2006

Foundations Health: Facilitator Book Milestones 1-10

Center for International Education School of Education University of Massachusetts, Amherst

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Learning for Life
Foundations Program

Health
Milestones 1-10

English

Facilitator Book 2006
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For further information see: www.umass.edu/cie,
or contact cie@educ.umass.edu

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Foundations Health

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How To Use This Document

This document is for use by the Facilitators, those who will be guiding learners. It contains Milestones and Activities for one subject area.

Curriculum Chart
The Curriculum Chart at the beginning of this book is a compiled list of the subject’s milestones and activities. The chart provides an overview by giving the name of each milestone and the instructional activities contained within. Where available, the materials and time needed for each activity are also included, as well as the final milestone evaluation activities.

Milestones (MS)
Following the Curriculum Chart are the milestones and their individual detailed instructional activities. Each milestone is numbered and stated clearly on the first page, with a brief Description of the Milestone. In some cases, milestones have been divided into sub-milestones, which are also listed at the beginning.

Instructional Activities
The instructional activities for the milestone come next, progressing sequentially. Each activity has a title. The objective, duration and materials needed are also given. In some materials, particularly in Level 1, some activities contain a specification for Repetitions. This is a recommendation for the number of times an activity should be repeated, providing for the need for additional practice.

The actual instructions for the activity follow, with the steps either numbered or written in narrative instructional form. When there is specific helpful information provided for the Facilitator, this is set off as a Note, or Information.

Evaluation Activities
At the end of the instructional activities are a small set of evaluation activities which reflect the content of the milestone. Criteria for ‘passing’ are also included, where possible.

Learner Books (LB)
For some milestones, there are supplemental materials in the form of Learner Books. These are workbooks that provide related practice and information for the learners. These are generally specified in the Materials list for the activities. These can be found in the Learner Book Files.

Learner Books are available for:

Level 1 (L1)
- Language Milestones 1-6
- Religion/Social Studies Milestones 1-5
Level 2 (L2)
- Language Milestones 1-6
- Religion/Social Studies Milestones 1-3, 6
- Math Milestone 4

Health
- Milestones 4-9

The Draft Nature of These Materials

It is very important to note that these materials are DRAFT. There are numerous inconsistencies in the materials in terms of format, style, information provided, etc. It must be kept in mind that these materials have only been tested once, and need further revision.
# Curriculum Chart Foundations Health

## MILESTONE 1: WHAT DOES HEALTHY MEAN?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Materials/Preparation</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Defining Good Health</td>
<td>Flip Chart &amp; markers</td>
<td>1 class</td>
</tr>
<tr>
<td>2. Developing Pictures to Represent Good Health</td>
<td></td>
<td>2 classes</td>
</tr>
<tr>
<td>3. Developing Pictures That Represent Conditions Of Poor Health</td>
<td></td>
<td>2 classes</td>
</tr>
<tr>
<td>4. Checking List Of Conditions Of Health From Posters</td>
<td>Set of Health Flip Cards illustrating health conditions: control of Diarrheal Disease; Personal Hygiene and Malaria.</td>
<td>1 class</td>
</tr>
</tbody>
</table>

### EVALUATION OF Milestone 1, Submilestone 1
Facilitator should ‘test’ the class by asking a class member to name a condition and the rest of the class then draws the picture. Or, a class member holds up a picture, and the class names the condition.

| 5. Interviews To Develop Personal Health History                        | Flip Chart and markers, paper and pencils                                               | 2 classes|
| 6. Creating a Class Health Profile                                     | Flip chart paper, markers, and tape to post the Charts, and a Number chart             | 2 classes|

### EVALUATION OF Milestone 1, Submilestone 2
When the learners have completed, satisfactorily, the personal ‘Life Life’ and the Class Health Profile, they have completed submilestone #2.

### EVALUATION ACTIVITIES

| 1. See above                                                           |                                                                                       |
## MILESTONE 2: OUR HEALTH SYSTEM

<table>
<thead>
<tr>
<th>Activity</th>
<th>Materials/Preparation</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Where Did We Go For Medical Care When We Or Our Family Members Were Sick or Injured in The Past?</td>
<td>Individual and group health histories created in Milestone 1. Flip chart paper, markers.</td>
<td>1</td>
</tr>
<tr>
<td>2  The Government Health System, Community Health Workers and Midwives</td>
<td>Individual and group health histories created in Milestone 1. Flip chart paper, markers. Two stories.</td>
<td>2</td>
</tr>
<tr>
<td>3  Where Are The Government Health Centers And Hospitals In Our District And Province?</td>
<td>Individual and group health histories created in Milestone 1. Flip chart paper, markers.</td>
<td>1</td>
</tr>
</tbody>
</table>

### EVALUATION ACTIVITIES

<table>
<thead>
<tr>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Each Learner copies the map that the class made into her own Learning Resource Book.</td>
</tr>
<tr>
<td>2  The learners are to answer the following questions:</td>
</tr>
<tr>
<td>• How do you vaccinate your baby?</td>
</tr>
<tr>
<td>• In case of being pregnant where do you go or who do you ask for guidance?</td>
</tr>
<tr>
<td>• How can a midwife or CHW help you?</td>
</tr>
<tr>
<td>• How can a nurse help you?</td>
</tr>
</tbody>
</table>
## MILESTONE 3:
### INFECTION PREVENTION - WHAT MAKES US SICK AND HOW TO PREVENT IT

<table>
<thead>
<tr>
<th>Activity</th>
<th>Materials/Preparation</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 How Do We Get Sick?</td>
<td>none</td>
<td>1 class</td>
</tr>
<tr>
<td>2 Germs Cause Disease</td>
<td>some water, a spoon</td>
<td>1 class</td>
</tr>
<tr>
<td>3 How Do Germs Get Into Our Body?</td>
<td>personal health life lines, class health profile</td>
<td>2 classes</td>
</tr>
<tr>
<td>4 Where Are the Germs?</td>
<td>None</td>
<td>1 class</td>
</tr>
<tr>
<td>5 Why Aren’t We Sick All The Time? - Killing Germs</td>
<td>1 potato, 2 plastic bags, knife, soap, water, buckets</td>
<td>2 classes</td>
</tr>
<tr>
<td>6 Why Aren’t We Sick All the Time? Preventing the Germs</td>
<td>potato experiment from the previous class, prepared cards from the list below, blank cards</td>
<td>1 class</td>
</tr>
<tr>
<td>7 The Three Big Preventions</td>
<td>Flipchart paper</td>
<td>1 class</td>
</tr>
<tr>
<td>8 Taking Care of Teeth</td>
<td>Flip chart and markers</td>
<td>1 class</td>
</tr>
<tr>
<td>9 Diseases and Their Germs</td>
<td>Flip chart and markers</td>
<td>1 class</td>
</tr>
<tr>
<td>10 Real Ways to Prevent Diseases</td>
<td>cards made with the situations in the activity</td>
<td>2-3 classes</td>
</tr>
<tr>
<td>11 Reflections About Home and Self</td>
<td>notebooks</td>
<td>1 class</td>
</tr>
<tr>
<td>12 Reflections About the Community</td>
<td>notebooks</td>
<td>1-2 classes</td>
</tr>
<tr>
<td>13 What Does a Sick Person Need In Order To Get Better?</td>
<td>notebooks</td>
<td>2 classes</td>
</tr>
<tr>
<td>14 What If Someone Is Not Getting Better?</td>
<td>flipchart paper and markers, maps from Milestone 2: Our Health System</td>
<td>1 class</td>
</tr>
</tbody>
</table>

### EVALUATION ACTIVITIES

<table>
<thead>
<tr>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Learners should be asked to pretend they are explaining to their neighbor why they should wash their hands with soap after using the toilet.</td>
</tr>
<tr>
<td>2 The Learners should be able to explain 3 things that we can do in our lives to prevent illness.</td>
</tr>
<tr>
<td>3 The Learners should be able to answer the question, “What are some things that every sick person needs?”</td>
</tr>
</tbody>
</table>
### MILESTONE 4: FAMILY FIRST AID

**Introduction to Health Milestones 4, 5 and 6 and the Health Learners Book**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Materials/Preparation</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What Is First Aid? What Problems Can It Address In Our Homes and Community?</td>
<td>flipchart paper, markers, HLB (Health Learner Books)</td>
<td>1 class</td>
</tr>
<tr>
<td>2. What Should We Do When Accidents Happen? → Cuts And Injuries</td>
<td>HLB, the accident chart made in the previous class, flipchart paper and a red marker, cloth to use as bandages</td>
<td>1 class</td>
</tr>
<tr>
<td>3. What Should We Do When Accidents Happen? → Burns</td>
<td>flipchart paper, markers, clean cloth to use as bandages, HLB</td>
<td>1 class</td>
</tr>
<tr>
<td>4. Focusing on Burn Prevention</td>
<td>notebooks</td>
<td>1 class</td>
</tr>
<tr>
<td>5. The Importance in Understanding Skin and Treating Injuries</td>
<td>HLB</td>
<td>2 classes</td>
</tr>
<tr>
<td>6. Blood and Infection</td>
<td>HLB</td>
<td>2 classes</td>
</tr>
<tr>
<td>7. What Should We Do When Accidents Happen? → Bites</td>
<td>flipchart paper, markers, HLB</td>
<td>1 class</td>
</tr>
<tr>
<td>8. What Should We Do When Accidents Happen? → Broken Bones</td>
<td>a long stick broken in half, wrapped in thick cloth to simulate an arm (skin, muscle and bone), HLB</td>
<td>1 class</td>
</tr>
<tr>
<td>9. What To Do When There’s An Accident – Head Injuries</td>
<td>flipchart paper, markers, HLB</td>
<td>1 class</td>
</tr>
<tr>
<td>10. Danger Signs – Making Decisions and Getting Extra Medical Help</td>
<td>stories, HLB</td>
<td>1 class</td>
</tr>
<tr>
<td>11. How To Treat Diarrhea and Vomiting, and Why</td>
<td>HLB, IEC diarrhea flipcards</td>
<td>1 class</td>
</tr>
<tr>
<td>12. Making ORS</td>
<td>materials to make ORS: sugar, salt, water, clean glasses, a small spoon, a jug or bowl, diarrhea disease flipcards, HLB</td>
<td>1-2 classes</td>
</tr>
<tr>
<td>13. Some Ways To Prevent Diarrhea (Sources of Diarrhea Germs)</td>
<td>materials for presentations</td>
<td>1-2 classes</td>
</tr>
</tbody>
</table>

**EVALUATION ACTIVITIES**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Explain what you would do if your child cut her hand.</td>
<td>None</td>
</tr>
<tr>
<td>2. Explain what you would do if your child has diarrhea.</td>
<td>None</td>
</tr>
<tr>
<td>3. Explain what you would do if you burned your hand in the fire.</td>
<td>None</td>
</tr>
</tbody>
</table>
## MILESTONE 5: BIRTH SPACING AND FAMILY PLANNING

<table>
<thead>
<tr>
<th>Activity</th>
<th>Materials/Preparation</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Safe Age To Have A Baby</td>
<td>HLB</td>
<td>1 class</td>
</tr>
<tr>
<td>2. Please Do Not Create Problems For My Sister</td>
<td>Story</td>
<td>1 class</td>
</tr>
<tr>
<td>3. Birth Spacing: A Class Survey</td>
<td>flipchart paper prepared with lines, markers</td>
<td>1-2 classes</td>
</tr>
<tr>
<td>4. The Advantages of Birth Spacing</td>
<td>HLB</td>
<td>1 class</td>
</tr>
<tr>
<td>5. The Need For Birth Spacing, and Its Difficulties</td>
<td>the birth spacing chart made by the Learners in Act. 3</td>
<td>1 class</td>
</tr>
<tr>
<td>6. How To Make Birth Spacing Happen : Family Planning</td>
<td>family planning IEC flipcharts</td>
<td>2-3 classes</td>
</tr>
<tr>
<td>7. Misunderstandings and Questions About Family Planning Methods</td>
<td>HLB</td>
<td>1 class</td>
</tr>
<tr>
<td>8. Why Do We Become ‘Sick’ Each Month?</td>
<td>Uterus chart</td>
<td>1 class</td>
</tr>
<tr>
<td>9. How Can We Look After Our Health While We Are ‘Sick’?</td>
<td>Text, HLB</td>
<td>1 class</td>
</tr>
</tbody>
</table>

### EVALUATION ACTIVITIES

<table>
<thead>
<tr>
<th>Evaluation Activities</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name at least 3 kinds of family planning methods, and where they can be found in your area.</td>
<td>None</td>
</tr>
<tr>
<td>2. What are at least 2 things that should be thought about and planned for in a birth plan?</td>
<td>None</td>
</tr>
</tbody>
</table>
## MILESTONE 6: MANAGING PREGNANCY

<table>
<thead>
<tr>
<th>Activity</th>
<th>Materials/Preparation</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What Happens During Pregnancy?</td>
<td>HLB, prepared cards with sentences written on them as given</td>
<td>1</td>
</tr>
<tr>
<td>2. What Are The Qualities Of A Normal And Healthy Pregnancy? What Are Some Common And Normal Problems During Pregnancy?</td>
<td>HLB, prepared cards with phrases as given</td>
<td>1</td>
</tr>
<tr>
<td>3. What Is Needed To Have A Healthy Pregnancy, and What Causes Unhealthy Pregnancy?</td>
<td>HLB, separate cards prepared with the phrases given</td>
<td>1</td>
</tr>
<tr>
<td>4. What Pregnant Women Should Eat</td>
<td>HLB, some samples of different kinds of foods: bread, various types of vegetables, candy, etc</td>
<td>1</td>
</tr>
<tr>
<td>5. High-Risk Pregnancies</td>
<td>HLB</td>
<td>1</td>
</tr>
<tr>
<td>6. The Stages Of Labor – Pre-Labor and Stages 1-3</td>
<td>8 prepared cards written on them as given</td>
<td>1</td>
</tr>
<tr>
<td>7. The Do’s and Don’ts Of Delivery, and Danger Signs</td>
<td>HLB, prepared question cards as given</td>
<td>1</td>
</tr>
<tr>
<td>8. The Three Delays : Understanding the 3 Main Delays In Providing Medical Assistance To Pregnant Women</td>
<td>HLB</td>
<td>1</td>
</tr>
<tr>
<td>9. Planning for Delivery – Making a Birth Plan</td>
<td>HLB</td>
<td>1</td>
</tr>
<tr>
<td>10. Risks in the Community for Safe Delivery</td>
<td>Flipchart and markers, HLB</td>
<td>1</td>
</tr>
<tr>
<td>11. Resources In The Community To Have a Safe Pregnancy</td>
<td>Flipchart and markers, HLB</td>
<td>1</td>
</tr>
<tr>
<td>12. Making Your Own Birth Plan</td>
<td>HLB</td>
<td>1</td>
</tr>
<tr>
<td>13. Communicating With Your Family and The Health Center About Safe Pregnancy and Delivery</td>
<td>Flipchart and markers</td>
<td>1</td>
</tr>
<tr>
<td>14. What To Do For A New Mother</td>
<td>HLB</td>
<td>1-2</td>
</tr>
<tr>
<td>15. What To Do For The New Baby</td>
<td>an old razor blade, a kitchen knife, a new razor blade, a coin or other sharp objects</td>
<td>2</td>
</tr>
<tr>
<td>16. Common Concerns and Cautions With Newborns</td>
<td>HLB</td>
<td>1</td>
</tr>
<tr>
<td>17. Danger Signs/Serious Problems With Newborns</td>
<td>prepared cards as given</td>
<td>1</td>
</tr>
<tr>
<td>18. Child Development and What Babies Need</td>
<td>HLB</td>
<td>2</td>
</tr>
<tr>
<td>20. More on Child Development, Continued</td>
<td>HLB</td>
<td>1</td>
</tr>
<tr>
<td>22. Myths and Facts About Breastfeeding</td>
<td>prepared cards as given</td>
<td>1</td>
</tr>
<tr>
<td>23. Child Nutrition – What Children Need to Eat</td>
<td>cards with different foods written on them, such as corn, bread, milk, carrots, apples, etc (1 for each learner)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>The Importance of Iodized Salt for Children</strong></td>
<td>HLB, a packet of iodized salt</td>
</tr>
<tr>
<td>---</td>
<td>------------------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td></td>
<td><strong>EVALUATION ACTIVITIES</strong></td>
<td><strong>Materials</strong></td>
</tr>
<tr>
<td>1</td>
<td>Tell at least three things that a woman needs so that her pregnancy is healthy</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>Why is iodized salt important for children?</td>
<td>None</td>
</tr>
<tr>
<td>3</td>
<td>Tell at least 2 danger signs during delivery. What should you do if a danger sign is present during delivery?</td>
<td>None</td>
</tr>
<tr>
<td>4</td>
<td>Should we give the baby our first breastmilk, or throw out the first breastmilk? Why?</td>
<td>None</td>
</tr>
</tbody>
</table>
## MILESTONE 7: IMMUNIZATION

<table>
<thead>
<tr>
<th>Activity</th>
<th>Materials/Preparation</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>What Do You Know About Immunization?</td>
<td>flipchart paper, markers, prepared cards, EPI flipcards</td>
<td>1 class</td>
</tr>
<tr>
<td>What IS Immunization and How Does It Work?</td>
<td>prepared poster, EPI flipcards, HLB</td>
<td>1-2 classes</td>
</tr>
<tr>
<td>The Immunization Card and Community Resources</td>
<td>HLB, a CHW</td>
<td>1 class</td>
</tr>
<tr>
<td>What Are Some Misunderstandings About Vaccines?</td>
<td>HLB</td>
<td>1 class</td>
</tr>
<tr>
<td>Results of the Survey</td>
<td>the previous night’s ‘homework’</td>
<td>1 class</td>
</tr>
<tr>
<td>Whose Responsibility Is It?</td>
<td>notebooks, flipchart</td>
<td>2 classes</td>
</tr>
</tbody>
</table>

### EVALUATION ACTIVITIES

<table>
<thead>
<tr>
<th>Activity</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your neighbor is pregnant, but has not had any tetanus shots. What information will you give her? How will you explain to her the importance of tetanus shots for pregnant women?</td>
<td>None</td>
</tr>
<tr>
<td>Your brother-in-law says that vaccines are useless, they’re not like a injections or medicine that makes you well; they just make the kids cry. He doesn’t think they’re needed. What would you tell him?</td>
<td>None</td>
</tr>
<tr>
<td>Activity</td>
<td>Materials/Preparation</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1 Why Do We Breathe?</td>
<td>a clock, flipchart prepared with given questions</td>
</tr>
<tr>
<td>2 What Causes Lung Problems?</td>
<td>HLB</td>
</tr>
<tr>
<td>3 What Are Some Types of Lung Infections?</td>
<td>CHW manual for Facilitator for reference about diseases, HLB, prepared flipchart of questions</td>
</tr>
<tr>
<td>4 Children’s Acute Respiratory Infection</td>
<td>HLB</td>
</tr>
<tr>
<td>5 Malaria – What Is It?</td>
<td>flipchart paper and markers</td>
</tr>
<tr>
<td>6 Prevention of Malaria at Home, and Treatment of Malaria</td>
<td>HLB, malaria flipcards especially 9 - 11</td>
</tr>
<tr>
<td>7 Preventing Malaria By Reducing Mosquitoes in the Community</td>
<td>chart prepared on flipchart paper</td>
</tr>
</tbody>
</table>

**EVALUATION ACTIVITIES**

<table>
<thead>
<tr>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 How would you know if your child had a serious lung infection or pneumonia?</td>
</tr>
<tr>
<td>2 How is malaria passed from one person to another?</td>
</tr>
<tr>
<td>3 How can malaria be prevented?</td>
</tr>
</tbody>
</table>
## MILESTONE 9 : EATING HEALTHY

<table>
<thead>
<tr>
<th>Activity</th>
<th>Materials/Preparation</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 What Things Affect My Family’s Health?</td>
<td>flipchart paper</td>
<td>1</td>
</tr>
<tr>
<td>2 Food Attitudes at Home</td>
<td>HLB</td>
<td>1</td>
</tr>
<tr>
<td>3 How Does Food Affect Our Health?</td>
<td>flipchart paper</td>
<td>1</td>
</tr>
<tr>
<td>4 Why Do We Eat and Drink?</td>
<td>HLB</td>
<td>1-2</td>
</tr>
<tr>
<td>5 What Do We Eat?</td>
<td>flipchart paper</td>
<td>1-2</td>
</tr>
<tr>
<td>6 What Foods Do We Like? – Favorite Recipes</td>
<td>HLB</td>
<td>1</td>
</tr>
<tr>
<td>7 What SHOULD We Eat, And Why? – Vitamins</td>
<td>HLB, sample fruits and vegetables such as carrot, orange, cheese or milk, pumpkin, etc – whatever is available that contains the vitamins listed below</td>
<td>1</td>
</tr>
<tr>
<td>8 What Should We Eat? - Minerals</td>
<td>flipchart paper</td>
<td>1</td>
</tr>
<tr>
<td>9 Analyzing and Preparing Home Meals</td>
<td>HLB</td>
<td>1-2</td>
</tr>
<tr>
<td>10 What Do We Need to Drink?</td>
<td>a pitcher of drinking water and some glasses, flipchart</td>
<td>1</td>
</tr>
<tr>
<td>11 What Do We Believe About Foods?</td>
<td>Notebooks</td>
<td>1-2</td>
</tr>
<tr>
<td>12 What Happens To The Food And Water We Eat?</td>
<td>HLB, flipchart paper, scissors, markers, some bread or biscuits that can be distributed to all the Learners</td>
<td>1</td>
</tr>
<tr>
<td>13 A Healthy Digestive System</td>
<td>HLB, flipchart</td>
<td>1</td>
</tr>
<tr>
<td>14 Worms</td>
<td>Flipchart</td>
<td>1</td>
</tr>
<tr>
<td>15 A Food Calendar</td>
<td>Flipchart</td>
<td>1</td>
</tr>
<tr>
<td>16 Food Resources – What Is Available For Us To Eat?</td>
<td>Flipchart</td>
<td>1-2</td>
</tr>
<tr>
<td>17 Health and Malnutrition in Our Community</td>
<td>Flipchart</td>
<td>1</td>
</tr>
</tbody>
</table>

## EVALUATION ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>None</td>
</tr>
<tr>
<td>3</td>
<td>None</td>
</tr>
</tbody>
</table>
## MILESTONE 10: COMMUNITY ACTION PLAN

<table>
<thead>
<tr>
<th>Activity</th>
<th>Materials/Preparation</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Development of the Resource Chart Together With Class: What Are the Community Resources To Continue the Learning Circles?</td>
<td>cards of seven different colors, markers, charts, boards</td>
<td>1</td>
</tr>
<tr>
<td>2. Learning Circles- How They Work</td>
<td>charts, markers, previous packages of Foundations material</td>
<td>1</td>
</tr>
<tr>
<td>3. Understanding Strengths and Weaknesses of the Literacy Class</td>
<td>Flipchart</td>
<td>1</td>
</tr>
<tr>
<td>4. How Are We Going To Continue To Read or Write When There Are No More Classes?</td>
<td>Flipchart</td>
<td></td>
</tr>
<tr>
<td>5. What Are Reading Sources In Our Community?</td>
<td>Flipchart</td>
<td>2</td>
</tr>
<tr>
<td>6. Themes To Explore With Your Learning Circles</td>
<td>learning books of Foundations, additional resources from home, community, any available reading materials</td>
<td>open</td>
</tr>
</tbody>
</table>

### EVALUATION ACTIVITIES

<table>
<thead>
<tr>
<th>Activity</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is your definition of learning circles?</td>
<td>None</td>
</tr>
<tr>
<td>2. How did you feel about selecting and choosing own topic for you own self study? How did you feel about the leaning circles?</td>
<td>None</td>
</tr>
<tr>
<td>3. Do you feel you need support when you are doing independent study?</td>
<td>None</td>
</tr>
<tr>
<td>4. What other resources, in your own view do you think you need to help progress your own learning?</td>
<td>None</td>
</tr>
</tbody>
</table>
**MILESTONE 1 : WHAT DOES HEALTHY MEAN?**

**Description of the Milestone:**
This is the introductory milestone in the foundations program. It aims to develop, from the LEARNERS’ own life experiences and understandings, a profile of those characteristics that define healthy and unhealthy life from childhood to maturity.

