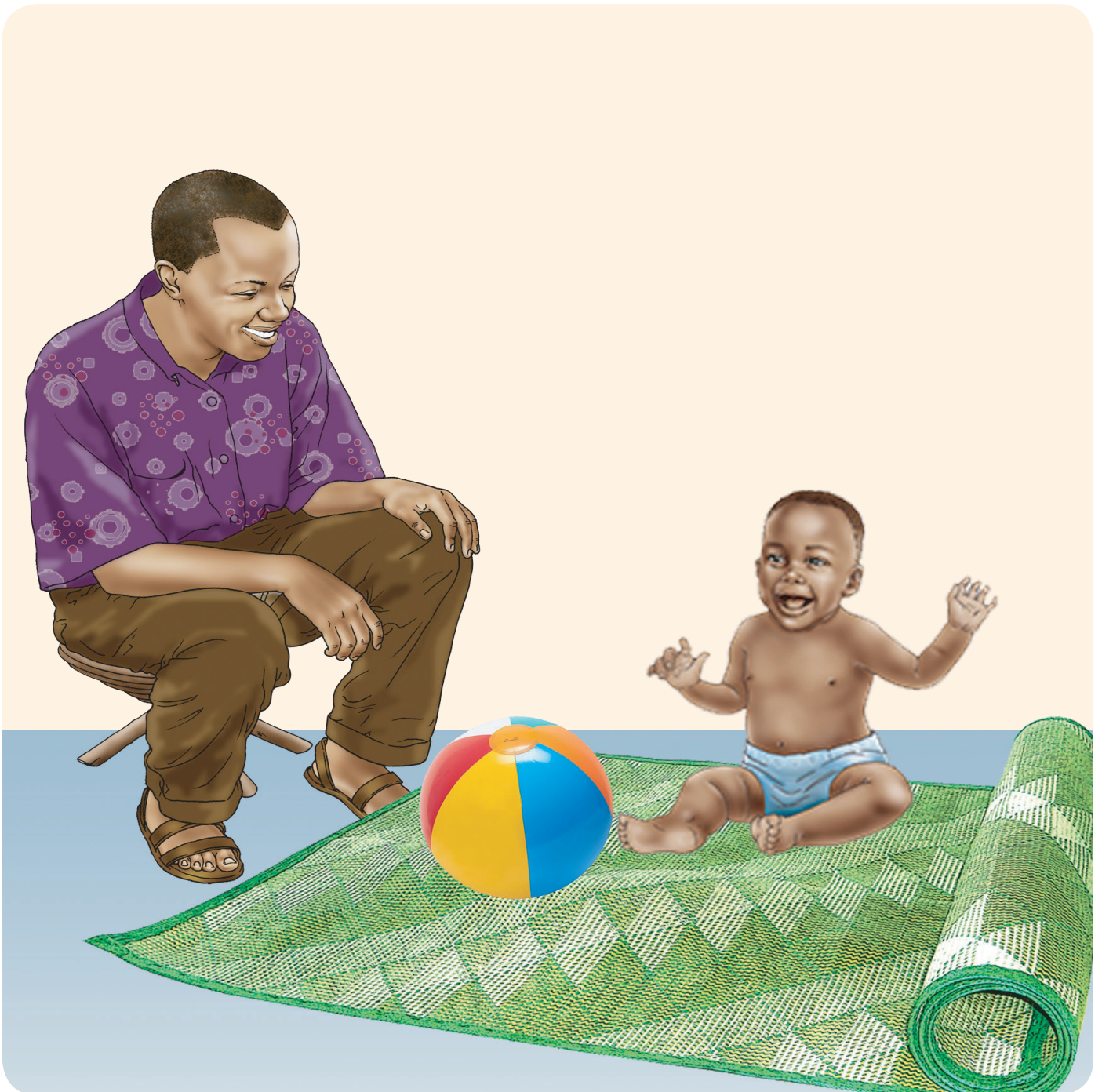
- What changes can the mother or another person make? Give suggestions, if the person needs them.
- After the mother is committed to one or more new practices, ask her to say what they are and how she will do them. Mark in the Wheel the commitments to remember them in the next visit.

## 5 **Follow up the commitment**

Use the chart below to discuss possible obstacles or barriers that the mother or family faces in carrying out the recommended practice and solutions.