Since the majority of learners are not literate, the milestone develops their skills in the creation of simple pictures to represent personal health conditions, and then it links these pictures to words. It also introduces basic counting, by conducting a survey of the women in the class, so as to represent the distribution of conditions of health and illness. In this way it integrates literacy, numeracy and health.

This milestone establishes active learning practices by building from womens’ experience and understandings, working in groups to characterize and name health conditions, and to collectively analyze information so as to map the key health issues faced within their everyday lives, their families and their community.

The Milestone is made up of two sub-milestones:
- MS 1.1 Describe and represent with pictures key indicators of good health
- MS 1.2 Develop personal and group health profiles

When a learner has mastered each of the sub-milestones, she has successfully completed the Milestone on What it Means to be Healthy?

The sub-milestones and activities for this unit are estimated to take approximately three weeks of class time.
SubMilestone 1: Describe and represent (with pictures) key indicators of good and poor health, based on learners’ everyday lives.

Milestone 1
Activity 1: Defining Good Health

Materials: Flip Chart & markers
Time: 40 min

Activity:

1. Facilitator asks, What does it mean to be healthy? What is good health? How does it compare to poor health? F. asks participants to think about their own lives, the lives of the members of their families, and to explain what they understand the signs to be of good health.

2. On the blackboard/flip chart, the facilitator writes and draws a ‘picture’ representing:

   GOOD HEALTH

3. F should explain that the picture stands for ‘Good Health’ – that when we see it the idea and words ‘Good Health’ should come into our minds. Have the learners draw the Good Health picture.  F should assist where necessary.

4. Learners are asked to describe, from their own life experiences, characteristics of good health (examples are: fully active, energetic, kindly, happy, caring (for others), good appetite…).

5. F should have the class members NAME the characteristics of good health – and the F will write these words on the flip chart (The class will not be able to read these names, but they should know that each name represents a characteristic). The class should continue until they have identified as many as 10 characteristics of good health.
Milestone 1
Activity 2: Developing Pictures to Represent Good Health

Time: Two 40 min. classes

Activity:

Note: This will be the first time class members develop pictures to represent characteristics. This is an important step, and requires explanation, examples, discussion and practice. Take enough time to assure that all members of the class will do this using both whole class and small group practice.

1. Begin the class by reviewing the characteristics of good health developed in the last class. Use the names written on the flip chart. The class should learn to draw a picture for each of the words.

2. Ask the class to propose a picture for the names/conditions of good health. The facilitator can start by illustrating with a few examples:

“What picture could be used to indicate a good appetite?” Class members suggest something (it should be very easy to draw – for example, a spoon).

3. The facilitator draws the picture next to the name of the condition on the flip chart. If the class is not able to suggest a picture, the facilitator should ask class members to form groups of three, and discuss this until someone comes up with a good answer.

As an example, the flip chart might include the following names and pictures:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Picture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energetic</td>
<td><img src="sun.png" alt="Sun" /></td>
</tr>
<tr>
<td>Joyful</td>
<td><img src="big_smile.png" alt="Big Smile" /></td>
</tr>
<tr>
<td>Helpful</td>
<td><img src="hand.png" alt="Hand" /></td>
</tr>
<tr>
<td>Good Appetite</td>
<td><img src="spoon.png" alt="Spoon" /></td>
</tr>
</tbody>
</table>

4. As each name and picture are put on the flip chart, learners should draw the picture in their notebooks, under the picture heading “Good Health” This may take some time, and learners may help each other, and the Facilitator should also help.
Class 2  (40 min)
1. After the class & Facilitator have drawn the pictures next to the characteristics of good health on the flip chart, each class member is asked to choose a healthy characteristic that she feels is a characteristic that she has, or wants to have. The learners then each draw that picture on a single page, and, if they are able, copy the name of the health characteristic.

2. The learners then can sit in a large circle, and show the picture they have chosen to the rest of the class and those with common pictures/characteristics can say why they chose these.
Milestone 1
Activity 3: Developing Pictures That Represent Conditions Of Poor Health.

Time: Two 40 min classes

Activity:
1. Facilitator asks, What are the conditions and signs of poor health? Facilitator asks participants to think about their own lives, the lives of the members of their families, and to explain what they understand signs of poor health.

2. On the blackboard/flip chart, the facilitator writes and draws a ‘picture’ representing:

   POOR HEALTH

   Facilitator should explain that the picture stands for ‘Poor Health’ – that when we see the picture the idea and words ‘Poor Health’ should come into our minds. Have the learners draw the Poor Health picture.

3. Learners are asked to describe, from their own life experiences, those characteristics that indicate poor health (for example: fever, cough, rash, toothache, diarrhea, injury, anxiety… ).

4. Facilitator should have the class members NAME the characteristics of poor health – and the F will write these words on the flip chart (As in activity 2, the class will not be able to read these names, but they should know that each name represents a characteristic). The class should continue until the main characteristics of poor health are named.

5. As in Activity 2, the class should now be asked to suggest pictures that can go with the NAMES that signify poor health. The pictures must be easy to draw. For example:

   Fever (fire)

   Headache (hammer)

   Broken bone (line with cross)

   Diarrhea (circle – stomach – with lightening)
6. As each name and picture are put on the flip chart, learners should draw the picture in their notebooks, under the picture heading “Good Health.” This may take some time, and learners may help each other, and the F should also help.

Class #2 (40 min)
1. As in Activity 2, After the Facilitator has drawn all the pictures next to the names on the flip chart, each class member chooses a characteristic of poor health that she has experienced.

2. The learners then draw that picture on a page, and, if they are able, copy the name of the characteristic. This may take some time, and learners may help each other, and the Facilitator should also help.

3. The learners then can sit in a large circle, and show the pictures they have chosen to the rest of the class. Those with common pictures/characteristics can say why they chose it.
Milestone 1
Activity 4: Checking List Of Conditions Of Health From Posters.

Objective: This activity will add to the list of health conditions, based on the information from the guidance of the Ministry of Health. It also introduces the learners to the health charts.

Materials: Set of Health Flip Cards illustrating health conditions. Use the Flip Cards on Control of Diarrheal Disease; Personal Hygiene and Malaria.

Time: 40 min

Activity:
1. Divide the class into three or four groups (no group should have more than 5)

2. F gives each group no fewer than five of the flip cards (the F should take the charts apart and choose 5 pictures that indicate a characteristic of good or poor health)

3. The group goes through the pictures, and discusses each picture to determine what characteristic of good health or poor health it represents. The group chooses three pictures to present to the class.

4. Each group will select a presenter, and the presenter tells the class what the pictures represent, and what characteristic of good health or poor health is illustrated.

5. If there are pictures that illustrate a characteristic that the class has not described, that should be added to the class flip chart, and a picture created.

6. Each learner should add any new health characteristics to her list in her notebook, and those that are able should write the name of that condition next to the picture.

EVALUATION FOR Milestone 1, Submilestone 1
Facilitator should ‘test’ the class by asking a class member to name a condition and the rest of the class then draws the picture. Or, a class member holds up a picture, and the class names the condition. This will show whether the learners have achieved the milestone. When the learner can demonstrate these skills, she has passed the Milestone 1.
SubMilestone 2: Develop Personal Health Profiles

Milestone 1
Activity 5: Interviews To Develop Personal Health History

Objective: This activity will have each member of the class to develop and share their personal life health history, and to represent that history as a story with pictures. They will use a “Life Line” to chart their health history from infancy to maturity.

Materials: Flip Chart and markers, paper and pencils

Time: 90 min

Activity:
1. Facilitator organizes the class into groups of three. Within each group, if possible, there should be one person who has a higher level of literacy than the others.

2. Each member of the group will be ‘interviewed’ by another, and the third person will be a secretary and record in pictures the health conditions that are described on the Life Line. Each person should have about 10 minutes to describe her health history.

3. The Facilitator should illustrate the use of the “Life Line” and the health history through pictures by either telling her own story (and this must be prepared before the class), or use a story like this:
As a young child I was very healthy until I caught the measles from my brother. I had a high fever, and almost died. When I was about 8 years old I fell and broke my arm but I went to a doctor who put it in a splint and I recovered. When I was 10 years old there was a cold winter, and I developed a bad cough that lasted until the spring. I was healthy as a young woman. But then the war killed my brother and I was worried and depressed. When I had to travel from my home we didn’t have good water, and I developed stomach pains and diarrhea for almost a month. Today I am well, except for sometimes pain in my back especially in winter.
4. Within each group the interviewer will ask:

   What were your experiences with health/illness when you were very young?
   How often did you experience illness/injury? What kinds?
   As you grew older, what were your experiences with health/illness?
   And when you became a woman did you experience illness/injury? What kinds?

5. The secretary will note down the pictures that go with the story on the Life Line. This will be recorded on a page with the person’s name.

6. If a particular illness has been very frequent, the secretary can note this by indicating two or three pictures at the same place on the Life Line. The person who tells the story will review the pictures recorded for her personal history, and may make some changes.

7. Each person in the group will be interviewed, so that the exercise will take a full 40 min. and it may continue into the next class. Each person in the group will have the role of interviewer, story teller and secretary.

8. If an illness/condition is described that hasn’t been discussed/named earlier comes up, that should be noted by the facilitator, and a name and picture developed for that.

9. At the end of this activity, each woman will have a page with her name and her personal health history in pictures on a life line.
**Milestone 1**

**Activity 6: Creating a Class Health Profile**

**Objective:** The purpose of this activity is to use all of the personal health profiles to create an overall class profile – and see what that shows are the most common health problems within the group. This activity provides practice with numeracy skills and analysis.

**Materials:** Flip chart paper, markers, and tape to post the Charts, and a Number chart

**Time:** 90 min

**Activity:**
There are three steps. In the first step each group of three creates a group profile. In the second step, the group profiles will be added together to create a class profile. In the third step the class will reflect on and analyze the Class Health Profile.

**Step 1:** Each group creates a summary of their health histories (40 min)

1. The three person groups come together. Each group gives itself a name and a picture. That picture should be put at the top of a sheet (flip chart). If one or more of the members can write the name then that should also be written on top of the sheet.

2. The name should not be a woman’s name but be imaginative, like an animal (the peacocks), color (the blues), a condition (the caring ones). Take as much time as necessary for the groups to consult, decide, and write the picture.

3. The group task is to take each of the individual profiles and make a Life Line that shows a group Health Life Line. See the example below. The F. should draw an example so each group is clear what they will do.

4. The group Life Line will show the health conditions for two periods – when they were children, and after they became mature women.

5. Each learner should take their personal Life Line and draw a vertical line which divides the Life Line at the point when they became a mature woman.

6. The group will choose a ‘secretary’ – the one who is best at drawing the pictures. The secretary looks at the pictures from each member and places these on the group Life Line, first in the childhood area, then in the adult area.

7. Whenever more than one person has a characteristic, rather than writing the picture again, the secretary can simply make a tally mark under the 1st picture. There should be discussion, if necessary, to assure that the Group Life Line is accurate.
8. Counting and adding the health conditions on the Group Health Line. The group should look at their Life Line, and count the number of cases for of the pictures over the period of childhood, and then over the adult period. This number should be written under each picture (characteristic).

The Group Life Line will now look like this:

```
ADULT                CHILDHOOD
```

9. Each Group Life Line should be posted on the walls. The class should then take the time to walk around and look and discuss the group profiles.

10. After the walk around and discussion, the Facilitator should ask:
    Are these profiles alike or very different?
    What are the most common health problems?
    Are the problems in childhood the same or different than problems for adults?
**Step 2:** Group histories combined into the Class Health Profile (80 min)

**Materials:** Number chart, flip chart and markers

With the Group Life Lines posted, the Facilitator will show how these can be used to create a Class Health Profile – which combines all of the Group Life Lines into a class Life Line. This will require counting, and using numbers up to 20.

1. There should be a large number chart at the front of the room, that shows how each written number signifies a certain number of objects. Before starting this activity the F should review that chart through question and answers. The F. points to a number on the chart and asks the class, what is this number? This is repeated until most members of the class know the relationship between the numbers spoken name, the number of objects it represents, and the written number picture.

2. The Facilitator puts up two Flip Charts with words “Class Health Profile” on each. The first chart will be on the right and be for Childhood, and the 2nd chart will be to the left, for Adulthood.

3. The Facilitator asks the 1st group (using their group name) to find the most common health problem in childhood on their Group Life Line, and to give the number of cases. The Facilitator writes that picture and number on the Class Profile on the ‘Childhood’ sheet.

4. The teacher asks each group in turn to say the number of cases they have for that problem, in Childhood, and each groups’ number is written on the Class Profile. If the class is not able to use the number signs, the Facilitator can simply use tally marks, and then put the written number next to these.

5. When all of the groups have contributed their numbers for one problem, the teacher asks the class to count up all the marks – and then writes the total next to this problem.

6. This process will be repeated for the same health problem on the Adulthood Chart.

7. The F. will ask a group to name another common problem, and the same steps will be followed The Class Profile will develop and look like this for Childhood, with another like this for Adulthood.
### CLASS HEALTH PROFILE – CHILDHOOD (Example)

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>G.6</th>
<th>G.5</th>
<th>G.4</th>
<th>G.3</th>
<th>G.2</th>
<th>G.1</th>
<th>HEALTH PROBLEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

At the end of Step 2, the class will have created two charts: one for Childhood and one for Adulthood. Each chart will list the health problems, starting with the most common to the least common, and there will be a count of the frequency of each problem.

8. The next step is to make a summary of the Class Health Profile, by putting the totals of the two tables together, like this:

#### CLASS HEALTH PROFILE (Example)

<table>
<thead>
<tr>
<th>ADULT TOTAL</th>
<th>CHILD TOTAL</th>
<th>HEALTH PROBLEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>15</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Each member of the class should make a copy of the Class Health Profile Charts. Each learner will then have a personal ‘Life Line’ and a Class Health Profile.
EVALUATION OF MILESTONE 1, SUBMILESTONE 2
   When the learners have completed, satisfactorily, the personal ‘Life Life’ and the Class Health Profile, they have completed submilestone #2.

Step 3: Summary and Analysis/Reflection (40 min)

The Class Profile will show the health problems, represented by numbers and pictures, starting with the most common health problem to isolated cases.

1. The Facilitator should then lead a discussion on the class member’s observations about the Class Health Profile:

   What do you notice about this?

   Is there anything missing?

   Is there much difference between childhood and adult health conditions?

   Do you think this is ‘representative’ of health conditions for the whole community?

   Are we more or less healthy today than in parent’s generation?

   Will the next generation, our children be more or less healthy that we have been?

   Why do you think this?
MILESTONE 2: OUR HEALTH SYSTEM

Description of the Milestone:

The goal of this Milestone is to help the Learners understand the types of services that the government health system provides and to identify where they can go in their districts if they or someone in their family need medical advice and care.

In the first activity, Learners review their individual and group health histories and identify where they went for medical advice and care in the past. Facilitator helps the Learners make a map of the people and places that they went for help.

The second set of activities introduces the roles and responsibilities of the government health system and the staff members, especially the Community Health Worker and the midwife. The first story introduces the government health system. In the second story, the Facilitator introduces the Community Health Worker through a story of Aziza and her work as a Community Health Worker. Learners respond to questions about the stories at the end of the two texts.

In the third set of activities, Learners review the map that they made earlier. They work with the Facilitator to identify any additional places that they can go for medical care and advice when they need help. The additional places might include the: CHW’s Basic Health Post, the Basic Health Center, the Comprehensive Health Center, the District Hospital, and the Provincial Hospital. These Centers are all part of the government Basic Program of Health Services. Most important, Learners identify the nearest health centers or hospitals where they can go for regular medical advice and care and for emergencies.

Facilitators can ask the CHW, other health workers, or the NGO to provide them more detailed information on the services available at the different Health Centers before the class. Or, if a CHW is in the class, she can describe the health care system. Or a Facilitator can invite a health worker to make a presentation in class one day.

This Milestone is made up of three submilestones:

SubMilestone 1: Where have we gone when we or our family members were sick or injured?
SubMilestone 2: Roles and responsibilities of the government health system. Roles and responsibilities of the CHW and midwife.
SubMilestone 3: Health Centers and Hospitals available to Us
SubMilestone 1: Where Have We Gone When We Or Our Family Members Were Sick Or Injured?

Milestone 2
Activity 1: Where Did We Go For Medical Care When We Or Our Family Members Were Sick or Injured in The Past?

Objective: To identify who and where Learners have gone to for medical care in the past.

Materials: Individual and group health histories created in Milestone 1. Flip chart paper, markers.

Time: 1 class

Activity:

NOTE to facilitator: In this activity, use chart paper and markers to create a map of the village and the places, both inside and outside the village, where the Learners go for help when they or their family members are sick or injured. Begin by drawing the outline of the village and a few important locations in the village. For example, Draw a school, some houses, and shops. See sample map below. It is possible that the Learners will say that they went to Pakistan or Iran or large cities in Afghanistan. Also mark those places on the map in a separate place.
1. Ask the Learners to review the group health histories that they developed in Unit Ask the Learners: **What health problems did you all face the most? Which health problems did you need to go to someone or someplace for help?**

2. Ask the Learners: **Where do you go for help when you or your family member is sick or injured?** Learners tell the Facilitator the people and places that they visited when they went for help when they or family members were sick. Ask the Learners: **What picture they would like to use for the different places they visited?** For example, they might say that they want to use a (draw crescent here) for a mosque. Then, ask a Learner to draw a (draw crescent here) in the appropriate place on the map. Ask the Learners to decide what picture that they want to draw for each location. Ask different Learners to draw the pictures on the map in the appropriate places.

3. Write some of the key words on the map (e.g., hospital) next to the correct picture. Ask the Learners to copy the words in their Learning Resource Books. If some Learners cannot write the words in the book, then they can draw the picture or write the first letter of the key word (for example, ‘H’ for hospital).

4. Ask ‘What was available in this community in the past? Who is available to help us with health problems now?’
SubMilestone 2: Roles and responsibilities of the government health system. Roles and responsibilities of the CHW and midwife.

Milestone 2
Activity 2: The Government Health System, Community Health Workers and Midwives

Objective: To understand the services that the government health system provides. To identify the places and people in the government health system that we can go to for medical advice and medical care

Materials: Individual and group health histories created in Milestone 1. Flip chart paper, markers. Two stories below.

Time: 2 classes

Activity:

1. Ask the Learners to listen to a description of the government health system.

NOTE to facilitator: Read the story aloud to the Learners. OR, if there are Learners in the class who can read well, then ask Learners to take turns reading the story, two sentences at a time:

**Story 1: Our Government Health System**

The Afghan government is working hard to build the health system for its people. The government health system has two roles. One is to help people stay healthy. Health workers immunize children against dangerous diseases like measles and polio. They give pregnant woman tetanus shots to keep the women and their babies healthy. Health workers also teach community members how to stay healthy. For example, they teach community members about good hygiene, bednets, immunization and more.

The second job of the government health system is to give medical treatment to everyone. CHWs work from their health posts in the villages. CHWs send community members who need medical treatment to see nurses and doctors at closest health center. The CHW also sends pregnant women to visit the midwife. The midwives give the women advice on what to do to have a healthy pregnancy, healthy delivery, and a healthy baby. The midwives also help the women in delivery. Vaccinators immunize children against dangerous diseases. Sometimes vaccinators work at the health centers. Sometimes vaccinators travel to villages to immunize children.

2. Ask Learners these questions:

**What are two most important jobs of the government health care system?** [To help people stay healthy through immunization and education. To give medical treatment.]
Who helps community members at the health centers? [nurses, doctors, midwives, vaccinators]

How does a midwife help women and their babies? [Give advice and treatment to help women have a healthy pregnancy, healthy delivery, and a healthy baby. They help deliver the baby.]

Who is a ‘vaccinator”? [Immunizes children against disease.]

3. Ask the Learners to listen to a story of Aziza, a Community Health Worker.

NOTE to facilitator: Read the story aloud to the Learners. OR, if there are Learners in the class who can read well, then ask Learners to take turns reading the story, three or four sentences at a time.

**Story 2. Here Is the Story Of Aziza, A Community Health Worker**

Aziza is a Community Health Worker. She is 45 years old and has 2 grown children. The other 2 died as young children from measles. Many young children in the village died that summer. Two years ago the community chose Aziza to be trained as a CHW. Her husband supported her. She was excited to learn about healing and about prevention and health promotion for her community. She has good relationships with the traditional birth attendants, the nurses, midwife, and vaccinator at the Health Center, the community and its leaders.

This morning Aziza is visiting 3 families north of her village. She hasn’t visited the families in a month. One of the women, Friba, just gave birth yesterday morning. Aziza always tries to reach women within 24 hours of the birth. Three months ago, Aziza told Friba to visit the midwife at the closest Health Center. Friba received her second tetanus shot then. Friba received her first shot soon after she learned she was pregnant. A tetanus shot protects the baby and mother from a dangerous infection after the baby is born.

Three months ago, Friba told Aziza that she wanted to give birth at home. Aziza said that Friba and her husband needed to prepare to go to a large Health Center or hospital in case there is an emergency. The midwife can help deliver the baby and provide the proper medical care.

Friba and her husband talked about this advice from the Community Health Worker. They saved money and arranged for transport if there were problems. Friba and her husband remembered their neighbors, Sara and Moheb. Sara and Moheb didn’t save money for transport when Sara was pregnant. They decided very late to go to the midwife for help when Sara had difficulties. Sara and Moheb could not find transport. The baby died.
Fortunately, Friba had a safe delivery at home. Aziza checked the baby and Friba. Aziza told Friba to visit the midwife at the health center with the baby very soon. The midwife can check on the baby and mother’s health. The midwife also provides medical advice and care to mothers and their babies. Aziza also reminded her about immunizations for the new baby boy and his 11/2 year old sister.

Later that day, Aziza asks women in the village to gather at one family’s house. She showed the women pictures about immunization. She told them that all children should be immunized when they are very young. The vaccinators give immunization to children. The vaccinators come to the villages and work at the Health Centers. The women asked many questions. In the evening, they talked with their husbands, mothers-in-law and other family members about what the CHW said.

4. Ask the Learners:

**What did the CHW do to help Friba?** [There are many answers. Allow time for the Learners to come up with different answers. Some of the Learners answers might be: She told Friba to get tetanus shots. She told her that she needed to plan for transportation in case of emergency. She checked on Friba after delivery and she told Friba to visit the midwife with the baby. She taught village women about immunization.]

**How does the midwife help Friba and other mothers?** [She can help deliver the baby in case there is an emergency. She can check the mother and baby and give medical advice and treatment.]

**What happened to Sara and Moheb? What delayed them in getting to the midwife in time?** [The answers will be different. Some of the responses might be: Sara was pregnant. They didn’t arrange for transport to the health center in case of emergency. They were too late to get to the health center.]

**What do you think the village women told their husbands, mother-in-laws and other family members about what Aziza said to them?** [The answers will be different. Some of the responses might be: Vaccinators immunize children against dangerous diseases. We can get our children immunized at the health center. Sometimes the vaccinator comes to the village. Children must receive immunizations when they are very young.]
SubMilestone 3: Health Centers and Hospitals Available To Us

Milestone 2
Activity 3: Where Are The Government Health Centers And Hospitals In Our District And Province?