Barrier	Suggest
Lack of money to construct the pit latrine	<ul style="list-style-type: none"> <li>• Talk to the village leaders to organize and manage latrines for those who do not have them.</li> </ul>
They do not like to use the latrine (it may be due to the smell, latrine is dirty, heat, lack of light at night, insects or snakes).	<ul style="list-style-type: none"> <li>• Try using it every day until you get used to it.</li> <li>• Keep it clean and covered so it does not have a bad smell; ventilate it or add lime.</li> </ul>
Children 1-5 years defecate anywhere.	<ul style="list-style-type: none"> <li>• Accustom the children to use potty and throw the faeces into the latrine.</li> </ul>

*We ensure the play area  
for children is clean*

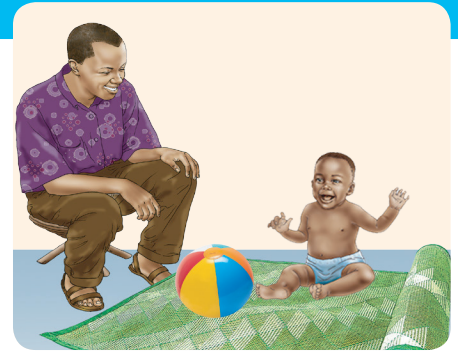


*For more information, counselling and referral*

**Call the toll free line**

**0800 200 600**

*This practice is for all families. If possible, talk with the mother and father.*



## 1 Greet

**2** *Ask* to understand the situation of the family in relation to the practice:

- Do young children spend time directly on the ground?
- What animals do they have?
- Where are the animals kept most of the time?

**3** *Advise* the best practices.

- If your baby is on the floor, always put him/ her on a mat, and not directly on the floor that may be dirty.
- If your child is already crawling or walking, try to have him/her not go near the animals or play with them.
- If possible, keep your animals (chicken, pigs and other animals) in pens or away from home to prevent children from playing with them or being in the dirt.

↑ Faeces or poop of animals pollute the environment and harm the health of children.

↑ By the hands or by eating dirt, the poop of animals enters children and damages their stomachs, causing diarrhea and malnutrition.

↑ Clean environments help the child grow up well and healthy.

**4** *Make a commitment*

- What changes can the mother or another person try to make? Give suggestions, if the person needs them.
- After the mother is committed to one or more new practices, ask her to state what the practices are and how she will do them. Mark in the Wheel the commitments to remember them in the next visit.

## 5 Follow up the commitment

◆ Use the chart below to discuss possible obstacles or barriers that the mother or family face in carrying out the recommended practice and solutions.

Barrier	Suggest
Children like to be where animals go.	<ul style="list-style-type: none"> <li>• It is true, but the poop of the animals is very dangerous for children; then you have to act so that your children and the animals are separated.</li> </ul>
Animals eat more when they are loose.	<ul style="list-style-type: none"> <li>• It is true, but it is very important not to leave the loose animals where children play because children put dirt and poop in their mouths.</li> <li>• The microbes in the poop of the animals cause diarrhea and other diseases in children and in the family.</li> </ul>
It is very expensive or you need many things to build a barrier or pen.	<ul style="list-style-type: none"> <li>• You can use materials available in your home. Discuss and seek support with the village leaders.</li> </ul>



*We always wash our hands with  
clean running water and soap*

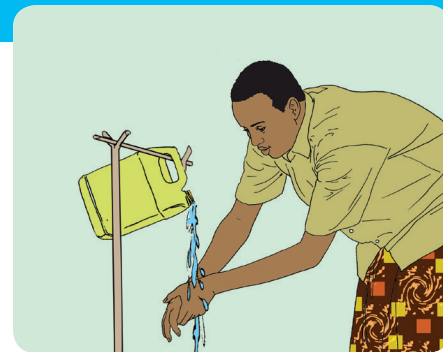


*For more information, counselling and referral*

**Call the toll free line**

**0800 200 600**

*This practice is for all families.*



## 1 Greet

**Ask** to understand the situation of the family in relation to the practice:

- ## 2
- When do you wash your hands (the mother and the other members of your family)?
  - How are they washed? What steps do you follow to wash them?
  - How do you dry your hands? Can you show me (observe if they use a towel or cloth)?
  - Where do you wash your hands? Can you show me? (observe if there is a specific place and if they wash with clean running water and soap)

**Advise** the best practices. All family members:

- ## 3
- Wash hands with running clean water and soap:
    - » Before preparing food or eating.
    - » Before feeding the baby/ child.
    - » After going to the toilet or latrine.
    - » After changing the dirty diaper and after cleaning the baby's bottom.
  - Use clean running water to rinse your hands.
  - Dry hands by shaking them.
- ↑ Washing your hands with soap or ashes removes germs, dirt that causes diarrhea and disease especially in children. Ensure children wash their hands.
- ↑ Hand washing is one of the most important and easiest practices to protect the health of your family.