Objective: Learners identify and map the health centers and hospitals available to them. Materials: Individual and group health histories created in Milestone 1. Flip chart paper, markers.

Activity:

NOTE to facilitator:
If it is possible, ask a health worker from a health center to join the class one day to talk about the services that are available to community members. If CHW is in the class, she can talk about her role in the community. OR, you can invite the CHW to join the class one day. If there is a CHW in the class, she can assist with identifying the different locations and services available.

1. Ask Learners to look back at the map they made. Ask the Learners: Where are the CHWs located? Where are the closest health centers? Where can we go in an emergency? Where is the hospital in our district? Where is the closest midwife? Vaccinator?
   Ask different Learners to draw a picture of the health centers and hospitals available in your district on the appropriate places on the map. Ask the Learners to draw a picture of the places where they can find CHWs.

2. Ask the Learners: What type of help can we get from the health centers and the hospital in our district?
   [If you and the Learners in the class have questions that cannot be answered in class, please write down these questions. Later, ask the NGO or health provider to visit the class or to give you some information that you can share with the class.]

3. Ask the Learners: Have you ever met the CHWs? What services do they provide? Have you visited a midwife at the health center? What services does she provide?

4. Tell the Learners: Think about the difficulties that Sara in the story had in getting to the health centers. Look at your map.

Note to facilitator: Learners can discuss these next questions in 3 or 4 small groups. Then the Learners can report back to the large groups. One person from each group stands in front of the class and tells a summary of the group’s discussion.
Ask the Learners: How long does it take you to get to the health centers? Do you have any difficulty getting to a health center or hospital? Is transport difficult? What can you, your family, and the community do to make it easier to go to the health centers?

Are there other difficulties that you have when you want to go to a health center? What are they? How can all of you in the learning group help each other?

5. Ask the Learners: Have you visited a health center or hospital in the district before? Did the health workers help you the way that Aziza and the midwife in the story helped Friba? What are some alternatives if we need more or better care?

6. Please say to the Learners: We want to stay healthy and not have to go to a health center. No one likes to get sick. We also don’t have the time or money to always go the health center. In the next set of activities, we will learn how to prevent infection.
EVALUATION ACTIVITIES FOR MILESTONE 2: OUR HEALTH SYSTEM

1. Each Learner copies the map that the class made into her own Learning Resource Book.

2. The learners are to answer the following questions as if they’re talking with a family that has newly come, or a returnee family. In this family there are three family members (husband, wife and a baby).

   - How do you vaccinate your baby?
   - In case of being pregnant where do you go or who do you ask for guidance?
   - How can a midwife or CHW help you?
   - How can a nurse help you?

**Evaluation Criteria:**
Both activities should be completed not more than two mistakes.
MILESTONE 3:  
INFECTION PREVENTION- WHAT MAKES US SICK AND HOW TO PREVENT IT

Description of the Milestone:
The goal of this milestone is to help the Learners understand what causes and spreads disease, and how through lifestyle we can prevent many illnesses. Group discussions are designed to let Learners share their ideas and understanding about illness, so they can then relate it to new information shared. There is a strong focus on germ theory, and on hygiene as the best means of prevention of illness.

There are also activities that address how to treat illnesses in general. More detailed treatment of illnesses such as diarrhea will come in a later milestone.

Finally, Learners will reflect on their own lives and their community to identify practical ways that they can begin to live healthier lives through prevention.

The Milestone is made up of five sub-milestones:

1. How Do We Get Sick and What Makes Us Sick?
2. What Keeps Us Healthy?
3. Types of illnesses and how they’re transmitted
4. Reflecting On a Healthy Lifestyle
5. What Should We Do When We DO Get Sick?
Sub-Milestone 1: How Do We Get Sick? What Makes Us Sick?

Milestone 3
Activity 1: How Do We Get Sick?

Objective: To begin to think about how illness is spread
Materials: none
Time: 1 class

Activity:
1. Ask the Learners: “Give examples or tell stories of your experiences when at first one person was sick, and then gradually others also became sick with the same disease.” This could be a spread of an outbreak of measles in a village, or a cold that everyone in the family gets, or the children of a school all getting the flu, etc. The Learners tell their stories.

2. Then ask the Learners a number of questions so that they can begin to share their ideas and understanding about illness. The Learners should look at their health life lines again as a reference to times of illness and health and talk about the following questions, one at a time:
   - How do you think the disease goes from one person to the next?
   - What do you think causes illness, what makes us sick in the first place?
   - Why do some people get sick and others not?
   - How much control do we have over our health?

During the discussion, the Facilitator can write down key words and simple sentences to record the Learners’ ideas.

NOTE: This is an open discussion, a time for the Learners to think about and share their own ideas. It is NOT a time to correct them. The Facilitator should NOT tell the Learners they are wrong or mistaken.
Milestone 3
Activity 2: Germs Cause Disease

Objective: to understand that germs are very small and that they cause disease
Materials: some water, a spoon
Time: 1 class

Activity
1. The Facilitator begins a discussion: When someone is in pain because they were injured – they fell, or got cut, or were in an accident – we know why they are in pain, we can see the thing that hurt them: a rock or a knife or a piece of wood, etc. But when someone is sick with a fever, or a headache, or diarrhea, can we look around and see anything that makes them have a fever, or a headache? No, we can’t.

Demonstration: A Water Magnifier

Materials: a glass of water and a dropper or spoon, and ideally a magnifying glass

1. The Facilitator asks the Learners what is the smallest thing they can think of.
2. Now what is the smallest thing they can see? Ask them to tear a small piece of paper into the smallest piece they can, tearing and tearing and tearing.
3. The Facilitator asks them if they think there are things smaller than this, than what we can see with our eyes.
4. The Facilitator should walk around the room and put a drop of water on a surface for each Learner using the eyedropper or her finger to drip water. The surface should be something that the water will not soak into, so the water stays in a drop. It could be plastic, or a book cover, or a piece of metal, etc.

NOTE: The Facilitator should practice doing this first, before doing it in the class!

5. The Learners then carefully look ‘into’ the drop and see the magnification caused by the water:
6. Explanation: Now we’re seeing things that are smaller than our eyes can see by themselves. And if we had thicker drops of water, or lenses like the water but made of glass, we could see even more small things.
7. But the things that make us sick are so small that even with many drops of water we would not be able to see them, even with the strongest glasses we couldn’t see them. These little living things are invisible to our eyes.
8. We are not surprised when something BIG hurts us, like a rock or a knife. So why should we be worried about something so small? When these tiny things called germs get into our body, they make us sick; they give us fever or make us cough.
or give us diarrhea, etc. These tiny, invisible things are called **germs**. And germs are what cause disease.

9. Where are they? Germs are EVERYWHERE! Some germs are good and some are bad. The bad germs that make us sick are usually found in and on dirty places and things. When they get in our body, we get sick.

10. So how do we get germs from other people? How is disease spread? Disease spreads whenever germs are spread. For example, when someone coughs, little droplets of spit and mucus containing germs fly out of their mouth into the air. Someone else then breathes that air and the droplets with germs them into their body. The other person then can get sick.

**Demonstration:** The Learners should all cover their mouths and cough. They should feel the air and the moisture from their mouths on their hand, and then imagine and understand what happens when someone coughs into the air.
Milestone 3
Activity 3: How Do Germs Get Into Our Body?

Objective: to learn the 3 main ways that germs enter the body
Materials: personal health life lines, class health profile
Time: 2 classes

Activity:
Part 1
1. First the Facilitator reviews with the Learners what was learned about germs by asking: how big are germs? What do they do? Where are they? How do they get passed to others by a cough?
2. **Discussion:** But where do these germs come from in our environment? What things or objects or places have germs? Sometimes they may come from another sick person, but there are many other places where germs are found.
3. Major sources of germs are dirty objects, trash, dirt itself, bad water, animals, old food, flies and insects, toilets, and especially, our hands, since we are always touching these things.
4. The coughing example talked about a few days is one way that germs can get into our body. A person coughs and the germs from their mouth get into the air which we then breathe in, and the germs enter our mouths. But there are other ways that germs can get into our bodies.
5. The Facilitator asks the Learners for their ideas: What do you think are some other ways that things can get into our body? How can germs that make us sick get into our body?
6. The Learners discuss other ways that germs can get into the body. They can draw pictures of how this could happen.

**NOTE:** They may not know, or may have different ideas, but this is for them to begin to look around with an awareness of germs.

7. After the Learners have shared their ideas, summarize into: **Explanation/ discussion:** There are three main ways for germs to get into the body:
   1. *through the mouth, by breathing* in germs that are in the air
   2. *through the mouth, from the food* we eat and the liquids we drink
   3. *through the skin,* when germs enter the body through an opening in the skin, such a cut or a burn or a bite

   - If we think of the body like a house, the mouth is like the front door. If the front door of your house is left open or unlocked, then unwelcome things can come in, that we may not see, like mice or insects. In the same way, things can get into our body through the mouth that we may not notice, like the germs on food.
   - And an opening such as a cut in the skin is like the glass in a window
of your house being broken. To protect everyone in the house, we must be very careful who we let in the front door, and we must quickly cover and repair any broken windows so that things cannot come in the house.

Part 2

8. The Learners should draw pictures and then generate symbols for these three ways that germs can enter the body:
   • through the mouth by air
   • through the mouth by food/water
   • through the skin by a cut or burn or bite.

9. Once the Learners have well-understood these routes that germs can enter, they should then look at their health life lines again and for the illnesses they have had, try to figure out how the germs got in that made them sick.

10. They should then add that symbol next to the illness symbol on their health life line.

11. These symbols can also be added on the class health profile chart.
Milestone 3
Activity 4: Where Are the Germs?

Objective: to become aware of where bad germs are found
Materials: none
Time: 1 class

Activity:

1. **Review:** The Facilitator should review with the Learners: Remember the three ways that germs can get in: the air we breathe, the food and drink we eat, and through openings in our skin. They should review the symbols for these routes.

2. There are so many kinds of germs, and germs are everywhere all around us. We would not be able to find an object without germs on it. Fortunately, not all germs make us sick. But we need to know where to find the germs that do make us sick.

3. Where do these bad germs come from in our environment? What things or objects or places have bad germs? Sometimes they may come from another sick person, but there are many other places where germs are found.

4. In small groups the Learners should discuss sources of bad germs and generate as thorough, specific and detailed a list as possible – places where germs that make us sick are found in the home, in the community, etc. This can be a written list of words, or pictures showing the places where bad germs are found.

5. The groups should share their ideas, and then the Facilitator summarizes: **Explanation/discussion/review:** Major sources of germs are dirty objects, trash, dirt itself, bad water, animals, old food, flies and insects, toilets, and especially, our hands, since we are always touching these things. But in fact, we must remember that germs are EVERYWHERE. They live in water, on dry surfaces, in air – they are everywhere! Germs are so small that we can’t see them, so even things that LOOK clean to us can be full of germs, both good and bad.

6. If possible, the class should now take a short walk outside their classroom, and as they walk they should look for obvious sources of bad germs: piles of trash, toilets, animals, etc.
Sub-Milestone 2: What Keeps Us Healthy?

Milestone 3
Activity 5: Why Aren’t We Sick All The Time? - Killing Germs

Objective: to learn the 3 main ways to prevent infection
Materials: 1 potato, 2 plastic bags, knife, soap, water, buckets
Time: 2 classes

Activity:

1. The Facilitator asks a discussion question of the Learners: If we know that germs are what make us sick, then why aren’t we sick all the time? The Learners should share their ideas - they should **not** be told that they are wrong.

2. **Explanation:** There may be several reasons, but there are two main reasons:
   - For one reason, not all germs are bad. Some germs are good and don’t make us sick when they get in our body. But the bad germs, like the ones found in and on dirty places, can make us sick.
   - For another reason, even if bad germs get in, our body can fight the germs if it is strong and healthy. When germs get in our body and make us sick, it is like a war inside our body. Our body fights very hard to kill the germs inside us, and sometimes this is what gives us a fever. But when we feel better after being sick, this is because the body has defended itself against the germs.

3. So what can we do to avoid getting sick?
   a. Not let bad germs get into our body
   b. Reduce the amount of bad germs on and around us
   c. Make sure the body is strong enough to fight and kill the bad germs that do get inside the body.

4. Of these three, one important one for prevention is to reduce the number of bad germs on and around us by killing germs before they get in our body. But how do we do this?

5. Germs can be killed by many things:
   - High heat, like boiling water
   - Sunshine
   - Chemicals such as alcohol, chlorine and dettol
   - Soap
6. One way to reduce the number of germs is by cleaning things so that the germs are killed. The best way is to use soap. **Soap** is the easiest and cheapest way to kill germs and keep our hands, body, and food and drinking items clean so that the number of germs getting into our body is greatly reduced.

**History:** Hundreds of years ago, Muslim doctors and scientists were some of the first people to understand the need to kill germs.

The class should then do one or both of the experiments below to show that soap works to clean better than plain water, and that it kills germs:

**NOTE:** The Facilitator should NOT tell the Learners what the result of these experiment will be!!!! They should see it for themselves.

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**Experiment 1: Does Soap Really Kill Germs?**

**Materials:** a potato, a knife, soap and water, and 2 plastic bags

The potato should be cut into several pieces.

1. Some Learners should take a few of the potato pieces. They should handle them and rub them between their hands. It is best if their hands are dirty.

2. These pieces should be put in one plastic bag labeled: **Without Soap**, and a picture of a soap bar with an X on it.

3. Now the same Learners should wash their hands with soap and water carefully. They now take the remaining pieces of potato and again rub them between their hands. These pieces are now put in the other plastic bag labeled **With Soap**, with a picture of a bar of soap.

4. The bags should be closed and left together in the same place in the classroom and covered so they are in the dark.

5. The next day, the Learners should look and compare the appearance of the two sets of potatoes. [see notes for the next day]
Experiment 2: Does Soap Really Work?

Materials: soap and water, and 2 buckets or glasses (something clear is best, like glass or clear plastic)

1. First, someone should pour water for 2 or 3 Learners while they wash their hands with plain water so that the water that comes from their hands should be caught in one bucket or glass.

2. Now the same Learners should wash their hands again, but this time using soap very thoroughly. Again, when they rinse their hands, the rinse water should be caught in a bucket or glass.

3. Now the class should look at the two buckets of rinse water.

4. The Learners should be asked to describe what they see. (The water from washing with soap is much dirtier than washing with plain water.)

5. They should then explain why it is this way, and what it tells them about soap, and why it is important to use soap when washing, not just plain water.

6. If only water is used then many germs are left behind, which then enter their mouth when they eat, or when the prepare food for others it puts germs on other people’s food.

7. Remember that this is true for anything that is washed: clothes, dishes, bathing, etc.
Milestone 3
Activity 6: Why Aren’t We Sick All the Time? Preventing the Germs

Objective: to identify specific actions of prevention in terms of the 3 main areas of prevention from the previous activity
Materials: potato experiment from the previous class, prepared cards from the list below, blank cards
Time: 1 class

Activity:

1. First, the class should check the results of their potato and soap experiment from the previous class by opening the plastic bags and compare how the potatoes in the two bags look.

   NOTE: The bag with the potatoes handled with the dirty hands [Without Soap] should look much worse, because the unwashed hands had germs on them which then grew on the potatoes. Once the Learners washed their hands with soap, the germs were killed and so there were not germs to grow on the potatoes. [the With Soap bag]

2. The Learners should discuss the experiment and the significance of the results – what does it show? And how does this relate to their lives? In other words, if they are cooking a meal or eating their own meal, if they don’t wash their hands with soap first, what else are they eating besides bread? They’re also eating germs…

Continuing…

1. Review with the class the 3 things that can be done to prevent germs making us sick:
   a. Not let germs into the body
   b. Reduce the number of germs
   c. Keep the body healthy to fight germs

2. A set of cards must be prepared with the list shown below, and it will also help to have a picture on each card. Three large cards have the three areas of prevention written in simple words. Other slightly smaller cards have the actions of prevention written on them, along with simple pictures.

3. The actions should be identified and categorized according to the area of prevention. This can be done by first
putting the three main cards at the front of the room, then distributing the cards among the Learners and they must get up and put their card in the correct category. This is a whole group activity, where each person has responsibility for her cards, but the whole class can discuss each placement.

4. Extra, blank smaller cards must be provided so that when the Learners have new ideas of their own, they can then write them and add them to the collection.

5. After this activity, the cards can be attached to 3 pieces of flipchart paper under each heading and posted in the room.

a. Not let germs into our body
   - Cover cuts and burns with clean cloth
   - Teach children to cover their mouths when they cough or sneeze, and make sure we cover our mouths ourselves
   - eat with clean hands
   - clean hands when cooking
   - don’t eat old or spoiled food
   - eat from clean plates
   - drink clean water

b. Reduce the amount of germs on and around us
   - Wash the hands with soap often
   - Bathe at least weekly with soap
   - Brush teeth daily
   - Make sure rooms get fresh air and sunlight
   - Put bedding, sheets, etc out in the sunshine every two weeks
   - Wash clothes regularly with soap, and try not to wear dirty clothes
   - Wash dishes and kitchen items with soap
   - Make sure toilets are keep clean and covered
   - Use nets or screens to keep flies and other insects away

c. Make sure the body is strong enough to fight and kill the germs that do get inside the body.
   - Make sure that children receive vaccinations so their bodies are strengthened against certain dangerous diseases
   - Eat properly, from a variety of different kinds of foods, especially vegetables, so the body stays strong
   - drink a lot of water every day
   - get enough sleep, fresh air and sunshine
Milestone 3
Activity 7: The Three Big Preventions

**Objective:** To summarize the primary means of prevention

**Materials:** flipchart paper

**Time:** 1 class

**Activity**

1. Review with the group the last activity and the categories of prevention, and summarize: in other words, the best ways to prevent germs from making us sick are:
   a. **Cleanliness** for our bodies and in our homes
   b. **Nutrition:** Good food and water
   c. **Immunizations**

What is the function of hygiene? To reduce the number and entry of germs
What is the function of good food and water? To make the body stronger
What is the function of immunization? To make the body stronger

2. The Learners should make symbols for these three major things, making a poster with the symbols and the words.

3. Looking at the papers and lists from the last activity, label each action of prevention as Cleanliness, Nutrition or Immunization using the correct picture.
Milestone 3
Activity 8: Taking Care of Teeth

Objectives: to emphasize the need for cleaning teeth daily
Materials: Flip chart and markers
Time: 1 class

Activity:

1. Have the class form groups of 3 learners each – about 6 or 7 groups

2. Facilitator should write on the board: Teeth and Gums

3. Each group should discuss, among themselves, their dental experience: what problems they have had with their teeth and gums.

4. Each group should name the three most common problems they have had.

5. Each group can report – and the teacher should write, on the flip chart- the names of the problems that each group has. When a group repeats a previous group’s name (dental problem), the teacher should put a tally mark next to that name.

6. After the groups have reported, there should be a list of common problems with teeth and gums.

7. The facilitator then asks the whole class: What causes these problems? And what can we do to prevent these problems with our children? Each group discuss and suggest an answer to each of these questions.

8. Group answers should be noted on the Flip Chart on a table:

<table>
<thead>
<tr>
<th>Prevention for our Children</th>
<th>Cause</th>
<th>Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

C3-14
9. The Facilitator should ensure that the ‘Prevention’ column includes daily cleaning of teeth using clean water is the best way to prevent germs, infection and toothaches:
   a. Cleaning teeth daily, especially between the teeth with a *meswak*, a pick and toothbrush is listed, and
   b. Using clean water and toothpaste or salt daily to clean teeth.
Objective: to understand the connection between sources of germs and types of illnesses
Materials: flipchart
Time: 1 class

Activity
1. Each disease is caused by a particular kind of germ. Each germ causes the body to get sick in a particular way. This is why when people catch an illness from another sick person, they get the same disease, not something different. For example, if a person has TB, another person can’t catch measles from them; they can only catch TB from the TB germ.
2. Since each disease has its own germ, only certain medicines will work for certain diseases.
3. We’ve talked about how germs get into our bodies and make us sick. The Learners should review the three routes, and the symbols they developed for them in Activity 3:
   A. Germs that enter the mouth in the air
   B. Germs that enter the mouth with food or water
   C. Germs that enter the skin, through cuts, burns or bites
4. There are also three main kinds of diseases:
   - diseases that involve the lungs such as TB, pneumonia, colds or measles.
   - diseases that affect the stomach and cause vomiting and diarrhea.
   - diseases that cause skin problems, like saldana, or cause fever and infection and the whole body is affected, such as tetanus, malaria and anemia.
5. The Facilitator should ask the Learners to try to match the type of germ with the type of diseases caused. She can do this as a quiz, by naming the disease, writing it on the flip chart, and asking the class to note on a page whether one gets it A) through the mouth-in the air; or B) through the mouth with food or water; or C) through the skin, from cuts, burns, or insect bites.

After the facilitator has named 10 diseases, and the learners have noted down the letter (A, B, or C) that goes with that disease, she can ask learners to raise their hands to show whether they answered each question correctly. If many in the class noted an incorrect answer, the teacher should discuss with the class the correct answer.
NOTE: The teacher should read the CHW manual –Phase 1 - before the class to be sure she understands this activity well.

6. **Explanation:** In general:
   - Germs that come through the air often cause diseases that involve the lungs such as TB or pneumonia, colds or measles.
   - Germs that come through food or water often cause diseases that affect the stomach and cause vomiting and diarrhea.
   - Germs that come through the skin often cause diseases that cause skin problems, like *saldana*, or cause fever and infection and the whole body is affected, such as tetanus, malaria and anemia.

7. The Learners can now again look at their health life lines and identify illnesses and how the germs got into their body and made them sick.

8. They should now also consider others in their family. If others have been sick in their family, then they should write that person’s name in their notebook, the symbol for their illness (from Milestone 1 and the health life lines), and now the symbol that tells how the germs entered that person’s body.
Milestone 3  
Activity 10: Real Ways to Prevent Diseases

Objective: to give realistic and practical examples of situations for identifying means of prevention, to apply new knowledge
Materials: cards made with the situations below
Time: 2-3 classes

Activity:
1. This activity can be done in two ways:
   A. A reading and discussion activity:
      • Give all the cards out to the Learners.
      • Give time for all the Learners to read and understand their cards.
      • Ask one person to stand and read her question situation.
      • The group can first discuss the situation and the question, and then the person who has the answer card that completes the mini-story then reads her card.
      • The group can then discuss the ‘answer’.

   OR

   B. These can be done as role plays:
      • Keeping the question and answer cards in pairs, groups of Learners can read the cards
      • They must then decide who in their group is which character, and then perform the situation from their mini-story.
      • They can first act out just the question part, and then ask the rest of the group the answer.
      • And then they complete the story according to the answer card.
      • After the answer, the whole group should also have a brief discussion of WHY that answer was the correct one. And they can also discuss their own situations and scenarios in their own homes and families.

NOTE: These role plays should be realistic and accurate. The Learners should pretend they are the people in the stories.
Scenarios:

Q1: Zakira’s daughter, Hafiza has had a fever and bad cough. Zakira has been giving Hafiza lots of water and soup, and slowly Hafiza is getting better. But Zakira is worried that her other children might get sick from Hafiza’s cough. What should Zakira do?

A1: She has taught Hafiza to cover her mouth with her hand when she coughs or sneezes. And in the afternoon when the sun is strong, Zakira opens the windows in the house so that fresh air flows through the rooms and carries germs away.

Q2: Zakira’s daughter is only 1 year old and still needs help when she goes to the bathroom. After Samira has gone to the bathroom, Zakira washes him with water. She then goes back in the house and continues preparing lunch for her family. What should Zakira have done after she washed Samira?

A2: Zakira should have washed her hands with soap after washing Samira. Hands that are dirty from the toilet, or helping a child use the toilet, have bad germs on them. Zakira could be transferring bad germs from her hands to her family’s food.

Q3: Zakira has made a big plate of firini and invited her friends Hasina and Irangul to have some. While Zakira is getting out the plates and spoons, Hasina and Irangul notice that there are many flies coming in the kitchen window and landing on the sweet firini. Suddenly Hasina and Irangul tell Zakira they’re not hungry, and they’ll just have tea instead. Why did they change their minds?

A3: Hasina and Irangul had learned that flies carry many bad germs on their feet. When flies land on dirty things, the germs stick to their feet. Then when they land on food, the germs are transferred to the food, which people then eat. So Hasina and Irangul told Arezou about the germs and the flies, and helped Zakira find some clean cloths to use to cover the food in her kitchen and protect it from the flies.

Q4: Zakira’s husband comes back to the house for lunch after taking care of the chickens and the mules. Zakira notices that when her husband washes his hands, he just pours a little water over his hands and rubs them together. What should she do?

A4: She can take him some soap and explain what she has learned about germs and getting sick, so that he can wash his hands with soap and not get sick.
Q5: It was late last night when Zakira’s family finished dinner, and so it was dark when she washed this dishes. Now at lunch the next day, she notices that the plates have bits of food and grease on them from the night before. But she is in a hurry; her husband and the children are hungry and complaining that she is taking too long to prepare lunch. What should she do?

A5: Even though her husband and children might complain now if their food is late, they will complain much more later if they get sick! And so Zakira decides it’s more important to put the food on clean plates. She tells her family to wait 5 minutes while she carefully washes the plates in soap and water, and dries them with a clean cloth. And she also explains to her oldest daughter why she is re-washing the dishes, so that she can learn too.

Q6: Zakira is not feeling well. Ever since the rains started in the spring, she has had diarrhea. Her children have also. She has been giving the children extra water and they are doing ok, but she is trying to think of where they could all be getting the germs from. She had been making sure that everyone uses soap to wash their hands, and she keeps her kitchen clean and dishes washed. Why are they getting sick? Zakira is talking with her friend Razia about it, when Razia has an idea that maybe it’s from the water. Razia had noticed that their toilet is not far from the well, and she thinks maybe germs from the toilet are getting into the well water, carried by the rain. What should Zakira do?

A6: Razia had the same problem at her house. She explains to Zakira that the bad germs in water can be killed by boiling the water, by using Chlorin in the water, or by putting bottles of water in the sun all day long. Razia’s family is using the sunshine way of making clean water, and their problems with diarrhea have become much less. Even though it is sometimes a lot of work, she thinks it is worth it to keep everyone healthy.

Q7: Zakira’s mother-in-law had malaria last year and almost died from it. And her daughter Samira already has some spots of *saldana* on her arm. Where are these diseases coming from, and what should Zakira do about it?

A7: Zakira knew that these diseases come from the bites of insects: mosquitoes and sandflies. She had tried to keep the area around their house clean, but there were still wet places were the mosquitoes could live. So Zakira told her husband about the problem, and they decided to try to get nets to put over everyone’s beds at night to keep the insects away from them and prevent their bites.
Q8: Zakira’s son Fahim came home from school with a big spot of mud on his arm. Zakira asked him why he was so dirty. Fahim told her that he wasn’t dirty – he had cut his arm on the gate at the school and it started bleeding, so he put mud on the cut so it would stop bleeding. Zakira wasn’t sure what to do: she had learned that open cuts were like open doors for germs to come in the body so we need to cover them – but she was afraid that maybe the dirt covering the cut might have bad germs in it. What should she do?

A8: She decided that the dirt had bad germs in it that would go straight into the body through the cut. So she immediately washed the dirt off of Fahim’s arm and used soap and water to clean the cut thoroughly, even though it hurt and made Fahim cry a little. As she washed it, she explained to Fahim about germs. She told him that if he gets cut again he should wash the cut with soap and water, and then cover it if he has a clean cloth, so germs can’t get in.

Q9: Zakira’s two sons have worms – again. She didn’t understand why, because she had taught them to wash their hands with soap before eating. This time, before dinner she said to them, “Come here, I want to see if you really used soap.” But when the boys held out their hands, she noticed that their fingernails were long, and were dirty underneath. What should Zakira do?

A9: Zakira had learned that worms come from eggs – not big eggs like bird eggs, but tiny eggs the size of grains of sand. And since these eggs can get caught under the fingernails, it is easy to then accidentally eat them with food, and the eggs then grow into worms in the stomach. She explained this to the boys, and then brought scissors and carefully cut the boys’ fingernails short. And then she called all of her children and cut their nails, and cut her own as well.
NOTE: The list below gives general practices for reducing germ transfer and preventing illness. They can be used as information by the Facilitator for generating more mini-stories for role plays, and for reference.

<table>
<thead>
<tr>
<th>Source of Germs</th>
<th>Ways to Prevent Infection from Germs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact:</strong> Hands carry germs to the mouth if the hands are dirty from:</td>
<td></td>
</tr>
<tr>
<td>• using the bathroom, or helping a child use the bathroom</td>
<td>Wash hands with soap after using the bathroom or cleaning a child</td>
</tr>
<tr>
<td>• touching dirty objects</td>
<td>Wash hands with soap afterwards, and before eating</td>
</tr>
<tr>
<td>• touching trash</td>
<td>Wash hands with soap afterwards, and before eating</td>
</tr>
<tr>
<td>• touching animals</td>
<td>Wash hands with soap afterwards, and before eating</td>
</tr>
<tr>
<td>• touching dirt</td>
<td>Wash hands with soap afterwards, and before eating</td>
</tr>
<tr>
<td><strong>Food:</strong> Food can become contaminated with germs when:</td>
<td></td>
</tr>
<tr>
<td>• Flies and other insects that carry germs on their feet from dirty places land on the food and transfer germs to the food</td>
<td>Keep food covered either in a pot or by a clean cloth Reduce flies by covering windows with screen, and by keeping the area around the house free of trash</td>
</tr>
<tr>
<td>• Food becomes spoiled, especially meat and milk are left out</td>
<td>Do not eat food or drink milk that is more than one day old, especially in hot weather. Do not eat food or milk that smells bad. Cook meat thoroughly, and boil milk before drinking.</td>
</tr>
<tr>
<td>• Food is placed on dirty plates</td>
<td>Wash plates with soap and water</td>
</tr>
<tr>
<td>• Food is cooked in dirty pans</td>
<td>Wash pans after cooking, and rinse them before cooking</td>
</tr>
<tr>
<td>• Food is prepared on dirty surfaces</td>
<td>Wash surfaces used for cutting meat and vegetables with soap after each use</td>
</tr>
<tr>
<td><strong>Water:</strong> Water can be a source of germs when:</td>
<td></td>
</tr>
<tr>
<td>• The source of the water is contaminated, such as if toilets are near the source, or a river is</td>
<td>Purify water either by boiling, using Chlorin, or leaving in bottles in the sun</td>
</tr>
<tr>
<td>Contaminated by people using it for a toilet</td>
<td>Do not use water containers for anything but water, and make sure they are cleaned regularly. Do not dip cups that have been sitting on the ground or are dirty into a water container.</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Water is kept in a dirty container</td>
<td>Clean glasses well with soap and water</td>
</tr>
<tr>
<td>Water is drunk from a dirty glass</td>
<td></td>
</tr>
</tbody>
</table>

**Through the skin:** Germs can enter the body through the skin by:

<table>
<thead>
<tr>
<th>Open cuts – they are like an open door for germs to come in</th>
<th>Bathe regularly with soap so that the number of germs on the skin is reduced: if clean skin is cut, there will be less germs to go in than if the skin is dirty. Clean cuts well with soap and water and cover with a clean cloth.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burns which damage the skin</td>
<td>Cover burns with a clean cloth, and do not break blisters</td>
</tr>
<tr>
<td>Bites from animals such as dogs, cats, snakes, etc</td>
<td>Wash with soap and water</td>
</tr>
</tbody>
</table>
| Insects that bite and transfer germs, such as mosquitoes that pass malaria germs, or sandflies that pass leshmaniasis germs | Use mosquito nets  
Keep the area around the house free of standing water where mosquitoes live.  
Keep the area around the house free of trash and things that attract flies. |
Sub-Milestone 4: Reflecting On a Healthy Lifestyle

Milestone 3
Activity 11: Reflections About Home and Self

Objective: to begin to consider areas of change towards a more healthy lifestyle
Materials: notebooks
Time: 1 class

Activity:

1. The Learners should be given a question to consider:
   “What things do you do in your own home now to prevent illness for yourself and your family?”

2. And then a second question:
   “What things do you think you can and should improve? Or, what is a health problem that your family is facing, and what do you think you can do to improve it?”

   NOTE: This list of things to improve may be things that are possible to change, as well as things that are beyond their control. For example, if they live near a pond, they cannot reduce the open water near their home to reduce mosquitoes. So instead, they must use an alternate solution, such as mosquito nets.

3. They can do this work by drawing pictures that show what they do now, and then another set of pictures of what they want and need to change, or will change.

4. These pictures can be posted on the wall for the Learners to see and be reminded of their plans for themselves.
Milestone 3
Activity 12: Reflections About the Community

Objective: to reflect on health in the community
Time: 1-2 classes

Activity
1. The questions [from the last activity] can then expand outwards to the whole group and the community:

   “What is a health problem that the community is facing now and what do we think can be done to improve it?”
   “What places in the community contribute to germs and infection, and how could we change or improve those things?”

2. For example, if there is a place in the village where everyone puts their trash and it is attracting insects and animals and is a source of germs, then perhaps the village can consider digging a pit for its trash, or burning the pile regularly, etc. In other words, what can the community do to help reduce the germs that cause illness, and help the community members stay healthier?

3. After the class has identified a number of these areas and places in the community – say five or six, the Facilitator can have the class divide into groups, and each group should take one of the places that has been identified.

4. The group should discuss what they can do to reduce the danger to the community, making a list of steps, and a drawing of their ideas.

5. Each group should make a proposal of what they can do, and then present it to the whole class, using lists, words and drawing.

6. This group pictures and proposals can be put on the wall, and the class can suggest how the different ideas can be put together as a plan to improve the health of the community.

7. As actions are taken, these things should be added to the plan on the wall. They should not forget their plan!
Sub-Milestone 5: What Should We Do When We DO Get Sick?

Milestone 3
Activity 13: What Does a Sick Person Need In Order To Get Better?

Objective: To understand the most critical things needed by people who are sick, and why those things are important
Materials: notebooks
Time: 2 classes

Activity:

1. Facilitator begins a discussion: Using soap and washing frequently, and eating healthy foods and drinking clean water will help us stay MUCH healthier and prevent most illnesses. But sometimes, we will still get sick. So what should we do when that happens, when we, or someone we know is sick?

2. The Facilitator should read the following two stories aloud to the Learners:

**Story A.** Zakira’s 6-year-old daughter Hafiza was very sick. She had a fever, and she was having diarrhea and vomiting. She was lying in bed very still and barely answered when Zakira called her name. Zakira was worried and wasn’t sure what to do. She asked her neighbor Mina for advice. Mina told her that she should stop giving Hafiza water until the diarrhea and vomiting stops, because more water will only make it worse. And she should not give her food either, until she’s better. Zakira followed her advice, and since Hafiza was half-asleep and wasn’t asking for water, she must not need it anyway. But the next day, Hafiza’s body was limp in bed, and her eyes were barely open. She was much worse, even though her fever was gone. By the end of the next day, Hafiza had died.

**Story B.** Zakira’s 6-year-old daughter Hafiza was very sick. She had a fever, and she was having diarrhea and vomiting. Zakira was worried and wasn’t sure what to do. She asked her neighbor Fahima for advice. Fahima told her to give Hafiza lots of extra water, or green tea with a little sugar and salt in it, and also some soup or fruit juice or bread. Fahima told Zakira that Hafiza’s body was like a plant that didn’t have enough water and was wilted and dying. This was because Hafiza was losing so much water through diarrhea and vomiting. Zakira followed her advice and made Hafiza drink a lot of tea with a little salt and sugar, even though she didn’t want it, and gave her some soup. Within half an hour, Hafiza’s eyes were brighter and she began responding to her mother. Even though she still had vomiting and diarrhea, she felt stronger and could sit up in bed. Zakira kept giving her lots of water, and good soup to eat. Two days later, Hafiza was ready to go back to school.
3. After reading both stories, the Facilitator should ask the Learners what the difference was: **Why did Hafiza live in one story, and die in the other? What did Zakira do differently that helped Hafiza live?** [She gave Hafiz food and water, which is what Hafiza’s body needed.]

4. The most basic physical things that any human body needs to live are: air, water and food. And when we are sick, we need food and water even **more** in order to be strong enough to fight the disease.

5. To understand why our body needs water, think of a plant, or a crop in a field. When plants have enough water, they stand up straight and tall. But when they do not have enough water, they become weak and wilted, and dry up and die.

6. The human body is the same way. We always need water. And when we’re sick, we need even more water, both children and adults, but especially children.

**What Should We Do?**

7. There are certain basic things that we should always do for someone who is sick, or for ourselves if we are sick. It does not matter what the disease is! These are things that **any** sick person needs, even if they don’t have diarrhea. This is to keep them from getting sicker, and helps the body fight the germs:
   - Drinking **extra** fluids (water, juice, green tea with sugar)
   - Time to rest - **extra** sleep
   - Eating
   - Staying warm (but bringing down a fever using cool water, or medicine if necessary)

   This list is for adults **and** children.

8. Now, in small groups, Learners should discuss this list and discuss **WHY** each of these things is important for the body when it is sick:
   - Everyone should drink more water and fluids when they are sick. **WHY?**
   - Everyone should rest when they are sick. **WHY?**
   - Everyone should eat if they can, when they are sick. **WHY?**
   - Everyone should stay warm when they’re sick, but bring down a fever. **WHY?**

**NOTE:** Even if the Learners don’t know the exact reasons why, this will also help reveal their perceptions about what the body needs.

9. The groups should share their ideas with the whole class.

10. The Facilitator should give a summary **explanation/discussion:**
   - **Drinking lots of fluids** - **WHY?** Everyone should drink more water when they are sick, no matter what the illness is! This will help the body ‘wash’ the germs out. Without enough water, the body cannot work properly. It will dry up, like a plant that does not get enough water. When someone has diarrhea or
vomiting, lots of extra water is leaving their body. If they do not drink extra water, they will get much sicker. The body always needs water, and it needs even more water when it is sick – **with ANY illness at all.**

- **Time to rest - extra sleep** – WHY? The body needs all its energy for fighting the germs that are making it sick. If someone does not rest enough, then their body will become weaker because it is having to do two jobs at once: 1. fight the germs and 2. do outside work.

- **Eating** - WHY? The body needs energy and fuel to fight the germs.

- **Staying warm** (but bringing down a fever using cool water, or medicine if necessary) WHY STAY WARM? If the body gets cold, then it has to work harder to keep itself warm and it is not able to fight the germs at the same time. So ill people should be kept warm. **But**, if the body gets too hot from a fever, since this can damage the body the fever should be brought down such as by pouring cool water on the person’s feet, or using medicine like paracetamol if necessary.

11. The Facilitator should share with the Learners: For certain diseases the body does need the help of certain medicines. But we can recover from many illnesses without medicine if we help our body work properly and help it to win the fight against the germs.
Milestone 3


Objectives: to understand the signs that mean we should get extra medical help
Materials: flipchart paper and markers, maps from Milestone 2: Our Health System
Time: 1 class

Activity:
1. Facilitator begins a discussion: Sometimes if someone’s body is too weak or can’t fight the germs properly, they need the help of medicines. There are signs we should watch for if a sick person is not getting better, and we should then go to a clinic or get help from a medical person quickly in order to treat the person. Some of these danger signs are:
   - Fever that does not go down, or that keeps coming back
   - Diarrhea or vomiting that does not stop, or that is bloody
   - Difficulty breathing

2. These danger signs should be written on a flipchart paper along with pictures (some of the same pictures from Milestone 1 can be used, but darker and heavier looking, or with ! signs to show the danger and emergency.) This paper should be posted on the wall of the classroom.

3. Remembering Milestone 2: Our Health System, the Learners should then discuss and plan exactly where they would go to get help when they need it, and how they would get there.

4. This plan should be written on a flipchart paper as a plan of preparedness.

5. A group of Learners can then make up their own role play showing a family with a very sick child, showing how they get help – where they go, and how they get there, following the plan made by the group.

NOTE: If while making the plan the group decides that there are problems in the community and getting help is very difficult, or too expensive, or too far away, etc, then the group can begin discussing ways of solving this problem: What does the community need in order to be able to take care of its members better in emergencies?
EVALUATION ACTIVITIES FOR MILESTONE 2

1. Learners should be asked to pretend they are explaining to their neighbor why they should wash their hands with soap after using the toilet.

   [Answers: They should explain in detail about bad germs, the danger of germs entering the body, and why soap should be used when washing (to kill the germs).]

2. The Learners should be able to explain 3 things that we can do in our lives to prevent illness.

   [Answers: such as being clean, eating good food and water, getting immunization]

3. The Learners should be able to answer the question, “What are some things that every sick person needs?”

   [Answers: extra water, food, rest and warmth]
Introduction to Health Milestones 4, 5 and 6 and the Health Learners Book

In these three milestones, our goal is to give women useful information to keep their family and themselves healthy, and prevent dangerous situations that can lead to serious illness or death.

Milestone 4 gives valuable information about First Aid: how to treat injuries, as well as diarrhea. It is very important that the Learners understand the reasons WHY we do things, not just memorizing what to do. Please make sure in Activity 11 the Learners understand about ORS and the need to give fluids to children with diarrhea. Every year,

Milestone 5 is about Birth Spacing and Family Planning. It is very important that you as Facilitator provide correct information to the Learners. Please invite a CHW or midwife to talk to the class about family planning methods and where family planning is available. This milestone also has activities that give practice in how to communicate with family members about birth spacing and family planning.

Milestone 6 is called Managing Pregnancy. In Afghanistan, more women die giving birth than almost anywhere in the world. In Afghanistan, ¼ of all children die before they reach age 5. This is not normal and life does not have to be this way! The goal of this milestone is to give women information and skills to take care of themselves and their children better, so they can all live healthier lives with less pain and less death.

There is a book for the Learners for these three milestones. The goal of this book for the Learners is so that they will have the useful information that they learn in class. If they forget, then they can find the information in the book.

In this book is the same information that is in your activities book. Also, there are activities and questions for the Learners to do related to each activity. In your Facilitator book you will see a small symbol like this:

This symbol means that the information in your book is repeated for the Learners in their book, and there are additional questions or activities for the Learners as well.

You should also have your own copy of the Learners Book so that you can see what the Learners see in their book.
Symbols are used with the information in the Learners book so that the Learners can find information easily and know what it means. You should explain these symbols to the Learners:

- **Danger Signs** – medical help is needed.

- **Healthy** – things to do that are healthy and helpful

This is a very important book for the Learners and for you also. We hope you all learn much that will help you and others live healthy lives!
MILESTONE 4: FAMILY FIRST AID

NOTE: This sign indicates that sections or activities are in the Health Learners Book (HLB). The Learners should be instructed to find these corresponding pages in their books for the activities and information.

Sub-Milestone 1: First aid basics for cuts, bites and burns

Activity 1: What Is First Aid? What Problems Can It Address In Our Homes And Community?

Objective: to become aware of common accidents and first aid issues in the community
Materials: flipchart paper, markers, HLB (Health Learner Books)
Time: 1 class

Activity:

1. **Discussion:** What is the difference between a disease like measles, and a cut finger? One way to think of the difference is what kinds of sound we make when we cut our finger: What do people say or what sound do they make when they are injured?
2. We don’t make these sounds when we are sick with a disease like measles! Why not? Measles is caused by germs *inside* the body, and injuries are caused by damage to the body from the *outside*.
3. What are some kinds of injuries that have outside (external) causes? Three categories should be written at the top of three flipchart papers: Cuts and Injuries, Burns and Bites.
4. The class can then begin to make lists of accidents that have happened to them (or people they know) in the three categories. For example, “Marzia’s son was bitten by a scorpion”, “Zohra cut her hand on a piece of broken glass”, “Laila’s daughter was burned when she fell into the fire”.
5. After the lists have been made, the class should then look again at each accident written down, and briefly discuss and write how that accident could have been prevented. Example: “Marzia’s son was bitten by a scorpion” → checking under the cushions for scorpions every day “Zohra cut her hand on a piece of broken glass” → picking up pieces of broken glass from the ground “Laila’s daughter was burned when she fell into the fire” → making sure that small children are not allowed near a fire

From this activity, it will become clear that while some accidents cannot be prevented, many accidents CAN be prevented.
Accident prevention means seeing what and how an accident could happen BEFORE it does.

6. Having thought about kinds of accidents and injuries, in small groups the class should discuss and write down what kinds of injuries are most common in their homes. This can be done thinking of places in the home and what can go wrong in each place: What can go wrong in the kitchen? In the toilet? In the garden? In the bedroom? Around the animals? In the field? Near the well?

7. They can begin to discuss and plan how they could prevent accidents in their homes. How can they keep their family safer? They should discuss sources of accidents, and what can be done to reduce the dangers. These ideas should be written down, and simple plans developed.
Milestone 4
Activity 2: What Should We Do When Accidents Happen? ➔ Cuts And Injuries

Objectives: to know the correct treatment for cuts and injuries
Materials: the accident chart made in the previous class, flipchart paper and a red marker, cloth to use as bandages
Time: 1 class

Activity:

1. First, review the work of the previous class. The Learners should share if they made any changes in their home after the discussion about preventing accidents in the home.
2. Then, looking at the list of accidents made in the class before, review some of the accidents that cause Cuts and Injuries.
3. Introduction: We know that many accidents can be prevented, but not all of them. Accidents and injuries will happen. So it is very important that we know what to do for an injury so that it does not get worse. This is First Aid. It is the steps we take when someone is cut, burned or bitten so that they can heal and get better.
4. Read the following story to the Learners as they follow along in their HLB:
   Little Marzia was playing outside with her brothers; they were making small houses out of mud and stones. Marzia saw a stone in the ground that she wanted to use and she began to dig it out. But Marzia didn’t see the old razor blade sticking out of the ground, and when she reached for the stone her thumb was cut by the razor. Marzia cried out and ran into the house, blood dripping from her thumb. If you were Marzia’s mother, what would you do?
5. The Learners should share what they would do for Marzia’s cut, telling exactly what steps they would take.
6. The Facilitator should then write on the board the steps that should be followed for a cut, and ask the Learners to think about their own answers and see if they would have done the correct thing:

   What to do for cuts:
   1. Stop the bleeding by putting a cloth on the cut and holding it tightly until the bleeding stops.
   2. Wash the cut area with fresh water and soap to remove any dirt from in or around the cut skin.
   3. Dry the skin with a clean cloth.
   4. Cover the wound with a clean cloth and bandage.
   ** Do NOT put dirt or plants/herbs on the cut.

   7. If necessary, have the Learners draw symbols or pictures representing the steps above.
**Discussion:** What should Marzia’s mother do? She should wrap Marzia’s thumb in a cloth and hold it tightly so the bleeding stops. Once the bleeding has stopped she should wash Marzia’s thumb with soap and water and make sure any dirt is removed from the cut. She should dry the area and then tie a clean cloth or bandage around Marzia’s thumb, and tell Marzia to not get the bandage dirty.

8. For each step above, they should discuss WHY:
   1. Wash with water and soap – WHY?
   2. Dry with clean cloth – WHY?
   3. Cover with clean cloth – WHY?
   4. Do NOT put dirt or plants/herbs on the cut – WHY NOT?