## 4 Make a commitment

What changes can the mother or another person make? Give suggestions, if the person needs them. After the mother is committed to one or more new practices, ask her to say what they are and how she will do them. Mark in the Wheel the commitments to remember them in the next visit.

## 5 Follow up the commitment

◆ Use the chart below to discuss possible obstacles or barriers that the mother or family face in carrying out the recommended practice and solutions.

Barrier	Suggest
They do not have water to wash their hands as many times as recommended.	<ul style="list-style-type: none"> <li>• Prepare a homemade tap (tippy tap) that allows you to wash your hands using little water - show how to build it. *</li> </ul>
They use soap only when the hands look very dirty.	<ul style="list-style-type: none"> <li>• Dirty hands can cause illnesses even when dirt is not visible.</li> <li>• Wash with soap especially before eating and after going to the toilet or latrine.</li> </ul>
They do not have a convenient hand washing facility.	<ul style="list-style-type: none"> <li>• Always wash at key moments (SEE "ADVISE").</li> <li>• Community Workers support in putting up washing facilities</li> </ul>

\* If the counselor does not know how to build a home made tap, ask at the health service.

*We always drink boiled or  
treated water*

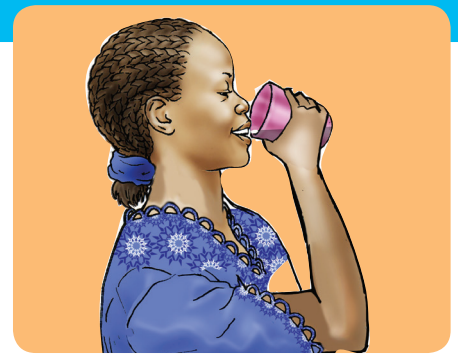


*For more information, counselling and referral*

**Call the toll free line**

**0800 200 600**

*This practice is for all families.*



## 1 Greet

## 2

**Ask** to understand the situation of the family in relation to the practice:

- Where does the water you use to drink come from?
- What do you do to the water before you use it for drinking?
- Where do you store the water to drink? Can you show me? (observe if the container is clean and covered)

## 3

**Advise** on the best practices. The family:

- Always boil or treat drinking water. You can treat your water using AquaSafe, WaterGuard or others.
- Use only boiled or treated water for drinking and cooking.
- Have a separate clean cup for scooping water and another for drinking.

- ↑ Boiling or treating water removes dirt that is not seen, that makes the people sick, especially children.
- ↑ Drinking boiled or treated water prevents children and family from getting sick.
- ↑ Keep the water in a clean and covered container and remove it without touching it, ensure that the water does not get dirty and cause illness.

## 4

### Make a commitment

What changes can the mother or another person make? Give suggestions, if the person needs them.

After the mother is committed to one or more new practices, ask her to say what they are and how she is going to do them. Mark in the Wheel the commitments to remember them in the next visit.