For cuts, the important rules are to first stop the bleeding, and then to make sure the cut is cleaned and *stays* clean so it can heal properly.

**Practice:** The Learners should actually DO this, practicing taking care of a deep cut. Working in small groups, one Learner can be the injured one, using a pen (red, if possible) to mark a ‘cut’ on the woman’s arm or foot or finger, etc. She should act as if she is in pain and bleeding, and the other Learners should take care of her as if she were really bleeding heavily. They must find water and soap and a cloth to ‘treat’ her injury.

**NOTE:** It is very important that the Learners actually physically practice this so that they will learn and remember these steps well, not just by talking about it.
Milestone 4
Activity 3: What Should We Do When Accidents Happen? ➔ Burns

Objective: to begin to understand how to treat burns properly, and why
Materials: flipchart paper, markers, clean cloth to use as bandages
Time: 1 class

Activity:

1. Read the following story to the Learners:
   As Fatima was cooking dinner, her little son Abdul came in the kitchen and stood by her as she cooked. He was tired, and had only learned to walk a few weeks earlier. He held onto Fatima’s shawl as she worked. But when Fatima removed a pot from the fire and turned to put it on the floor, little Abdul lost his balance and fell towards the oven. Fatima grabbed him quickly, but his hand had fallen in the oven and gotten burned. Abdul was screaming. What should Fatima do?

2. The Learners should share what they think Fatima should do.
3. The Facilitator should then write on the board the steps that should be followed for a burn, and ask the Learners to think about their own answers and see if they would have done the correct thing:

   What to do for burns:
   1. Hold the burned area in cool clean water for several minutes to stop the burning.
   2. Cover the area with a loose clean cloth.
   3. Do not put anything on the burn except for a clean cloth.
   4. Do not break blisters.
   5. If the burn is very severe and deep, go to a health center for help.

   If necessary, make symbols or drawings showing the steps above.

Discussion: What should Fatima have done? The Learners should explain:
Fatima should hold Abdul’s hand in a bucket of cool water and if the water gets warm, then put fresh cool water in it. She should keep his hand there for several minutes until his hand feels cool. She should then get a clean cloth and gently dry his hand and wrap the cloth around his hand so the burned area is covered and will stay clean. She should not put anything on the burn, and should keep it covered. If blisters form, she should leave them alone and keep them covered. If the burn is very severe, she should take Abdul to the health center for treatment.
4. **Practice**: The Learners should practice treating a burn. In small groups, one woman should act as if she has burned herself and the other women should follow the steps to treat her burn properly.

For burns, the important rules are to first cool the skin, and then to make sure the burn is kept clean and covered so it can heal properly.
Milestone 4
Activity 4: Focusing on Burn Prevention

Objective: to identify sources of burn accidents in the home and community, and take specific steps to prevent burns from happening
Materials: notebooks
Time: 1 class

Activity:
1. The Learners should make a list of all the burn accidents that they have seen or experienced or heard about.
2. Thinking about their own homes, they should make a map or drawing of their home and places or objects that could be a source of burns (such as the stove, or a lamp, or matches, etc).
3. Using these drawings, they can make a plan of what they need to change in their home to reduce the risk of burns. It might mean putting the matches on a high shelf away from children, or storing kerosene outside, or keeping small children away from the stove. They should write or draw their plans for their house.
4. They can then identify if there are particular types of burn accidents that are common in their community that they hear about. For example: accidents caused when containers of gasoline and kerosene are confused and gasoline is put into a kerosene stove or lamp.
5. Once they identify 2-3 (or more) common types of accidents, small groups of Learners should develop a plan for how to prevent a particular type of accident. This may be a plan for their homes, or one they would share with their community. (For example, a group discussing the gasoline-kerosene accidents may decide to make labels with a symbol for gasoline and a symbol for kerosene to put on the containers.)
6. They should produce their plans on flipchart paper and present to the rest of the group, and then discuss how they will implement their plans.
Milestone 4
Activity 5: The Importance in Understanding Skin and Treating Injuries

Objective: to understand the reasons behind the proper treatment of injuries
Materials: HLB
Time: 1-2 classes

Activity:
1. When we are injured, why do we say ‘Ai!’ Or ‘Ow!’? Because it hurts! But what hurts? Our skin. Injuries occur on our skin, and so it is important to know more about our skin:

Read the following text out loud slowly to the Learners, allowing time for discussion during the text at the questions:

Our Wonderful Skin

If we have to keep something precious, what kind of box or container do we use? One that does not allow water or dirt to get through, and protects it from heat and cold. Our skin plays this role too – even though our skin is very thin, it protects our body in many ways. (Can you list these?)

However, the skin much more than a container! It is flexible, and can bend and stretch as our body moves (Try this out, observing your skin). When the weather turns hot, tiny holes on the skin give out drops of sweat, and this cools our body. The colour in the skin also protects us from the harsh rays of the sun.

If you look very closely at your skin carefully, what do you see? Make a drawing.

The skin acts as a base on which grows hair, which also protects us. (Again, can you say how?) On the soles of our feet and in the palms of our hands, the skin is somewhat different. Why do you think this is so? How does it help?

The skin is also very sensitive. It can feel the slightest sensation of heat or cold, of something soft or sharp, smooth or abrasive. Often this warns us and we move in time, before we can get hurt or burned. (Can you give examples of this?) It is because of the skin getting hurt that we say Ai! or OW! when we get cut or burned.

When we do get hurt, the skin heals itself fast. This closes the injury and allows it to heal too.

Truly, our skin is a wonderful thing – it not only makes us look good, it also helps us feel good and stay healthy too!
Questions for discussion:

- What are the jobs of the skin?
  [To protect the body from germs, to give sensation, and to hold the body together (like a container)]
- Why is it important to wash the skin with soap?
  [to kill the bad germs on the skin]

2. When we are injured, the steps we take for first aid are because of the skin and the blood. When the skin is injured, then it cannot protect the body. A cut in the skin is like an open door in the body which germs can enter.

3. You have learned some basic principles about first aid and how to treat injuries. These principles are very simple:

   1. **Stop the bleeding**
   2. **Clean the injured areas**
   3. **Keep open wounds and burns clean and covered**

4. Why are each of these things important? In order to understand why, each small group should briefly discuss these principles by telling what would happen if we DIDN’T do these things:

   Group 1 should discuss: What could happen if we DON’T stop the bleeding. Why?

   Group 2 discusses: What could happen if we DON’T clean the injured areas. Why?

   Group 3 discusses: What could happen if we DON’T keep open wounds and burns covered. Why?

5. Each group should then share with the whole group what they discussed. The important principles that should be clear are:

   1. **If we lose too much blood**, we die.
   2. **If an injury is left dirty**, then bad germs will enter the body through the opening in the skin, and can cause infection which is very painful and can even cause death.
   3. **If an open wound is not covered**, then bad germs from the environment can enter in the body and cause infection.
Milestone 4  
**Activity 6: Blood and Infection**

**Objective:** to understand the role of blood in the body and in the spread of infection  
**Materials:** HLB  
**Time:** 1 class

**Activity:**

**Part 1: Blood**

1. Review the role and jobs of the skin for the body: sensation, covering and containing the body, and protection  
2. We can see and feel how important our skin is. But we don’t think about the blood in our body until we see it! Blood is important too, but how and why?  
3. The group should discuss what they think the role of blood is in the body. What does blood do? They should share their ideas about the work of the blood.  
4. Read the following story to the Learners slowly, for information about our blood:
The Learners should discuss their reaction to the story of blood, sharing if they learned anything new or didn’t understand something. They can compare to what they initially thought about the work of blood.

The River in Our Body

Hundreds of years ago, people thought that the body was like a bag filled with liquid – a sack of skin filled with blood. But then a Muslim scientist, al-Nafis, nearly 1000 years ago, discovered that the blood in our body does not slosh around like water in a jug. He discovered that the blood in our body is contained in neat, organized, soft, narrow pipes called veins. The blood flows in these veins the way water flows in a pipe, and the beating of our heart is the pump that makes the blood move through the veins.

We can see these veins – look at the back of your hand, or under your wrist or on the inner part of your elbows and you see the thin dark lines – these are the small veins filled with blood. Some of the veins deep in the body near the heart are much larger than these, as big as your fingers, full of flowing blood. But the veins then branch out in our body, like branches on a tree, getting smaller and smaller until in our skin only the very smallest veins carry blood.

What does blood do for the body, and why does it flow in these veins? First, we must answer this question: What are the most basic things that a human body needs at all times in order to live? We need:

- water
- food
- air

All parts of our body need these things all the time: our hands, our eyes, our liver, our knees, they all need food, water and oxygen. How do we get these things? By breathing, eating and drinking. But then how does the oxygen, and food and water get to all parts of our body? Our feet need oxygen too!

It is the blood that carries these things all over our body. Our blood is like a river carrying boats which deliver things to people all over the country. Our blood carries food, water and oxygen to all parts of our body. This is why blood is so important. Our body is constantly making new blood to replace any blood we lose. But if we lose too much blood too fast, our body will die.

When we are injured or cut, veins are cut in our skin are cut and the blood comes out of our body. If germs get in the cut, then the blood in the veins in the skin picks up the germs and carries them through the body and this is what can make us sick. But blood is also what carries medicine around the body to make us well again.

Blood is the quiet hidden part of our body that keeps us alive!
Questions for discussion from the story: (in the Health Learners Book)

- Why is blood so important to our body?
  [Because it carries air, water and food to all parts of the body]

- How can the germs going in one small cut in the skin make the whole body sick?
  [Because the blood carries the germs around the body]

**Part II: Infection**

1. When bad germs get in a cut, we call it an **Infection**. If an injury gets infected, then it becomes very painful, may not heal correctly, and can even make the whole body sick. *This is why it is so important to keep wounds clean, so germs do not get in and cause infection.*

2. How do we know if there is infection? There are signs to watch for as an injury heals:

**Signs of infection - Danger Signs that mean extra medical help is needed:**

1. The injury becomes red, with red lines coming out from the injury.
2. The injury feels hot and painful and swollen.
3. The injury starts to have white or yellow fluid coming from it.
4. The injured person has a fever.

3. What should you do if an injury (cut, burn, bite, etc) becomes infected? We should get help from a medical center.
4. If infection happens, it is very important, especially for children, to get medical help right away. Otherwise, if the infection spreads to the whole body, the person will become very sick and could die. To stop infection, sometimes we must take medicine to kill the germs causing the infection.

**This is why one of the basics of first aid is to keep a wound clean to PREVENT INFECTION.**
Milestone 4
Activity 7: What Should We Do When Accidents Happen? → Bites

Objective: to know how to treat various bites
Materials: flipchart paper, markers
Time: 1 class

Activity:
1. Question: What are things that bite us? The Learners should generate a list of things that cause injury by biting. These will be insects as well as animals. The list should be specific about particular animals or insects that they have experienced or seen, especially in their area.

2. The list may include: mosquitoes, flies, dogs, snakes, bats, scorpions

3. What can be the effects of the various bites? Example: mosquito bites can cause malaria, sandfly bites can cause leishmaniasis, dog and bat bites can give rabies, scorpion bites cause extreme pain, snake bites can cause serious illness or death.

4. The Learners should discuss: What is the role of prevention in terms of bites? What can be prevented? Malaria and leishmaniasis can be prevented by using bednets and by keeping the environment clean and free of trash and standing water.

5. Other bites are very difficult to prevent, and instead require prompt and correct treatment:
   - Dog bites: Wash the bite with soap and water. But do not cover the bitten area. Go to a clinic for help.
   - Snake bites: Try not to move the bitten area. Hold it still, and go to a clinic for help.
   - Scorpion bites: Put the bitten area in cool water. Medicine such as paracetamol or ibuprofen can be taken for the pain. Go to a clinic for help.

In all of these cases, extra medical help is needed and the bitten person should be taken to a health facility.
Milestone 4
Activity 8: What Should We Do When Accidents Happen? – Broken Bones

Objective: to know how to recognize possible broken bones
Materials: a long stick broken in half, wrapped in thick cloth to simulate an arm (skin, muscle and bone). (don’t let the Learners see that the stick is broken)
Time: 1 class

Activity:

1. Discussion: What kinds of accidents could result in head injuries or broken bones?
The Learners should generate a list of accidents such as falling, that involve heavy damage to the body
2. Discussion: Broken bones and head injuries are sometimes hard to recognize. Why?
3. When we are cut or burned, we can see and feel that our skin has been hurt. But we can’t see our bones.
4. Show the wrapped stick in cloth – this is an “arm”. Do you think the “bone” (the stick) in this “arm” is broken? By looking you can’t tell. We can only be sure from an X-ray of the bone— an X-ray is a picture of the inside of our body where we can see the bones.
5. Read the story below slowly for the Learners. Tell them to listen carefully for the signs of the broken bone. (the symptoms):

Zaher and his sister were coming back from school when Hafiza noticed that the zardaloo were ripe and ready to eat. She asked Zaher to climb the tree and get some for her. Zaher climbed up and began picking fruits and tossing them down to Hafiza as she laughed happily. But suddenly Zaher slipped on the branch, and Hafiza screamed as Zaher fell to the ground. Luckily, the tree was small and he didn’t fall far. He sat up slowly, holding his arm. He wanted to be strong in front of his sister and he told her he was fine. But by the time they reached their home, Zaher’s arm had become very swollen, and was starting to turn dark blue at the place where it hurt the most. When his mother told him to get water from the well, he could not make his hand work properly. His father told him he’d be fine, but that night, Zaher’s arm hurt so badly he couldn’t sleep. The next morning his hand and arm were feeling numb, and his arm had turned even darker black and blue. By the next day, the pain was not less and still his hand would not work properly. Zaher’s parents decided they should take him to the clinic. At the clinic they said his arm might be broken. They sent Zaher to the hospital where he got an X-ray. The doctor said it was definitely broken. He put a plaster cast on Zaher’s arm and told him to come back in 6 weeks to have it taken off. The doctor said that if they had not come for treatment, Zaher’s arm might have healed crookedly and be painful for the rest of his life.
NOTE: If necessary, the story should be read again slowly and talked about as it is being read.

6. Questions from the story:
What were the signs that Zaher’s arm was broken?

- The Learners should list the symptoms of Zaher’s broken arm: immediate swelling, turning black and blue, numbness, not being able to move the limb properly, painful

What can happen if a broken bone is not taken care of properly?

- A broken bone can become bent or crooked and cause pain for years if not put in a plaster cast to heal correctly.

7. What to do if we think a bone is broken: The most important thing is to get extra medical help. But until that time, we should first put the limb in cold water, if possible. Cold water will help reduce the swelling.

8. Then support the broken bone by using cloth to tie a stick or piece of wood to the outside of the arm or leg or finger (the broken limb) so that it cannot move until you get to the clinic.

9. The Learners should make drawings showing these steps:

What to do for possible broken bones:
1. Put the limb in cold water if possible.
2. Use cloth to tie a piece of wood against to the limb so that it cannot move.
3. Get extra medical help right away.

Practice: The Learners should pretend they have a broken bone and practice tying a stick to ‘broken’ fingers, arms, and legs. (making a splint)
Milestone 4
Activity 9: What To Do When There’s An Accident – Head Injuries

Objective: to be able to recognize a serious head injury
Materials: flipchart paper, markers
Time: 1 class

Activity:

Discussion:
1. Our head is made of very hard bone – WHY? What is being protected by the bone of the head?
2. The brain: if the brain is injured, then our life is in great danger. This is why the head is so hard. It is a strong fortress for the brain.
3. This is why head injuries are very serious, and we must get extra help if there is a serious head injury. So the most important thing is to know the signs of a serious head injury. Listen to this story for the signs:

Wahida’s husband Hayat was walking home with his friend Samir. They were walking along a mountain path talking, when they heard some noise on the cliff above them. As they turned to look, a stone came rolling down the cliff and hit Hayat in the head. Samir tried to catch his friend as he fell to the ground. Slowly Hayat sat up and assured Samir he was ok. Samir helped him stand and they walked home slowly. Hayat walked slower and slower as they reached his house. He said he couldn’t see very well. At home he told his wife what happened. She made him lie down and gave him some tea, but he said he felt nauseous, and he tried to throw up. As his wife looked at him worriedly, she noticed that his eyes looked different, funny, as if they didn’t match. She talked to him about his day, but he was having trouble communicating clearly, and seemed to have forgotten what he did that day. Wahida’s brother came over to check on him, and became worried about him; he agreed that Hayat’s eyes didn’t look right. He and Wahida decided if he wasn’t better by morning they would take him to the clinic. The next morning, Hayat could barely answer their questions, and his eyes were not better. Wahida’s brother talked to his friend who had a jeep. They took Hayat to the clinic, but the clinic nurse immediately sent them on to the hospital. After several days treatment at the hospital, Hayat returned to normal and he and his family returned home.

4. Questions from the story:
What were the signs that made Wahida and her brother know that Hayat’s head injury was serious?
  - Learners should make a list of Hayat’s symptoms: trouble seeing properly, nausea and vomiting, eyes not looking right, trouble communicating clearly
If necessary, they can listen to the story again and find the signs in the story.
**The signs of a serious head injury:** trouble seeing properly, nausea and vomiting, changes in the eyes or eyes not looking the same (not matching), trouble talking or communicating or remembering

In the situation of a serious head injury, there is no treatment except to go to a hospital for extra help! Head injuries can cause permanent damage, or death.
Milestone 4  
Activity 10: Danger Signs – Making Decisions and Getting Extra Medical Help

Objective: to be able to recognize the signs that mean medical attention is needed  
Materials: stories, HLB  
Time: 1 class

Activity:
1. When an injury occurs, decisions must be made about how to treat the injury, and if extra medical help is needed.  
2. In the 2 stories below, there are danger signs that mean extra help is needed. In this activity, the Learners will help teach each other through stories. Give one story to each small group. They should read their story and answer the questions at the end.  
3. Each group will then present their story to the group and share what they learned. At the end, the whole class will summarize the major danger signs.

NOTE: If the Learners have trouble reading the stories, this activity can be done as a whole class, reading each story out loud and discussing as a group.

Story 1: Infection
Shukria had been running after a goat when she cut her foot on a sharp stone on the ground. She slowly limped back to his house, where her mother Nadia saw that the deep cut on her dirty foot was already full of mud. Nadia washed it with soap and water and covered it with a clean cloth.  

But Shukria’s shoes were too small and so she couldn’t wear shoes to protect the cut from getting dirty again. A few days later, Shukria began limping badly. Her mother looked at the cut. It was red, and larger than it had been. Shukria said it felt so hot, and her leg felt hot too. Nadia felt Shukria’s forehead; she had a fever. She washed the wound with fresh water and soap again and decided to wait one more day to see if it improved.

The next day though, the redness of the cut had spread, and it had white fluid oozing from it. Shukria could barely walk because it was so painful. Her mother made the decision to take Shukria to the clinic to get help. She and Shukria’s father arranged for transportation to the clinic and used some of the money they had saved for medical emergencies. At the clinic Shukria’s wound was cleaned again, and she was given antibiotics. The doctor there said that by bringing her for help, her parents had saved Shukria’s leg from the infection.

Questions:
1. What were the signs that Shukria’s foot was becoming infected? How did her mother know she needed extra help?
2. Why did Shukria’s wound become infected?
3. How could the infection have been prevented?
4. What could have happened if they hadn’t taken Shukria for treatment?
5. What did her parents do in advance that made it possible for them to get help for her? How did they ‘plan’?

The Lessons: Danger Signs of Infection
- Injury becomes worse, red, swollen, hot, and painful
- White or yellow fluid oozes from the injury
- The person has a fever

Story 2: Excessive Blood Loss

Hussein had been cutting wheat in his field all day. He had not had lunch or very much water to drink and he was very tired. He kept working, but he was weak, and suddenly he tripped over a rock in the field. As he fell, he felt a sharp pain in his leg near his hip. He turned over and saw that he had fallen on top of his scythe. Blood was pouring out of the cut at the top of his thigh. His friend Qais was nearby and had seen him fall. He ran over to Hussein and saw that Hussein’s clothes were already soaked with blood, and Hussein was beginning to look pale. He knew that Hussein was losing too much blood. He took off his turban and held the cloth tightly against Hussein’s leg, pressing as hard as he could to stop the bleeding. Finally, after several minutes, the bleeding had slowed. He tied the turban around Hussein’s leg and with other friends, carried Hussein home. But Hussein was barely awake, and was still pale. Qais told his family they should take him to the hospital because he needed blood. They were lucky to find someone driving to the city, and at the hospital, Hussein’s brother donated blood, which saved Hussein’s life.

Questions:
- Why did Qais press so hard on the place where Hussein had been cut?
- Why did Hussein turn so pale?
- Why did Hussein need blood from his brother?
- What would have happened if Qais had not known what to do?
- How could Hussein have prevented his accident from happening?

The Lesson: Danger Signs of Blood Loss
- Much blood is lost in a short amount of time
- The person becomes pale and weak
Sub-Milestone 2: First Aid For Diarrhea And Vomiting

Milestone 4
Activity 11: How To Treat Diarrhea and Vomiting, and Why

Objective: to know the correct treatment and the reasons for urgent proper treatment of diarrhea in children (the need for hydration)

Materials: HLB, IEC diarrhea flipcards

Time: 1 class

Activity:

1. **Discussion:** The pictures above are in the Health Learners Book. The Learners should look at the pictures above and compare the top story to the bottom story. How do both stories start? How do the stories end? Which one has a better ending? What is the difference between them that would explain the difference in the endings?

2. **Discussion:** Why is diarrhea dangerous, especially for children? The Learners should share their ideas about what makes diarrhea dangerous and their understanding of what to do for diarrhea, or their experiences with children who had diarrhea.
3. **Information to be shared with the Learners**: Every human being needs air, food and water to live. If we don’t have enough of these things, we will die. When a child has diarrhea, or vomits a lot, she loses a lot of water from her body. Unless this water is replaced by drinking more, her body will become too dry and weak, and she could die. For children, these things are more dangerous because their bodies are smaller and they do not have extra water in their bodies.

4. Diarrhea causes the deaths of thousands of children every year in Afghanistan. Many of these children can be saved by a few simple steps. The most important thing is to give plenty of fluids to a child with diarrhea (or vomiting). They must drink enough to replace all the fluid lost to diarrhea.

5. Some people think that giving water will make the diarrhea worse. But it is only by giving water that the child will get better!

6. Now the Learners should look again at the pictures of the two diarrhea stories, again compare the actions of the parents in both stories, and the final result. The Learners should complete the following sentence in their notebooks:

   “The next time my child has diarrhea, I will...”

**Review of the stories:**
Both children have diarrhea. However, the one who is not given extra things to drink becomes weak and is at a great risk of dying. The one who has plenty to drink stays healthy and survives the diarrhea episode. Having plenty to drink will not stop the diarrhea immediately. But it will keep your children strong and they will survive. Increasing fluids is the best course of action for all types of diarrhea.
Activity 12: Making ORS

Objective: to have concrete experience in exactly how to prepare ORS at home, and how to administer it to children properly

Materials: materials to make ORS: sugar, salt, water, clean glasses, a small spoon, a jug or bowl, diarrhea disease flipcards

Time: 1-2 classes

Activity:

1. Nearly all drinks are good for children with diarrhea. The only thing that matters is that the child has enough to drink. Here are some especially good drinks to replace liquids lost during diarrhea:
   - ORS (Oral Rehydration Solution) bought from a pharmacy or made at home
   - Breast milk
   - Wheat salt solution (WSS)
   - Watery gruels with just a little salt (mixtures of cooked cereals and water)
   - Watery soups like yakni with just a little salt
   - Rice water
   - Fresh fruit juices
   - Light tea with sugar
   - Drinks made from boiled water (such as mint or lemon tea)
   - Water from the cleanest source (if possible, brought to the boil and then cooled) with some food, such as boiled and mashed potatoes, bread or rice.

   - During diarrhea, drink plenty of these fluids. The only ones not good are extremely sweet drinks such as sweet colas and sodas or some commercial fruit drinks.

2. It is important to know how to make the correct drink for children with diarrhea. Just water is not enough; the children need some more things as well, like sugar and salt. ORS is the ideal drink for them, and can easily be made at home.

3. In this activity, the Learners will make ORS themselves in small groups of 4-5 Learners each. It is important that each Learner see how much salt and sugar are added.

4. After the ORS is made properly, each Learner should have a good taste of the ORS so they know the proper sweetness and saltiness.
Instructions for making 1 Liter ORS:

The learners should do this themselves in the class:

1. First wash your hands with soap and water.

2. Boil some water and let it cool.

3. Put 5 glasses of the cool boiled water in a clean jug.

4. Put 6 small handfuls of sugar in the water.

5. Add 2 pinches of salt.

6. Stir it, and then give to the sick person in a clean cup, or if it’s a small child, give it to them by spoon.

NOTE: After the Learners have made the ORS and tasted it, they should discuss how to use the ORS. It should be given by spoon or glass, not in a bottle.
Milestone 4
Activity 13: Some Ways To Prevent Diarrhea (Sources of Diarrhea Germs)

Objective: to review the sources of germs from Milestone 3 and ways to prevent diarrheal illnesses
Materials: materials for presentations
Time: 1-2 classes

Activity:
1. Discussion: How do people get diarrhea? How can diarrhea be prevented?

2. Small groups of learners should each prepare a short presentation of how they would explain to someone else about germs and how to prevent diarrhea. One group could prepare a role play or drama of explaining to another person about diarrhea; another group could make a poster with pictures. One group can make a diarrhea ‘game’, etc. The Learners should be encouraged to be creative and thorough in their presentations.

Information for this can be reviewed from Health Milestone 3.

Key points to be included in the presentations:
- Germs for diarrhea enter through the mouth usually from bad food, unsafe water, and unwashed hands that carry bad germs from trash or the toilet.
- Prevention comes by washing the hands with soap after the toilet and before eating, and making sure that food and water and dishes are kept clean.
EVALUATION ACTIVITIES FOR MILESTONE 4

1. Explain what you would do if your child cut her hand.

2. Explain what you would do if your child has diarrhea.

3. Explain what you would do if you burned your hand in the fire.

Criteria: No more than 2 mistakes for each question
MILESTONE 5: BIRTH SPACING AND FAMILY PLANNING

Sub-Milestones:
1. Early pregnancy, birth spacing and family planning
2. The monthly cycle, reproduction and feminine hygiene
Sub-milestone 1: Early pregnancy, birth spacing and family planning

Activity 1: The Safe Age To Have A Baby

Objective: to understand the reasons why women should not have children until after age 18, and how to address this social issue

Materials: Health Learners Book

Time: 1 class

Activity:

Discussion:

1. Question #1: How old were you when you got married? (or unmarried girls can tell how old their mothers were when they got married)
Ask this question of the Learners and write down the ages in a list and their names.

2. Question #2: How old were you when you had your first child?
Write this answer from each person in the list.

3. Those women who had their first child when they were less than 18, ask them to think back and remember how they felt during that early marriage and first pregnancy. What were their experiences and feelings? Were they happy? Sad? Frightened? Weak? Strong? Worried? Etc.

4. Make a list of the feelings that the women had when they became mothers early.

5. Discussion: Ask the women to sit in small groups and respond to this statement: “It is best to wait to have a baby until after age 18.” Do they think this is true? Do they believe it? Why? Why not?

6. The Learners should look in their Health Book and find the page about early pregnancy. They should take turns reading the information and discussing it:

- A woman is not physically ready to begin bearing children until she is about 18 years of age. Before age 18, the girl is still growing and if she gets pregnant, then her body as well as the baby are ‘competing’ for the same food, and the baby and the girl both become weak.

- Babies born to mothers who are too young are much more likely to die in the first year of life.
• Some life-threatening problems of pregnancy are more common among young girls who are pregnant.

• Mothers who are over age 18 are more mature, physically stronger and more able to be a good mother to their children. They have stopped growing, and so they can concentrate on the growth of their children.

7. Question: If you are already married and have children, then you cannot change your past. But you can improve the future of your own daughters and your community and society. **What can you do to help avoid early marriages and pregnancies?**

8. Role play: In order to practice how they would respond to someone who wants to marry their daughter too young, the Learners can do a role play. One woman should play the role of Najiba, a mother with a 14 year old daughter named Shukria. Another woman plays the role of Najiba’s husband, Nasrat. Another woman should play the role of Javid, a man who comes to ask to marry the girl.
   • What will Javid say and do?
   • What will Nasrat say and do?
   • What will Shukria say and do?
   • How can Najiba, Shukria’s mother, respond?

9. This is for the women to practice communicating clearly and strongly. Encourage them to take turns and practice several times.
Milestone 5
Activity 2: Please Do Not Create Problems For My Sister

Objective: To understand the problem of delivering babies in over 35 years old age and having over four children
Materials: Story
Time: 1 class

Activity:
The Facilitator or one of the learners should read the story of Abdul Hamid and his family one or two times and then answer the questions:

Please Do Not Create Problems For My Sister
Abdul Hamid and his family lived in one of the Mirbacha Koot villages. They had 2 daughters and 2 sons. Abdul Hamid’s mother, Bibi Gul wanted her daughter-in-law Farida to bring a new baby. But Farida did not want any more babies. She was saying that if a mother has fewer children she can take good care of them and provide them good education and good facilities of life. And since her age was over 35, she knew this age is not suitable for delivering more babies.

She never wanted to have more then 4 children but nobody listened to her. One day Laila, Bibi Gul’s daughter, and one more guest named Hamida came to Farida’s house. They all were chatting about everyday life. Hamida was the mother of 7 children. She started telling how many problems she faced when she delivered a baby at the age of 35. On one hand her age was not suitable for delivering a baby and on the other hand she had to handle all domestic work and take care of too many children while her health was not good. She said her children Farhia and Majabin both become malnutritioned because taking care of 7 children is not easy when you’re not feeling good, and she had anemia also.

So Hamida said to Bibi Gul, “Please do not put my sister in trouble, let her to take good care of her 4 children.”

Lila also talked about her bad experiences and problems. She said she went to the clinic yesterday and heard some useful tips from health educators over there. She said if she had known those things before, she would decided to have fewer children.

Questions:
1. Why did Bibi Gul want Farida to have more babies?
2. Why did Hamida and Laila not want Farida to deliver more babies at age 35?
3. Which kind of information did Laila get from Health Educator?
Information:

1. Those families with many children facing more problems of malnutrition.
2. Difficult delivery for mothers who have more then 5 children could cause bleeding after birth to the mother.
3. For a 35 year old or older age woman who has already four children, delivering more babies is dangerous for her health and her baby’s health.

Bibi Gul agreed with Laila and Hamida’s ideas after listening to their stories and told to Farida that she does not have to have more children. Bibi Gul asked her daughter-in-law to bring up her grandchildren nicely; this is what she really wanted from her daughter in law.
**Milestone 5**
**Activity 3: Birth Spacing: A Class Survey**

**Objective:** to begin to develop a picture of the social situation regarding birth spacing, and begin to share experiences of motherhood and birth spacing

**Materials:** flipchart paper prepared with lines, markers

**Time:** 1-2 classes

**Activity:**

1. Each Learner who has children should first make a list of all of their children’s names, and how old they are. Young girls with no children can make a list of their brothers and sisters, and their ages.

2. On a flipchart paper, make one long line for each Learner. Make small lines at equal distances. Each small line represents one year:

3. Now each Learner should come up and starting with her first child, draw a face at a small line for each year that she had a child. After she’s finished she should write her name on the line if she wants.

For example, if she had one child and then had another one 2 years later (2 small lines later), and then another one 3 years later and another one 1 year later, her line would look like this:

Example:
- 😊 1st child born.
- 😊 2nd child born 2 years later (2 lines)
- 😊 3rd child born 3 years later (3 lines)
- 😊 4th child born 1 year later (1 line)
Example chart of the Learners’ birth spacings:

4. After all the Learners with children have made their drawings, the Learners should discuss what this ‘graph’ tells them. They can answer questions like, “How many years do we usually have between our children being born?” “How many children do most of us have?”

5. **Question:** What is easier as a mother, having many children close together (every year) or having them with some years in between? Why?

6. Women who had children with space between can share their experiences as a mother and those who had children close together, every year, can share their experiences.

7. In small groups, the women can answer these two questions:

   **Question:** What is good about having children close together?

   **Question:** What is bad or difficult about having children close together?

   **Question:** How much choice do we have about this?
Milestone 5  
Activity 4: The Advantages of Birth Spacing

Objective: To share the advantages of birth spacing, as well as the reasons and rationale for at least 2 years between births  
Materials: HLB  
Time: 1 class

Activity:  
1. Learners should look carefully at the pictures of Nasima and Razia in their HLB, and then answers the questions:

   Comparing Nasima and Razia:

   a. Describe Nasima’s appearance and Razia’s appearance. What are some possible reasons for the differences between how they look?

   b. How old is Nasima’s son?

   c. How old is Razia’s little girl? How old is her baby boy?

   d. Which woman has done birth spacing, with at least 2 years between each child, and how do you know?

   e. If you could choose to be Nasima or Razia, which one would you want to be? Why? Whose life looks like it would be easier? Why?

2. Conclusion: Nasima has done birth spacing – her new child will be born more than 2 years after her last child.
3. Birth spacing means making sure that children are born at least 2 years apart. This is much better than having children every year. WHY?

There are health reasons for the mother and health reasons for the new baby and the older children; these reasons are supported in the Koran:

- **Health reasons for the mother**: A mother’s body needs two years to recover fully from pregnancy and childbirth. When there are many small children, then woman becomes tired and has little time to care for herself or her children as well. Anemia is common among mothers with closely spaced pregnancies, as the body does not get adequate time to replenish the nutrients lost during pregnancy and childbirth. An anemic mother gets tired easily and is at risk of frequent illness.

- **Health reasons for the new baby and children**: The risk of dying among newborns and infants, born at close birth intervals, is high. Other children under 5 are also at increased risk of dying. One of the greatest threats to the health and growth of a child under the age of two is the birth of a new baby. Breastfeeding stops too suddenly, and the mother has less time to prepare the special foods a young child needs.

- **Reasons given by the Koran**:  
  
  Koran (Sure 2:233) has the following message about breastfeeding: “And the mothers breastfeed their children during two complete years; this is valid for those who wants to complete the breastfeeding. And the one, to whom the child was born, has the obligation to take care for their food and clothing in a generous way. No soul should carry more burdens than it is able to carry. No harm should be done to a mother because of her child, and the one, to whom the child was born, not because of his child.” The Hadith: “I hate the one who makes the mother of a baby tired!”

5. In the HLB, look at the picture of the family with children that are at least 2 years apart. How does having space between the children affect everyone’s lives?
Milestone 5
Activity 5: The Need For Birth Spacing, and Its Difficulties

Objective: to openly discuss the issues and obstacles for birth spacing – social and family pressures – and how to address these issues and how to communicate about it with family members
Materials: the birth spacing chart made by the Learners in Act. 3
Time: 1 class

Activity:

1. Review the birth spacing chart made earlier by the group (Activity 3), and how close together many women had children.

2. **Question: Why do many women have children very close together?** What are the social reasons we do this? The group should generate a list of reasons for close births.

3. **Question: Is it difficult to control pregnancies and birth spacing?** Why? What are the pressures that make it difficult, that put pressure on women to have many children quickly? The group should generate a list of pressures.

   A question for older Learners: If you are a mother or mother-in-law, do you put pressure on your daughter or daughter-in-law to have many children quickly? Why?

4. **Question: If we want to control our pregnancies and be healthier mothers and have healthier children and families, what can we do?** What are our choices and options? What do we need to do? The group should begin to make a plan for themselves.

5. And if women in the group have older daughters, or daughter-in-laws, what can they do to support them in having more control over their pregnancies and lessen the pressure on them?

6. After the discussion, the women should identify areas they can begin to plan.

7. **Role play:** They should practice communicating about birth spacing and controlling pregnancies, and what they can do to inform their family and others.
Milestone 5  
Activity 6: How To Make Birth Spacing Happen: Family Planning

Objective: to understand the options and ways to approach birth spacing: the connection with breastfeeding, and family planning methods  
Materials: family planning IEC flipcharts  
Time: 2 or 3 classes

NOTE: The local CHW or clinic worker or midwife can and should be invited to this class to talk with the women about family planning methods, and where contraceptives are available.

Activity:

1. Question: How can families control birth spacing? What are some options? Let the Learners share their ideas and their knowledge and understanding of family planning.

2. There are many safe and acceptable ways of avoiding pregnancy. Family planning services can give couples the knowledge and the means to plan when to begin having children, how far apart to have them, and when to stop. Couples should ask advice about the most suitable means of family planning from the nearest trained health worker or clinic. Family planning is the responsibility of men as well as women.

3. Use the Family Planning Flipcharts pictures and information to discuss the types of family planning methods. Carefully read through each type of family planning and as a group, discuss its use, if anyone has experience with that method and share her experiences. Women should also share their concerns and fears, if they have any about the methods.

Pill for Birth Spacing
- Effective for birth spacing.
- Taken same time every night before going to bed.
- Some women will have mild headache, irregular bleeding, weight gain, stomach ache, or mood changes.
- Safe for almost all women.
- Can be used by women at any age.

Injections for Birth Spacing
- Safe and very effective.
- One injection gives 3 months protection.
- After stopping the injection, women can become pregnant again after four months.
• Bleeding changes are probable. These may be light spotting, irregular bleeding or no menses. All these are normal with the injections.
• Mild head ache or slight weight gain can occur
• Other people will not know she is using the injection unless she tells them.
• It is safe during breastfeeding, if begun at least one and a half months after delivery
• Can be used by women at any age.

Condoms
• No side effects
• Somewhat effective for birth spacing as commonly used. Effective if used correctly every time.
• Easy to use
• Condoms can prevent AIDS and other diseases transmitted by sex

IUD (“Loop”)
• Safe and very effective.
• May be used up to 10 years – can be removed at any time and women can become pregnant again.
• Menstrual periods may be heavier and longer. Mild pain can occur for a short time after starting.
• Good method for breastfeeding mothers. May be started at 6 weeks (40 days) or more after delivery.
• A skilled midwife or a doctor is needed to insert the IUD.

Exclusive Breastfeeding for Birth Spacing
• Breastfeeding is effective for birth spacing up to 6 months after delivery if the mother has no menstruation and is exclusively breastfeeding.
• For longer birth spacing she should start another method (such as injection or IUD) within 6 months or when she starts any supplemental feedings for her baby.

4. **Question: If we want to do family planning, where and how do we get these things?** What are the local resources available?

The local CHW or clinic worker or midwife should help the group learn what kinds of family planning methods are available in their area, and where, and how to get them.
Milestone 5  
Activity 7: Misunderstandings and Questions About Family Planning Methods

Objective: to address some of the fears and concerns about the use of various family planning methods  
Materials: HLB  
Time: 1 class

Activity:  
First, review the methods of family planning:

- Pills
- Injectables
- The Loop
- Condom
- Breastfeeding

1. Learners should share their concerns, any rumors they’ve heard about the use of any of these methods.

2. The group should then read through the list of myths and realities about the methods and make sure they understand the truth about the different methods.

3. If they have additional questions or concerns, these should be addressed by a trained health worker such as CHW or midwife.

Information about family planning:

1. Myth: Women who have never been pregnant should not use contraception.  

Reality: Contraceptives may be safely given to delay the first pregnancy, such as for newly married women who want to finish schooling. Contraceptives do not cause infertility. Pills are often a good choice. Condoms, with the husband’s cooperation for correct and consistent use, can be moderately effective. Injectables may also be used, understanding pregnancy will be delayed about 4 months longer than after stopping other methods.

2. Myth: Women who work hard should not use the IUD.  

Reality: The IUD is not expelled more often by women who work hard. The chance of the IUD coming out is the same for women who work hard and for those doing light physical work.
3. Myth: IUDs (“loop” or Copper T) should not be given to women who had 6 or more pregnancies

Reality: The IUD is a good method for women with 6 or more pregnancies. The cavity of the uterus (womb) is suitable to retain the IUD and there need be no special concern about the IUD coming out. IUDs are expelled after about 3% of all insertions; therefore, all women should check for expulsion during the first 1-3 months. If expulsion occurs, another Copper T may be inserted without any time gap. If a woman has two expulsions, another method may be advised. The copper T is especially suitable for women with many children who need a highly effective long term method.

4. Myth: Breastfeeding women should wait until they have menstrual bleeding before starting injectable contraceptives

Reality: Breastfeeding women should start injectables before the first menses. This is the best way to avoid the risk of early pregnancy and births spaced too closely. She may start at any time between 6 weeks and 6 months after delivery so long as the woman is fully breastfeeding and has no menses. She should use contraception as soon as she begins additional feedings.


Reality: Injectable contraception is a good choice for breastfeeding women. There is no decrease of breast milk. Injectables should be started between 6 weeks to 6 months after delivery for breastfeeding women. Starting at 6 weeks to 3 months may be helpful for reducing bleeding side effects and concerns about amenorrhea.

6. Myth: Injectable contraceptives cause infertility and should only be used by women who have more than 4-6 children and are over 35 years of age.

Reality: Injectable contraceptives are completely reversible and may be used by women with any number of children and at any age. The absence of menstrual bleeding is not a sign of infertility--it is normal while using the injection. After stopping injections, women without bleeding become pregnant just as quickly as those who had bleeding. There is an average 4 month delay before pregnancy (until the hormone levels in the body drop) after stopping injections.
Milestone 5, Activity 8: Communicating With Family (Husband and Mother-In-Law) About Birth Spacing and Family Planning

Objective: to give the women skills in dealing with the common complaints and pressures from the family and society

Materials: materials for role playing

Time: 1 class

Activity:

NOTE: This should also be aimed at the women in the class who are mother-in-laws and mothers themselves, so that they can begin to reflect on how their attitudes towards their own daughters/daughter-in-laws

1. Question: What role does the man have in deciding about family planning?
   The key to successful family planning is communication and shared decision-making. This takes practice.

   The scenario:
   *A woman says to her husband: “I think we should wait longer before having another baby.”*

   The Learners should be divided into 2 groups and discuss the topics below:

   Group 1: What would a husband say, how would he react to such a statement? The group makes a list of things a man might say to such a statement from his wife.

   Group 2: What would a woman’s mother, or mother-in-law, or sister, or father, or other family or community members say to try to convince the woman not to use family planning?

2. After both groups are finished discussing, the whole group comes together. The first group shares its list of what a husband might say.

3. This time, for each thing the husband might say, the whole group shares some possible responses to the husband. These are ideas of what a woman could say to communicate clearly with her husband, explain her viewpoint and the health reasons for family planning, and be strong while also listening to his viewpoint.

4. The second group then shares its list of what family members might say to put pressure on a woman to have more children sooner.

5. The group then generates possible responses to these statements from family members, what a woman could say.
6. The group can practice these situations and communication through role plays, with different people playing the role of a wife, a husband, a mother-in-law, etc.
Sub-milestone 2: The monthly cycle, reproduction and feminine hygiene

Milestone 5
Activity 9: Why Do We Become ‘Sick’ Each Month?

Objective: Learners should understand how the female body works, and what menstruation means. And also they should not be shy while talking about her problems and menstruations.

Materials: Uterus chart

Activity:

NOTE: It is important to raise the trust level and try to remove the shyness and embarrassment from this topic so that open discussions can occur and the women can learn how to take care of themselves better, as well as teach their daughters.

The Facilitator should ask a few questions, and every learner should participate. There would be some questions that each learner may give different answers to. So as many learners should respond to such questions as possible. Some learner may feel uncomfortable to talk about sexuality and woman’s problems, but the Facilitator should try to reduce their shyness and encourage them to talk openly.

The Facilitator should let the learners to discuss about each question and exchange their views. After the discussion, the Facilitator should add some more information to make it as complete as possible.

Questions and Answers:

- Q: Why does menstruation happen to a woman?
  A: The female reproductive system is divided into 4 parts: Ovaries, tubes, uterus and vagina. There are 2 ovaries, their size is about the same as a walnut and located below the abdomen. One egg enters the uterus via tubes each month. It stays in the uterus for 10 days. If fertilization happens, it changes to a baby, if not, then it goes out with monthly discharge

- Q: What could be the cause if menstruation does not happen periodically?
  A: When the woman’s egg is fertilized by a sperm, the woman would become pregnant and menstruation will not happen while she is pregnant. If menstruation does not happen by the time a girl is 16 years old, or if it happens but not regularly, then she should visit a doctor or CHW.
• **Q:** What is the uterus?

**A:** The uterus is a part of female’s reproductive system where a baby is formed.

• **Q:** At which age does menstruation start, and at which age does it stop?

**A:** The woman’s eggs activate at the age of 13-15, which is the starting point of menstrual cycle. The eggs go away from ovaries at the age of 40-50 which means end of menstrual cycle.

After discussion, the following questions should be asked from old women:

- Have you ever talked about menstruation with your daughters?
- Which issues should be discussed with a young daughter before her menstruation starts, and why?
- What if a girl does not have information about menstruation?

Every mother should give enough information about girl’s health and problems. If the mother does not have enough information then, she should then ask a CHW to help them.
Milestone 5
Activity 10: How Can We Look After Our Health While We Are ‘Sick’?

Objective: A women should understand about their monthly discharge and hygiene so they can keep herself clean and stay healthy. And also be able to teach her daughters how to observe good hygiene and be healthy.

Materials: Information

Activity:

The Facilitator should tell the learners to close their eyes and take a deep breath. Think about your youth and try to remember your first menstruation. Try to recall how you felt in your first menstruation period and what did you do in that time.

Then, open your eyes slowly and tell others what you have thought. Each woman should share her own experiences and opinions with each other.

At the end, the facilitator should ask some questions such as:

Q: In what age menstruation starts, and in what age it ends?

Answer: Each woman may give a different answer. The Facilitator should listen to the learners and then she adds, everybody is correct, but usually the menstruation starts at age of 13 – 15 and ends at age of 40 – 50.

Questions:

- What sort of hygiene do you observe during menstruation?
- Why is observing hygiene very important during menstruation?

The Facilitator should say to the learners that each of you have great experiences and may have faced with lots of problems so far. Then she should ask the learners to talk about their experiences and share their ideas with each other.

The Facilitator should divide the class into 3 groups. Every group should discuss about each question and record their answers on a chart.

At the end of the session, the facilitator should give the information as below:

1. In menstruation time, observing good hygiene is very important.
2. They should use clean piece of cloth (pad)
3. Change their pad 2 or 3 time per day.
4. Wash your vagina with soup and warm water.
5. Wash the cloth with soap and warm water and leave them under sun to get dried.
6. Iron your cloth after it get dried by the sun
7. If you see some abnormality in your menstruation, you have to see your doctor.

Questions:

- Now, what have you learned from this lesson and what will you do in the future?
- What is your advice to other girls?

The Facilitator should give time to the learners to discuss about what they have just learned.