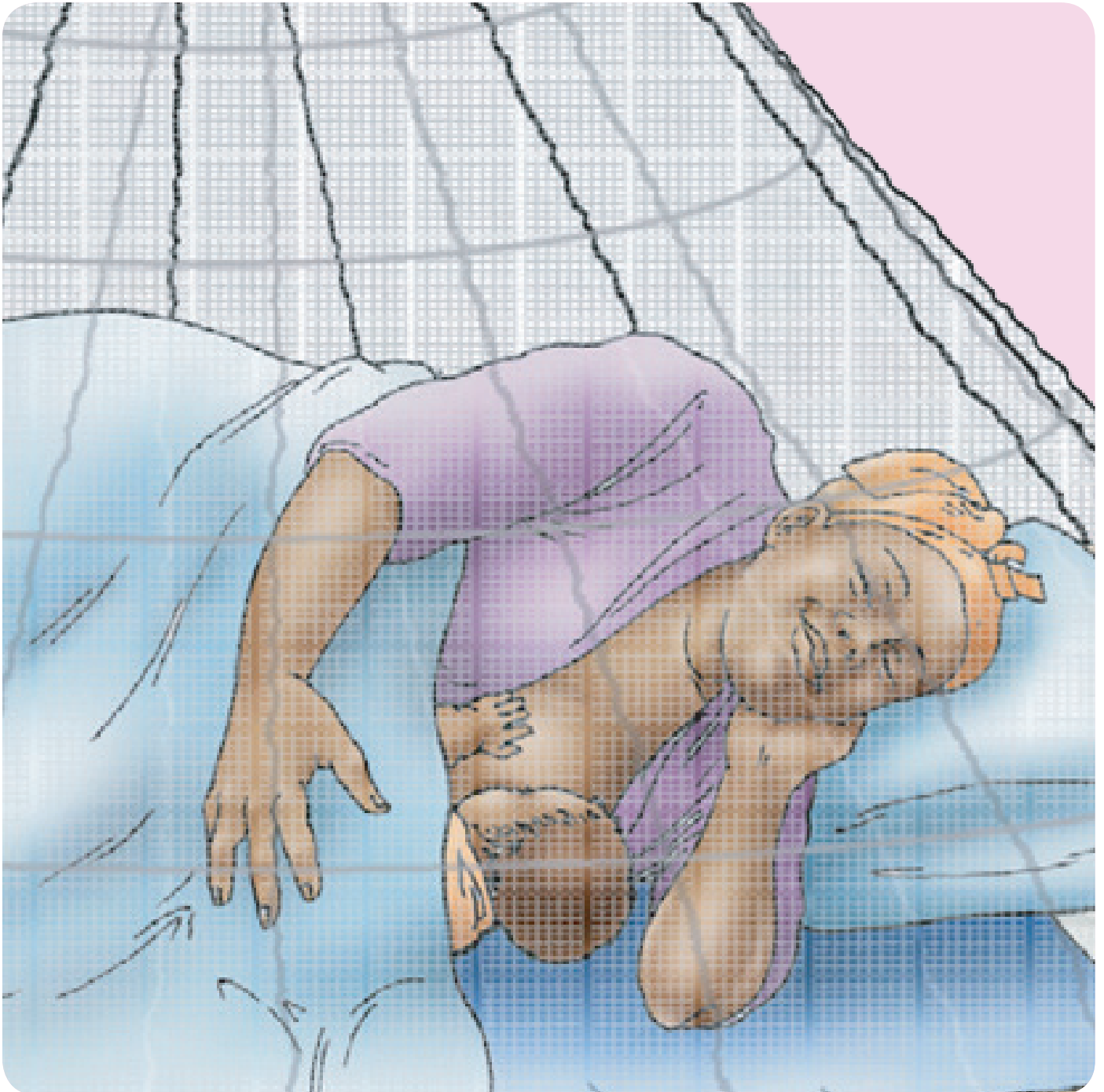
## 5

### Follow up the commitment

- ◆ Use the chart below to discuss possible obstacles or barriers that the mother or family face in carrying out the recommended practice and solutions.

Barrier	Suggest
Some people do not like the taste of treated water.	<ul style="list-style-type: none"> <li>• Follow instruction given on how to treat water.</li> <li>• Allow the water to rest in an open container to aerate it</li> </ul>
They do not have enough time to boil the water.	<ul style="list-style-type: none"> <li>• Ask if other people in the family can help do so.</li> </ul>
It is difficult to get water treatment options or firewood to boil the water.	<ul style="list-style-type: none"> <li>• Take advantage of the fire while cooking or after cooking.</li> <li>• Find out if there is any program that provides water treatment options.</li> </ul>

*We always sleep under a treated net, especially pregnant women and children*



*For more information, counselling and referral*

**Call the toll free line**

**0800 200 600**



This practice is for all families.



## 1 Greet

## 2

**Ask** to understand the situation of the family in relation to the practice:

- Do they have a mosquito bed net?
- Who sleep under the bed net?
- Do they know how to set up the bed net?
- How do they care for the mosquito bed net?

## 3

**Advise** the best practices. The family:

- Pull out the net from the stuff sack and spread it on to the bed or floor. If a family has a net not hanged up, advise the family to hang it.
- Wash net before use and aerate for 36 hours.
- Next, check for where to suspend the your net. You will need to hang your mosquito net from the ceiling or a higher place on the wall over the sleeping area.
- A hanging kit which will include hooks and a cord will often come with the mosquito net.
- Tuck the rest of your net underneath your mattress or sleeping mat to ensure no mosquito will be able to get in.
- After waking up, fold and tie up the net to prevent damage.
- Wash the mosquito net 4 times a year.
- If the mosquito net has a hole, sew or tie the hole

↑ Sleeping under an insecticide treated mosquito net is the most effective way to prevent malaria.