The learners should share this information with their daughters, so their daughters would know how to observe hygiene during their menstruation period. If girls do not observe hygiene, there is possibility of germs transmission into their bodies and certainly germs cause many problems.
EVALUATION ACTIVITIES FOR MILESTONE 5

1. Name at least 3 kinds of family planning methods, and where they can be found in your area.

2. What are at least 2 things that should be thought about and planned for in a birth plan?

Criteria: No more than 2 mistakes for each question
MILESTONE 6: MANAGING PREGNANCY

Sub-milestones:
1. Before and During Pregnancy
2. Stages of Labor
3. Preparing for Delivery
4. Care of mother and newborn
5. Breastfeeding
Sub-milestone 1: Before and During Pregnancy

Milestone 6
Activity 1: What Happens During Pregnancy?

Objective: to understand the changes that happen in the body during pregnancy
Materials: Health Learners Book, prepared cards with sentences written on them as below
Time: 1 class

Activity:
1. **Question: What is pregnancy?** Ask the Learners to share their own ideas and understanding of what it means to be pregnant, and what causes pregnancy.

“Pregnancy is the start of a new life that begins when a tiny egg from a woman joins with a tiny sperm from a man. During the next 9 months, the human baby formed from this union grows and develops into a baby that is ready to be born. The mother supplies everything the growing baby needs, such as oxygen, food and water through the umbilical cord and the placenta, which is the baby’s attachment to the womb.”

2. **Question: How did you feel when you first learned you were pregnant?** Learners share their feelings about when they learned they were pregnant?

3. **Question: What happens to the body during pregnancy?** Learners should share their experiences of how they felt when they were pregnant, how they knew they were pregnant, and about the changes in their body.

4. **Question: How can a woman tell if she is pregnant?** Learners make a list of symptoms, then compare to this list:

   **How to tell if a woman is pregnant**
   - She misses her monthly period
   - Her breasts feel sore and grow bigger
   - She feels sick and sometimes vomits
   - She has to pass urine more often
   - She feels tired

5. **How does a baby develop during pregnancy?** As the baby inside grows, its development comes in stages, with major changes coming every three months. See the pictures in the Health Learners Book.

Make prepared cards with the sentences below. Cut up the cards so each sentence is separate. Mix up the cards and give them to the Learners. Ask them to group the stages of
development by what happens in each 3-month period, putting the development of the baby in order.

- **The first three months:**
The baby’s heart starts beating at 4 weeks.
Arms and legs and toes and fingers start to form.
Organs in the body such as the stomach and brain start to develop.

- **The second three months:**
The baby starts to kick and move.
The baby can hear the mother’s voice.
The baby begins to wake and sleep regularly.
Organs such as teeth, nerves,

- **The last three months:**
Brain develops. Head grows larger.
The baby responds to light and sound.
It can cry, suck its thumb, and stretch.

4. The Learners can share their experiences in the 3 parts of pregnancy. Which part was more difficult? Which part was most exciting? Etc.
Milestone 6
Activity 2: What Are The Qualities Of A Normal And Healthy Pregnancy? What Are Some Common And Normal Problems During Pregnancy?

Objective: to understand what a healthy pregnancy looks and feels like, and what to watch out for (danger signs)
Materials: prepared cards with phrases as below
Time: 1 class

### Normal and Common Aspects Of Pregnancy
- Gaining weight
- May have swollen hands and feet
- Some nausea, especially in the morning at first
- Some tiredness but not too much
- Urinating more often
- Constipation

### Things to Watch Out For During Pregnancy
- High fever
- Paleness of the eyelids, anemia
- Vaginal bleeding
- Severe vomiting or stomach pain
- Severe headache
- Swelling of the face and legs
- Not gaining weight

#### Activity:

1. Give the Learners the two cards that say **Normal and Common Aspects of Pregnancy** and **Things to Watch out for During Pregnancy**:

2. They should first discuss some of their ideas of what is normal and what is not normal in pregnancy.
3. Give the Learners the prepared cards with the other words and phrases. The cards should be mixed up and not in order.
4. The Learners should sort the cards under the two heading cards into lists of what is normal and what is dangerous in pregnancy.

Example of cards:

<table>
<thead>
<tr>
<th>Normal and Common Aspects Of Pregnancy</th>
<th>Things to Watch Out For During Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gaining weight</td>
<td>Severe headache</td>
</tr>
<tr>
<td>Urinating</td>
<td>High fever</td>
</tr>
<tr>
<td>Some tiredness but not too much</td>
<td>Not gaining weight</td>
</tr>
</tbody>
</table>
5. After reading and checking the lists, it must be stressed that **IF any of the things on the Things to Watch Out For list occur, the pregnant woman must get medical help to prevent serious health problems for her and the baby.**

6. **Question:** If you had any of these warning signs, where would you go for help? 
The Learners should discuss where they can get medical help: Where is the nearest clinic? How would they get there? Etc.
Milestone 6
Activity 3: What Is Needed To Have A Healthy Pregnancy, and What Causes Unhealthy Pregnancy?

Objective: to know what is needed in terms of food and nutrition and preventive care for the mother and baby to increase chances of a healthy pregnancy and delivery

Materials: separate cards prepared with the phrases below

Time: 1 class

For a Healthy Pregnancy a Woman Needs:

<table>
<thead>
<tr>
<th>Extra rest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vegetables</td>
</tr>
<tr>
<td>Meat</td>
</tr>
<tr>
<td>Some exercise</td>
</tr>
<tr>
<td>Vitamins</td>
</tr>
<tr>
<td>Fruits</td>
</tr>
<tr>
<td>Sunshine every day</td>
</tr>
<tr>
<td>Iodized salt</td>
</tr>
<tr>
<td>Tetanus vaccinations (at least 2)</td>
</tr>
<tr>
<td>Sleeping under a bednet</td>
</tr>
<tr>
<td>Extra food</td>
</tr>
<tr>
<td>Good personal hygiene</td>
</tr>
<tr>
<td>Drinking extra water</td>
</tr>
<tr>
<td>Check-ups by a doctor or mid-wife every 2 months</td>
</tr>
</tbody>
</table>

Unhealthy pregnancy is caused by:

<table>
<thead>
<tr>
<th>Taking extra medicines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
</tr>
<tr>
<td>Eating mud</td>
</tr>
<tr>
<td>Eating only a few kinds of food</td>
</tr>
<tr>
<td>Carrying heavy loads</td>
</tr>
<tr>
<td>A stressful environment</td>
</tr>
<tr>
<td>No doctor check-ups</td>
</tr>
<tr>
<td>Poor hygiene</td>
</tr>
<tr>
<td>Not enough rest</td>
</tr>
</tbody>
</table>

Activity:
1. Give the Learners the two cards that say **For a Healthy Pregnancy a Woman Needs:** and **Unhealthy pregnancy is caused by:**
2. They should first discuss some of their ideas of what is needed for a healthy pregnancy and what causes an unhealthy pregnancy.
3. Give the Learners the prepared cards with the other words and phrases. The cards should be mixed up and not in order.

4. The Learners should sort the cards under the two heading cards into lists of what is healthy and what is not healthy.

Example of cards:

<table>
<thead>
<tr>
<th>For a Healthy Pregnancy a Woman Needs:</th>
<th>An Unhealthy Pregnancy is Caused By:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iodized salt</td>
<td>A stressful environment</td>
</tr>
<tr>
<td>Vitamins</td>
<td>Carrying heavy loads</td>
</tr>
<tr>
<td>Extra rest</td>
<td>Poor hygiene</td>
</tr>
<tr>
<td>vegetables</td>
<td></td>
</tr>
</tbody>
</table>

5. The lists should be read out loud, emphasized and checked for correctness. The Learners can copy the lists into their health learner books beside the pictures.

6. Then, all of the items noted in the Healthy Pregnancy list should be discussed:

   a. Where can we find vitamins, or iodized salt, etc?
   b. What kinds of fruits and vegetables are available now?
   c. Do pregnant women we know (or ourselves) take the time to rest?
   d. Etc - discuss all the items on the list

Each healthy factor should be discussed, and pictures can be drawn as well if it will help the Learners remember and understand what is important.

The goal of a healthy pregnancy is to have a smooth and safe delivery and a healthy mother and baby.
Milestone 6
Activity 4: What Pregnant Women Should Eat

Objective: to understand the importance of pre-natal maternal nutrition, and foods that provide this nutrition

Materials: some samples of different kinds of foods: bread, various types of vegetables, candy, etc

Activity:
1. **What does our body use food for?** Let Learners generate a list of ideas.
   Summarize this list into three simple categories:
   Food is used by the body for:
   - energy
   - repairing itself
   - growth

   Make a separate flipchart paper for each word, writing the words at the top:
   - Energy
   - Repair
   - Growth

2. **Discussion:** Some foods are used for energy, some for repair, and some for growth.

3. **Discussion and questions:** Ask the Learners to answer the questions below, and then afterwards share the answers with them:
   - When does the body need energy?
     [All the time, but especially when it’s working hard.]
   - When does the body repair itself?
     [When it has been injured, or sick]
   - When does the body grow?
     [when it is young and not yet an adult, and when a woman is pregnant]

4. **Discussion and questions:**
   - What do you think happens if we don’t eat enough energy foods?
     [we feel weak and get tired quickly.]
   - What do you think happens if we don’t eat enough repair foods?
     [It takes a long time for injuries to heal, or they don't heal properly. We also age more quickly.]
   - What do you think happens if a baby or child does not eat enough growth foods?
     [She will not grow as big or as strong, she will get sick easier.]
What do you think happens if a pregnant woman does not eat enough growth foods? 
[Her baby will be weak and small.]

5. So what are these foods that we need? 

Write the following examples on the three flipcharts:

Some examples of Energy Foods:
- nuts, potatoes, sweets, rice, bread, fruits

Some examples of Repair Foods:
- meat, eggs, beans

Some examples of Growth Foods:
- vegetables, fruits, eggs, milk, meat

Look at the samples of real foods and identify which kind of food they are: Energy, Growth, or Repair (or more than one)

6. **Which kind of food is most important for pregnant women?**
Everyone needs all three kinds of foods, but pregnant women especially need **Growth Foods**. If they do not eat growth foods during the time that a baby is growing inside of them, the baby will not grow as it should. And after that, it is too late.

A mother is eating for the baby as well as for herself!

7. **What kind of foods do you eat?**

Learners should make a list of the kinds of foods they have in your home or community in each of the food categories.

**NOTE:** Sometimes this may change with the seasons in their area. They should list the things available by seasons too.

(For example: Growth Foods: summer=zardaloo, winter = squash, oranges, etc)

What kinds of energy foods do we have?

What kinds of repair foods do we have?

What kinds of growth foods do we have?
Milestone 6
Activity 5: High-Risk Pregnancies

Objective: to become aware of situations that make a pregnancy higher risk than normal
Materials: Health Learner Book
Time: 1 class

Activity:
1. Read the following story to the Learners. They should listen for why Jamila’s pregnancy has extra risks:

Jamila just found out that she was pregnant again. This would be her seventh baby, and Farid, her last baby, was only 7 months old now. Although Jamila was very tired, and was worried about having another small baby to take care of, she knew she should be thankful for having a large family. When Jamila saw Shafiqa, the midwife in her village, she told her she was pregnant again. Shafiqa congratulated her, but looked worried.
‘What’s the matter?’ Jamila asked her.

‘Well, Jamila-jan, you look so tired. And you just had Farid a few months ago, and he was very small, less than 2kg when he was born. And you yourself are so thin, you must be only 40 kg. Plus, how old are you? 38 years old? These are things that mean you must be very careful during this pregnancy to take care of yourself. You have higher risks because of these things like being less than 40 kg, and having an underweight baby, and being over age 35, and especially since it is less than 2 years since your last baby. I want you to come see me every month so I can check on you. You must rest more, and eat more food, especially lots of vegetables and milk. Otherwise, this pregnancy could be very difficult and even dangerous for you. You must be careful.

And there’s one more thing, Jamila-jan. I want you to be ready, just in case you start to have problems and need to go to the hospital. Have you talked with your husband about this? Please talk to him, and you should both have a plan – how will you get to the hospital? How much money will you need? If you start to have any of the symptoms we’ve talked about before, like a fever, or bleeding, or weakness and anemia, please don’t wait – just go to the hospital so that you will be safe and your baby will be safe. You have many risks in this pregnancy, and you must be very very careful.’

2. In this story were some of the warning signs that mean a pregnancy can have more risks than normal.

Question: What were some of the reasons that Shafiqa was worried about Jamila?
- less than 2 years since the last baby
- being over age 35
- having an underweight baby earlier
- being less than 40 kg
- having more than 4 children previously

3. Question: What should Jamila do about these risks?
- get lots of rest and take care of herself
- eat good foods like vegetables
- get checked by the midwife every month
- have a plan so she can get to the hospital if she needs to go quickly

Warning signs before pregnancy begins:
- an interval of less than two years since the last birth
- mother-to-be is less than 18 or more than 35 years old
- mother-to-be has had four or more previous children
- mother-to-be has had a previous baby weighting less than 2 kilograms at birth
- mother-to-be has had a previous difficult or Caesarian birth
- mother-to-be has had a previous premature birth
- mother-to-be has had a previous miscarriage, abortion or stillbirth
- mother-to-be weights less than 38 kilograms before pregnancy
- mother-to-be is less than 145 cm in height.

4. Question for each Learner to consider for herself (also in the HLB):

If you were to get pregnant right now, (or if you are pregnant) would you be a high-risk pregnancy?

Look at the page for this activity in your Health Learner Book and read the list of warning signs. Do you have any of these risk factors?

If your answer is “Yes, I would have a high-risk pregnancy,” what are you going to do? What is your plan for taking care of yourself, and being ready to get extra medical help if needed? Who will you visit for regular monthly check-ups during your pregnancy?

5. Do you know someone else who has a high-risk pregnancy? Help her understand what she should do to be careful and have a safe pregnancy.
Sub-milestone 2: Stages of Labor

Milestone 6
Activity 6: The Stages Of Labor – Pre-Labor and Stages 1-3

Objective: to know what to expect in labor, to understand what is happening and know what to do to make it easier

Materials: 8 prepared cards written on them as below
Time: 1 class

Activity:

NOTE: Many women in the class will have already had children and be familiar with the process of childbirth. The goal of these activities is to share correct information about childbirth to make it less mysterious and more safe, and also to share information with young women who have not yet had children.

1. Discussion: What are the stages in giving birth? What happens first, then next, then next? Ask the Learners to explain the process.
2. When the baby is ready to be born, the mouth of the womb gradually opens to make a passageway through the vagina to the outside. What happens to the body to make this possible?
3. The cards below have the stages of birth written on them. Mix up the cards and give them to the Learners. They should read the cards and put them in the order of the events that happen in childbirth.

Stages of Birth Cards:

Pre-labor

- mucus comes from vagina, waters break, slow contractions begin (every 10 to 20 minutes)

Stage 1

- mouth of the womb opens slowly, during several hours of faster contractions (every 2-5 minutes)

Stage 2

- the baby is pushed out of the womb by the mother’s strong pushing

Stage 3

- the placenta is pushed out of the womb
4. After the Learners have put the stages in order, they should read them out loud. The women can share their experiences of childbirth as they went through the stages.

5. They can share their feelings at each stage of the birth. How did they feel as labor began? How did they feel when the baby came out at last? They can also share the role that others (midwife, friends, mother, etc) played in their birth.

**NOTE:** Additional details about the stages is below. These cards can also be prepared and given to the Learners if more details are needed. This information is in the Health Learners Book.

**Pre-Labor**
Clear or clear-colored mucus comes out of the vagina. The mucus comes from the mouth of the womb as it begins to open. There may be a little blood, which makes it look pink. The waters break.
Pains (contractions) begin. At first they come every 10 to 20 minutes.

**Stage 1**
After a while, the contractions become much stronger. They come every 2 to 5 minutes and last up to one minute long. During this stage the mother should not push because the mouth of the womb is not yet open. If this is a mother’s first delivery, this stage may last 10 to 20 hours. In later births, it may last from 7 to 10 hours.

In this stage, the womb is open and the mother feels a strong need to push. When a pain comes, the mother should take a deep breath and push with all her strength.

**Stage 2**
The woman should choose the most comfortable position. Most women find it easier to push the baby out when they are squatting, kneeling or sitting propped up. The baby is usually born within half an hour or an hour.

**Stage 3**
After the baby is born, it is time for the placenta to come out. This usually happens without help when the womb contracts and pushes the placenta out.

After the baby has come out and the cord has been cut, the baby should be laid on the mother’s chest to be kept warm and feel safe. The mother should feed the baby her first breastmilk as soon as possible.
Milestone 6
Activity 7: The Do’s and Don’ts Of Delivery, and Danger Signs

Objective: to understand what should and should not be done during delivery, and the danger signs that indicate an emergency and the need for medical help

Materials: prepared question cards (below)

Time: 2 classes

Activity:

1. Discussion: Sometimes we may be there to help a friend, a sister or a daughter-in-law as she gives birth. What should we do, and what should we not do during delivery?

2. Make two cards: one says: Things to DO
What things should we do during labor and delivery to make it safer and easier for the mother?

The other says: Things to NOT Do
What things should we NOT do during a delivery because it will make delivery dangerous and harder on the mother?

2. Divide the class into 2 groups and give one group one card and the other group the other card. Give the groups about 15 minutes to generate a list of answers to their question, writing on a flipchart paper.

3. Each group will then present their ideas. First, the Things to DO group should present their question and the list of their answers. The other group can add or respond to this, and the Facilitator should make sure the list is complete, using the information below. The Learners should find and confirm this list in their Health Learners Book.

4. Then the Things to NOT Do group presents their list of ideas of what not to do. The other group adds or responds to these. The Facilitator completes the list by sharing the information below.

NOTE: It is very important to share the correct list of things NOT to do.

The Learners should copy this into their Health Learners Book.

Things to Do During Delivery to Make It Safer and Easier

- Support the mother – encourage her and be kind.
- Make sure that where the mother is giving birth is clean. Keep your hands washed with soap, and remind others to wash their hands with soap.
- Watch for danger signs and help the family to make a decision to go for extra medical help as soon as possible, if needed
During the first stage of labor, encourage the mother to:
- Stay active. Walking helps the womb to open and makes the pains seem less.
- Eat light foods
- Drink as much sweet liquid and warm tea as she wants
- Pass urine often
- Take slow deep breaths during pains, and to breathe normally between them
- Not to push until she feels a strong need to push.

Things NOT To Do:
- Do not put fingers or anything else in the mother’s vagina. It may cause a dangerous infection.
- Do not give any medicine to speed up labor or make it stronger. Medicines from plants or the pharmacy can kill the mother or the baby.
- Do not tell her to push before she feels the need to push.
- Do not push on the outside of the womb to make the baby come out faster. If labor seems too slow, the mother should be taken to a hospital or health center.
- Do not get angry at the mother if she is having trouble with the birth. This will only make it worse!

6. **Question: How do we know that a delivery is not proceeding normally?** There are signs to watch for, and if these danger signs occur, then we must help the woman get to a hospital or get extra medical help.

What are these danger signs? This list should be read and discussed by the Learners.

**Danger signs mean that the mother should go to the hospital for extra medical help:**
- If labor goes for more than 24 hours (one day and night)
- If the baby does not come out after 2 hours of heavy pushing
- If the placenta does not come out after one hour
- If the woman is bleeding heavily
- If the woman has a fever

Any of these danger signs means the woman and baby need help urgently. Help the family make a quick decision and don’t let them wait to get help. This can make the difference between life and death.

7. **Question: Have you known of women who have died because they didn’t get help soon enough? Why do people not go for help?**
Ask the Learners to make a list of reasons why people don’t/can’t get help.
8. The Learners should now discuss how to solve each thing on their list.

For example:
Problem: One reason people don’t go for help is because they don’t have money for the transportation.
Solution: start saving money at the beginning of the pregnancy for transportation in the case of an emergency.
Sub-milestone 3: Preparing for delivery

Milestone 6
Activity 8: The Three Delays : Understanding the 3 Main Delays In Providing Medical Assistance To Pregnant Women

Objective: Learners will understand the 3 main reasons why pregnant women often receive medical care late.
Material: HLB
Time: 1 class

NOTE to facilitator: the ‘3 delays’ are:
1) The family delays getting help.
2) There is a delay in reaching the health center or hospital. [usually because of transportation problems]
3) There is a delay in receiving help at the health center or hospital.

Activity:

1. Ask the learners to form four groups. Give each group one story to read. The stories are available in the HLB. Tell the Learners these are true stories of women in Afghanistan! Ask the learners, in their small groups, to take turns reading their story aloud to their group members, then answer the questions at the end:

Shekiba’s Story:
Shekiba arrived at the health center on a donkey. She was weak. Her husband picked her up and carried her into the clinic. Shekiba had delivered a baby 12 days before. She was bleeding very heavily for the 12 days after the baby came. She rode three and a half hours on a donkey to reach the health center with her husband, brother and mother.

At the health center, the clinic staff learned that Shekiba was in shock. The clinic staff gave her an injection to stop the bleeding. A clinic staff member took her by car to the hospital in the city 2 hours away. At the hospital they gave her blood, and antibiotics for an infection.

The baby needed treatment at the hospital because it had not been able to breastfeed for most of the 12 days. The baby was dehydrated and weak. The baby was barely able to cry.

The woman survived because her husband, brother and mother brought her to the health center. It would have been better if they had brought her earlier, but they saved her life. The baby, too, would have died if they had not come to the health center.

What were the delays in helping Shekiba?
-The family waited 12 days before they brought her to the health center.
- Shekiba had to ride 3.5 hours on a donkey to reach the health center.
- The health center could not treat Shekiba, so they had to take her to the hospital.

**Why did Shekiba’s family members need to bring her to the health center?**
- She was bleeding heavily.

**What would you advise Shekiba’s family to do to help make her next pregnancy safer and healthier?**
- Understand the danger signs of delivery. Bring Shekiba to the health center much earlier.
- Eat good foods, like meat, beans, eggs, and vegetables before and after she has the baby.
- Make plans for Shekiba’s family member (a blood relative) to be a blood donor.
- Take iron pills and folic acid tablets while being pregnant.
- What else could she do?
Freshta’s Story:
Freshta went to the clinic with her mother-in-law when she was 6 months pregnant. She was weak and tired. She had difficulty breathing. The community midwife told her she had severe anemia. The midwife advised Freshta and her mother-in-law to go to the city hospital for further treatment.

But the mother-in-law complained of financial problems. The midwife said, “You should try to find money now. If you can find money and take her for treatment now, it will be preventive and save her life.”

Freshta’s mother-in-law thought Freshta’s condition was not that serious, so she did not take Freshta to the hospital. The midwife continued to care for Freshta. The midwife told Freshta to eat foods with iron such as sabzi and to take iron and folic acid. The midwife continued to follow Freshta’s progress….

Questions:
What difficulties does Freshta have with her pregnancy?
- She is weak and tired.
- She has difficulty breathing
- She is anemic.

What delayed Freshta’s treatment?
- Financial problems
- Freshta’s mother-in-law didn’t think her condition was serious

What food and vitamins is Freshta eating to have a safer delivery?
- She is eating foods that have lots of iron, like meat, sabzi, raisins and dal. She is also eating foods that have vitamins that help the body use iron, like tomatoes, dark green leafy vegetables, oranges and lemons.
- She is taking iron and folic acid tablets

What more can Freshta do to ensure a safe delivery?
- Talk to her mother-in-law and husband about giving her permission to go to the health center and hospital
- Find a way to save money to go to the hospital for treatment before the delivery
- Save money in case she needs to deliver at the hospital
- Arrange for transport
- Arrange for a family member (blood relative) to go to the hospital as a blood donor in case of emergency
- More?
**Sima’s Story:**
Sima was brought to the hospital from one of the far districts. She almost died on her way to the hospital. Her mother said, “The baby was born at 3 am at home, but the placenta did not come out. We looked after Sima while we tried to find help. We wanted to take her to the hospital but could not find transport. In the early morning, we found a vehicle to rent and brought her to the hospital….”