↑ Other ways to prevent malaria are: bush clearing, closing windows early, and removing empty containers.

## 4

### Make a commitment

- What changes can the family make. Give suggestions.

## 5

### Follow up the commitment

Barrier	Suggest
Feel like suffocating when inside the net.	<ul style="list-style-type: none"><li>• Tuck the net in properly such that there is enough breathing and sleeping space.</li></ul>
Lack of proper bedding to properly accommodate a net.	<ul style="list-style-type: none"><li>• Any type of bedding can be used as long as one has the skill to put up the net.</li></ul>
Complication from net use (itchy skin).	<ul style="list-style-type: none"><li>• Wash before using and spread the net under the shade to aerate for at least a day.</li></ul>
The net is hard to hang.	<ul style="list-style-type: none"><li>• A hanging kit which will include hooks and a cord will often come with the mosquito net. If not, the community health worker should be able to help you.</li></ul>

*Women in our family participate in  
a community group*

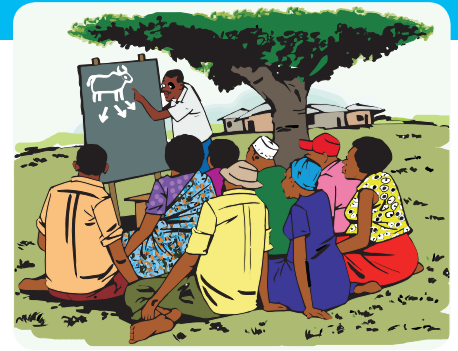


*For more information, counselling and referral*

**Call the toll free line**

**0800 200 600**

*This practice is for all families; If possible, talk with the mother and other adults in the family.*



**1**

**Greet**

**2**

**Ask** to understand the situation of the family in relation to the practice:

- What organized groups are there in your community: SACCOS, clubs, associations, friendly groups or commissions?
- In this family, are women and men members of some of these groups? What groups?
- Do you attend meetings and actively participate?
- Do men in the family encourage women to participate in these groups?

**3**

**Advise** on best practices. The family should be supported so that:

- Women participate in a group: mothers, agriculture, community bank, pregnant women's club, breastfeeding club or health commission.
  - Men also participate and encourage women to participate in organized groups in the community.
- ↑ The participation of women in groups is an opportunity for them to increase their knowledge, self-confidence and skills.
- ↑ Help them work to improve their own health status and that of their family.
- ↑ Help the community be organized in cases of emergencies.

**4**

**Make a commitment**

What changes can the mother or another person make? Give suggestions, if the person needs them.

After the mother is committed to one or more new practices, ask her to tell what the practices are and how she will do it. Mark in the Wheel the commitments to remember them in the next visit.

**5**

**Follow up the commitment**

- ◆ Use the chart below to discuss possible obstacles or barriers that the mother or family face in carrying out the recommended practice and solutions.

Barrier	Suggest
She is always busy with households chores and does not have time to participate.	<ul style="list-style-type: none"> <li>• Ask other family members to help with household chores.</li> </ul>
Partner does not approve of participation in community activities.	<ul style="list-style-type: none"> <li>• Attend groups with older women (mother, mother-in-law) and respected people so that they know the benefits of participating, both for the family and for the community.</li> <li>• Health worker invites men to community talks.</li> </ul>

*Remember  
HIV*



*In all home visits remember to ASK for the family's concerns about HIV. If there are HIV- positive mothers or family members always ask them how they are doing and ADVISE.*



#### **DURING PREGNANCY**

ADVISE the best practices. The pregnant woman should:

- Together with her partner get tested for HIV.
- If she is HIV positive start treatment immediately.

#### **DURING THE FIRST TWO YEARS OF THE CHILD**

ADVISE the best practices. The HIV-positive mother should:

- Receive treatment and take it without missing a day.
- Give her baby treatment as recommended and regularly take the baby to health facility.
- Give only breast milk to her baby from 0 to 6 months.
- Introduce foods in addition to breast milk at 6 months.
- Breastfeed until her baby reaches at least 12 months of age (on year).

#### **EVERY DAY PRACTICES**

ADVISE the best practices for HIV prevention, testing and treatment:

- Be faithful to your partner and ask that your partner be faithful to you to prevent HIV.
- Use a condom ask your partner to use a condom each time you have sex.
- If you practice risky behaviors go test.
- If you test positive ask for and receive treatment immediately.
- If you are on treatment stick to it to keep alive and healthy.

REFER the HIV-positive mother or family member to expert client and support group.