Questions:

**What was the delay?**
- Baby was born at 3 a.m. so the family did not leave the house at the time
- It took time to rent a vehicle

**What problem in childbirth did Sima have?**
- Her placenta did not come out.

**What should Sima and her family have done to prepare for emergency?**
- Find a vehicle to rent before she goes into labor
- Save money to rent a vehicle
- Ask the Sima’s family members (blood relatives) to be blood donors before Sima goes into labor
- Ask blood donors to go to the hospital with her in case of emergency
- Find someone who can take care of the children and the house while Sima and her husband are at the hospital
- More?
Zareena’s Story

Zareena had gotten married when she was 16. Now she was 22, and pregnant again. Two days before Zareena’s labour began, Zareena and her mother-in-law visited the midwife at her home as guests.

Zareena looked very pale and anemic. The midwife asked Zareena’s mother-in-law to take her for a check-up to the health facility, but they went home instead.

After two days, her husband came to the midwife’s house in the early morning. He told her that Zareena was in the health center, and he asked her to go there to help Zareena. It was a surprise that Zareena was going to have twins. Her first baby was born at the health center, but there was a problem and the second baby did not deliver. This health center only provided service for normal deliveries, so the clinic staff told Zareena to go to the large provincial hospital. At the provincial hospital, the staff assisted with the delivery of the second twin.

The midwife visited Zareena at the hospital to congratulate her and give her emotional support. The midwife saw that Zareena was bleeding heavily. She went to the doctors’ room and asked for help. The doctors began to check the bleeding, but they could not stop it. Soon, Zareena had lost a lot of blood, and needed an operation and extra blood. Four persons from the midwife’s family and Zareena’s husband donated blood to save Zareena.

Questions:

What were Zareena’s problems with her pregnancy?
- Anemia
- She didn’t know that she was going to have twins
- She needed blood
- The doctors did not check Zareena and see that she was bleeding heavily
- There was a delay when the family had to transport Zareena from the health center to the hospital
- The doctors didn’t check on Zareena

How could Zareena and her family have helped to make her pregnancy and delivery safer?
- Zareena could have gone to the health center before delivery for check-ups
- She could have eaten iron foods rich in iron, like meat, chicken, dal, sabzi, raisins, and beans and vegetables that help her take in iron, like tomatoes, oranges and lemons.
- She could have brought her own family members as blood donors
- More?

What could the hospital have done to make the delivery safer?
- The doctors should check on Zareena regularly.
2. After the groups have finished reading their stories, ask one woman from each group to tell about the story that they read. Other group members should take turns reading the questions and answers aloud to the large group.

3. Important information: **More women die while giving birth in Afghanistan than in any other country in Asia. Why?** Much of it is because of the delays in getting medical help that could save a woman’s life. What are these delays?

Delay #1: Delay in deciding to seek help.
Delay #2: Delay in reaching a health center or hospital
Delay #3: Delay in receiving care at the health center or hospital.
Milestone 6  
Activity 9: Planning for Delivery – Making a Birth Plan

Objective: Understanding the value of preparing for the events of having a baby and knowing how to prepare

Material: HLB
Time: 1 class

Activity:

1. In this activity, read aloud Jamila’s story to the learners twice. The first time, they can just listen. The second time, ask them to carefully listen for the ways that Jamila and her husband planned for the delivery of their child. They will need to fill in Jamila’s birth plan after they listen to the story.

This story is in the HLB. They can read along as you tell the story:

Jamila’s story continued...

Remember the woman Jamila, and the conversation she had with Shafiqa? Shafiqa told Jamila that she must be careful and take care of herself during this pregnancy because she had several warning signs such as being older than 35, and having many children, and her last child was small and weak...

Jamila thought a lot about what Shafiqa, the midwife in her community, told her. Jamila already had seven children, and she felt weak. Jamila talked to her husband and mother-in-law that evening. She and her husband had never planned for an emergency before. Jamila always gave birth at home.

This time, Jamila and her husband decided to make a plan.

Jamila, her husband, and family planned for the time of delivery. Jamila asked her sister to care for her children if she goes to the hospital. Jamila’s brother agreed to go to the hospital with her and her husband if she needed a blood donor. They arranged for transport, asking their neighbor if they could rent his horse if needed.

In the evenings, Jamila and her husband talked about the money that they needed to save if they had to go to the hospital. They needed money for transport. They also needed money to buy things in the town where the hospital is located. Jamila saved money from the cheese that she makes and sells. Her husband also saved money.

The midwife at the health center told Jamila what she needed to do to keep herself and her baby healthy. She told Jamila that she should get checked by the midwife in the nearby health center four times during her pregnancy, at four months, six months and in
the last two months. Also, during her first visit to the health center she should get a tetanus vaccine, and at her next visit, at least one month later, get a second tetanus vaccine. These tetanus shots would protect her and her baby against the dangerous tetanus disease.

The midwife saw that Jamila had anemia, so she gave Jamila iron and folic acid tablets to take every day. She told her to eat foods like meat, beans, *sabzi* and raisins that are rich in iron. She also told her to eat lots of fruits and vegetables such as tomatoes, carrots, and if available, oranges and lemons. The CHW near their house also told Jamila and her mother-in-law about the danger signs during pregnancy, like swelled feet or bleeding.

During the pregnancy, Jamila rested whenever she could. She also asked her husband to buy iodized salt. Iodine in the salt helps stop the baby from having mental slowness.

At the time of the delivery, Jamila began to bleed heavily and get a fever. Her mother-in-law recognized these as danger signs during delivery, and said they must take Jamila to the hospital. Because they had made a plan, they were ready. They found the horse and traveled to where the car was available. They took her to the hospital in another part of the province where Jamila had her baby.

2. **Jamila’s Birth Plan**: What Jamila did to prepare for delivery?

1. Ask Learners to look in their Health Books and find “Jamila’s Birth Plan.” The Learners should answer the questions about how Jamila prepared to have her baby.

If there are learners who have difficulty reading and writing, ask them to work in pairs or small groups. Learners can use the story written in the Health Book to help them. They can also ask the other women in the class for help.

2. After the women have finished, discuss the answers with the whole group. Make sure all the Learners understood the important parts of the plan.
Jamila’s Birth Plan

How Jamila prepared for safer pregnancy and childbirth

What foods did Jamila eat?

Did Jamila take extra rest?

From the Health Center…..

How many times should Jamila visit the midwife? [4 times]

When did Jamila receive the tetanus shots?
#1: [on her first visit]
#2: [one month after her first visit ]

What vitamins did the midwife give Jamila to take? [iron, folic acid]

What did the CHW teach Jamila and her mother-in-law about danger signs? [danger signs during pregnancy]

What Jamila and her family did to plan for delivery at the hospital

What was Jamila’s plan for…
…saving money? [saved money from selling cheese]

…transport? [arranged for a horse to rent]

…taking care of her children while she is in the hospital? [sister will take care of children]

…permission to go to hospital? [husband and mother-in-law]

Who will go to the hospital with Jamila? [husband and her brother]
Which of Jamila’s family members agreed to be a blood donor? [her brother]

What did Jamila need to bring to the hospital? [Soap, Towel, Cap, Clothes, Money]
Milestone 6
Activity 10: Risks in the Community for Safe Delivery

Objective: To recognize the problems that women have in having a safe pregnancy and delivery
Materials: flipchart and markers
Time: 1 class

Activity:

1. Write this quotation from the right of the Universal Islamic Declaration of Human Rights on the blackboard. Ask a learner to read the quotation aloud to the group.

“Motherhood is entitled to special respect, care and assistance on the part of the family and … the community (Ummah).” [21 Dhul Qaidah 1401, XIX Right to Found a Family and Related Matters, g].

The Learners should discuss the meaning of the quotation:

1. Ask the class to form small groups (each group should have 4 or 5 women). Ask one or two women who write well to be ‘recorders’ for the group. They can write down what the group wants to say to the larger group. Ask each group to answer Question #1:

Question #1: Discuss what was difficult for you during your pregnancy and delivery of your children.
(If there are unmarried women or women who do not have children in the group, they can say what they think some problems are.)

Some topics you might want to discuss are:
- Were there any danger signs? What were they? [You can review the danger signs listed in your Health Book.]
- Did you need anyone else to help you?
- Was the delivery place safe and clean? Why or why not?
- What were you not prepared for?
- How did you feel? Why?

2. After each group has finished discussed and responding to these questions, ask one Learner from each group to share her group’s responses to the whole group.
3. As the Learners share the problems they had, write down the problems that they had on chart paper. Each problem only needs to be written once on the flipchart paper.
4. After all the problems are listed, start at the top of the list. Read the first problem outloud. Ask the Learners to raise their hands if they ever had that problem. Put one tick mark (✔️) for every Learner who raised her hand.
5. Do this for each problem on the list.

Here is a sample chart:

<table>
<thead>
<tr>
<th>Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever &amp; Infection ✔️ ✔️</td>
</tr>
<tr>
<td>I was very weak for a long time because of heavy bleeding ✔️ ✔️ ✔️ ✔️</td>
</tr>
<tr>
<td>We had a difficult time finding transport to the hospital. ✔️ ✔️</td>
</tr>
</tbody>
</table>

6. Ask the learners to copy the problems down in their notebooks.

7. In the large group, discuss these questions:

**Question #1:** What are the most common problems that women in your village community have during pregnancy and childbirth?

**Question #2:** What do you think are the reasons for the problems that you identified?

Some examples are:
I had an infection that became bad for one week after delivery.
WHY? because no one at the house could go with me to the clinic

I’m not sure why there was such heavy bleeding. I was very weak.
WHY? because we waited for 5 days to see if the bleeding would stop

I didn’t go to the health center. WHY? there is no midwife at the health center

**Question #3:** What are ways that people solved these problems?

8. Explain that this activity will be continued in the next class. In that class, Learners will discuss what helps women to have safe pregnancy and childbirth.
Milestone 6
Activity 11: Resources In The Community To Have a Safe Pregnancy

Objective: Identify resources at home and in the community available for safer pregnancy and childbirth
Materials: flipchart and markers
Time: 1 class

NOTE to facilitator: If there is a CHW, midwife, or another health center staff member available in your community, you can invite her to visit the class and talk about her work.

Activity:

1. The Learners should answer Question 1 in small groups:

Question #1: Think about your last pregnancy. What kind of special respect, care and assistance did you receive during pregnancy and the delivery? Write what helped you with the pregnancy and delivery. (If there are unmarried women or women who do not have children in the group, they can say what they think can help).

Some topics that the Learners might want to discuss are:
- Who or what helped us while we were pregnant?
- Who helped us prepare for delivery?
- Who helped us during delivery?
- How were we helped?
- What was there to make a safer and cleaner delivery?
- Who helped the new baby?

3. After all the groups have finished discussing the questions, ask one Learner from each group to share her group’s responses to the whole class.

4. As the Learners share their responses to Question #1, write down what helped them on chart paper. If a group mentions something for a second time, it is not necessary to write the same response again.

5. After the Learners to list everything that helped them, read aloud each item, one by one. Ask the Learners to raise their hands if they ever had that kind of help. Put one tick mark (✓) next to the item for each Learner who raised her hand.
NOTE to Facilitator: Here is a sample chart.

<table>
<thead>
<tr>
<th>What helped us</th>
</tr>
</thead>
<tbody>
<tr>
<td>The CHW visited the house and talked to me about a</td>
</tr>
<tr>
<td>safe delivery</td>
</tr>
<tr>
<td>We used a new razor to cut the cord</td>
</tr>
<tr>
<td>I ate nuts and dried fruit and vegetables in the</td>
</tr>
<tr>
<td>winter months.</td>
</tr>
<tr>
<td>The community has arranged with the health center</td>
</tr>
<tr>
<td>to provide transport in case of emergency</td>
</tr>
<tr>
<td>My mother went to the health center with me</td>
</tr>
</tbody>
</table>

6. Ask the learners to copy this information down in their notebooks.

7. Write this on the blackboard:

We all have a responsibility to make our community safe for women to have healthy pregnancies and childbirth.

In a large group, discuss this statement.

Question #1 What resources do we have available to help women in pregnancy and childbirth?

NOTE to facilitator: List these resources on the blackboard. Resources might include what families do to help, assistance from the CHW, midwife or TBA, a knowledgeable and helpful mother-in-law, available meats and vegetables, transport facilities, and more

8. What resources are not often available to women? What makes it difficult for pregnancy women?

Question #1: What ways can we and our families help women who are pregnant?

Questions #2: What ways can the community help pregnant women?

Question #3: How can the health shura or community shura help?

9. At the close of the session, summarize the main points and include items like the following:
• Our community plays a very strong role in determining how safe it is to become pregnant and deliver children.
• Ensuring the good health of our women means more than only having good health facilities that are accessible to women.
Milestone 6
Activity 12: Making Your Own Birth Plan

Objective: Each Learner creates her own Birth Plan in preparation
Materials: HLB
Time: 1 class

Activity:

1. Ask Learners to find “My Birth Plan” in their Health Learner Book. Tell them this:

Think about the next time you get pregnant. What you do want to do to be healthy and prepare for a safe delivery? If you are not planning to have more children, think about your female relatives: your daughter, your son’s wife, your sister or nieces. What do you want them to do to be healthy and prepare for a safe delivery?

2. Ask each Learner to complete “My Birth Plan” for themselves or a female relative. They can work individually or with other Learners as they fill out the birth plan.

3. After the Learners complete “My Birth Plan”, ask them to form groups of 3 or 4 women and share what they wrote. Ask the Learners to give advice to each other as they discuss their Birth Plans.

4. Ask two or three Learners to share their “My Birth Plan” with the entire class. Ask the class to give advice to these Learners about additional ways that they can prepare for a healthy pregnancy and childbirth.

My Birth Plan

How I can prepare for a safer pregnancy and delivery

Where can I get iodized salt?
Where can I get iron tablets and folic acid tablets?
What vegetables do I plan to eat in the summer months? In the winter months?
What foods can I eat that have iron? (Meat, beans, sabzi, raisins, dal?)
What fresh or dried fruits do I plan to eat?
How will I find time to take rest when I need it? Who can help me with my housework?

In the Health Center…..

The name of the CHW I will go to is

Who will go with me to the health center?
I will talk to the CHW about…
The name of the midwife is ____________________.
When will I visit her?
When will I receive the tetanus shots?
#1: at ____ months

#2: at ____ months
Which hospital will I go to in case of emergency?
Where is it?
These are the danger signs of pregnancy that I need to recognize:
Where will I got for medical help if I have any of these danger signs while I am pregnant?

**Things I need to have ready for delivery at home….**

[Use what you learned in Milestone 5 to help you]
What will I do to make the place where I will deliver my baby clean?
Where will I get a new, clean razor blade?
What do I need to keep myself and the baby clean and warm after she is born?
What kind of things do I need to have available (for example, clothes, hat, blanket,)?
These are the danger signs during delivery that I need to recognize:

**A plan for delivery at the hospital, if there’s an emergency**

How much money do I need to save before delivery, in case I have to go to the hospital?
How will I save this much money?
How will I travel to the hospital, if I need to go?
Who will take me there?
Who will make the decision to go to the hospital if needed?
Which of my family members can go to the hospital with me and be a blood donor?
What do I need to bring to the hospital?
Soap, Towel, Cap, Cloth, More?
Who will take care of my children while I am having the baby?
Milestone 6
Activity 13: Communicating With Your Family and The Health Center About Safe Pregnancy and Delivery

Objective: Share strategies to communicate with families and the health center about safe pregnancy and delivery
Materials: flipchart and markers
Time: 1 class

Activity:
1. Ask Learners: What are ways that we can communicate with our families about safe pregnancy and delivery?
   Ask Learners to play these different roles in a role play:
   - One person: husband
   - One person: mother-in-law
   - One person: another decision-maker in the family
   - One person: woman who is pregnant
   - One person: father-in-law

   They should role play a situation where the pregnant woman and her husband are sharing their birth plan with the other family members. What will the woman and her husband say? How will the other family members respond?

2. Discuss the issues that arose in the role play.

3. Ask 3 Learners to roleplay a visit to the midwife or CHW where a pregnant woman goes for her check-up.
   - One person: a young woman who is 4 months pregnant and it is her first baby.
   - One person: a female relative who goes with her to the health center
   - One person: midwife or CHW [if there is a CHW in the class, she can play this role as herself]

4. Ask the Learners:
   What questions did the woman ask the midwife?
   What questions did the midwife ask the woman?
   What other questions should the woman ask of the midwife?

   Was it easy or difficult for the woman to talk to the midwife? What can make it easier to talk to the midwife?
Sub-milestone 4: Care of mother and newborn

Milestone 6
Activity 14: What To Do For a New Mother

Objective: to understand the needs of a new mother, and the danger signs to watch for
Materials: HLB
Time: 1-2 classes

Activity:
1. **Question:** After you gave birth, how did you feel? What did you most want and need? The Learners share their feelings and experiences and needs/wants after giving birth. These may include desire to sleep, to hold the baby, to eat, to cry, etc. The discussion can continue: Did they do these things? Who took care of them? Did they feel cared for? Did they have to start working again soon or were they able to rest for a while? Did they feel happy about their new baby?

2. Instruct learners to look at the picture in their HLB. Divide the Learners into 3 groups. One group generates a list of the new mother’s emotional needs. Another group generates a list of the new mother’s physical needs. The third group generates a list of danger signs for new mothers that mean they should get medical help.

3. Each group then shares its list and the whole group discusses, and compares to the list from the Facilitator:

**Emotional needs of the mother**
- Support and love
- Congratulations on new baby
- Help with taking care of the baby and work around the house

**Physical needs of the mother**
- Lots of rest
- Lots of food and liquids
- Careful hygiene

**Danger signs for new mothers that mean she should get medical help**
- Bleeding
- Severe headache
- Fever
- Anemia
4. **Role play**: The Learners can perform a role play showing this situation:

A new mother has just given birth. Her baby is healthy, but a few days after giving birth, she was made to start working again, carrying heavy loads and walking far. Now she has a lot of pain and a fever. Her sister comes to visit her, and tries to convince the mother-in-law that the new mother should go to the clinic, because she has danger signs.

5. What does the new mother say or do? What does the husband say or do? What does the mother-in-law say or do? What does the sister say or do?

One woman plays the role of the new mother.
One woman plays the role of the sister.
One woman plays the role of the mother-in-law.
One woman plays the role of the husband.
Milestone 6
Activity 15: What To Do For The New Baby

Objective: to know how and why to avoid infection when cutting the cord, and the need for immediate breastfeeding of the first milk
Materials: an old razor blade, a kitchen knife, a new razor blade, a coin or other sharp objects
Time: 1-2 classes

Activity:

Part 1: Cutting the Cord
1. Show the sharp objects – the razor, the knife, etc. to the Learners. Ask them: If you were at a delivery and had to cut the cord of the baby, which one of these things would you use? The Learners must then explain WHY they chose the one they did.

2. Hopefully they have chosen the new razor blade, and their discussion should be that the others are dirty. Review about germs and the dangers of infection from dirt and germs. If a dirty knife or blade is used to cut the cord, then the cord can easily get infected from the germs and the baby can die.

3. Question: If a razor blade looks clean, do we know for sure that it is clean and has no germs on it? In Milestone 3 we learned that germs are everywhere and we can’t see them. And so the only way we know a razor blade is clean is if it is brand new and unused, still in the package, or if we have killed the germs by putting the razor in boiling water, by cleaning it with alcohol, or by cleaning it with soap and water.

Only use a clean blade for cutting the cord!

4. Question: Once the cord is cut, why should we NOT put dirt or herbs on the stump? Ask the Learners to use what they know about first aid and germs to carefully explain why putting dirt and other things on the stump is very dangerous.

[The dirt and herbs are full of germs which will get into the baby’s body through the open skin where the cord was cut. This will make the baby very sick or die.]

5. What should we do for the stump of the cord? Nothing! It should be kept clean and dry, and only covered with a clean dry cloth.
5. **What are the danger signs for the cord?**

If the cut cord has pus or the skin becomes red instead of healing, the parents should call the CHW. These are signs of dangerous infection.

---

**Part 2: Breastfeeding**

1. **Question:** Let’s take a survey. We know that a baby should be held and kept warm, and breastfed within one hour of being born.

   *But which breastmilk do we give the baby first?*

   **Who thinks that after you have a baby, you should you give the baby your very first breastmilk?** Count the Learners who think this and record the number on the board. Ask the Learners to explain why they think this.

   **Who thinks that after you have a baby, you should throw out your first breastmilk and then start feeding the baby after?** Count the Learners who think this and record the number. Ask the Learners to explain why they think this.

2. What is the correct answer that is best for the baby? To feed the very first breastmilk!!!

3. Why? The first breastmilk is kind of like a vaccine for your baby that comes from your body instead of from a needle. This first breastmilk makes the baby’s body stronger right away, and protects it from getting sick for the first weeks of its life.

   Never throw out your first breastmilk!
Milestone 6
Activity 16: Common Concerns and Cautions With Newborns

Objective: to know how to deal with normal common problems with new babies, and how to distinguish from serious problems (danger signs)

Materials: HLB

Time: 1 class

Activity:
1. Ask the Learners to share their experiences with their children when they were first born, especially their first child:

What kinds of problems did they have with the new baby? Were the problems serious or mild, and how did they know? What did they do about it?

2. Here is a list of concerns that some women have with a newborn baby:

   - The baby is not breastfeeding or eating well
   - The mother is afraid she will not have enough milk for the baby
   - The baby is yellow and has jaundice

The best thing to do if any of these things arise is to ask for advice from the CHW.

3. Here is a list of things that can cause concern about a newborn, and things to be careful about. As the group reads the list, ask the Learners if they have had experience with any of these things, and to share their experiences:

   - mothers or other adults who sleep with a baby in the same bed may smash the baby when they turn on him or her;
   - the habit to put ashes (sorma) onto the navel of the baby may cause infection;
   - the habit to introduce liquids into the ears and nose of a baby may cause harm;
   - circumcision performed in an unprofessional way and with non sterilized instruments may cause severe infections to the baby;
   - the habit to keep babies for long periods of time in a room without fresh air and without exposing him or her to sunlight is not healthy for them.

Ask the Learners to analyze each of these things and explain why they are dangerous for babies.

4. The most important thing is for women to understand that with small babies they should not wait to ask for help or advice from a trained medical person such as a CHW or midwife. They should get help as soon as they think there is a problem.
Milestone 6
Activity 17: Danger Signs/Serious Problems With Newborns

Objective: to be able to recognize serious problems and know how to deal with them and when to go for help
Materials: prepared cards as shown below
Time: 1 class

Activity:
1. Ask the Learners to consider what is normal and what is not normal (danger signs) in a newborn baby.
2. Give them the prepared cards and ask them to sort them into the Danger Signs and Normal Signs.

<table>
<thead>
<tr>
<th>Danger signs for a newborn:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Not passing urine or feces during the first day</td>
</tr>
<tr>
<td>• Diarrhea</td>
</tr>
<tr>
<td>• Fever</td>
</tr>
<tr>
<td>• Not sucking</td>
</tr>
<tr>
<td>• Difficulty breathing</td>
</tr>
<tr>
<td>• Blueness</td>
</tr>
<tr>
<td>• Infection on the cord: pus or redness</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Normal signs for a newborn:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A cheesy substance covers the skin</td>
</tr>
<tr>
<td>• Mild swelling of the baby’s breasts</td>
</tr>
<tr>
<td>• Top of baby’s head is slightly swollen</td>
</tr>
</tbody>
</table>

3. What should we do if a newborn shows any of the danger signs? Discuss the need to go for medical help, where to take the baby and how to get there.
Milestone 6
Activity 18: Child Development and What Babies Need

Objective: to understand the developmental needs of babies
Materials: HLB
Time: 2 classes

1. **Discussion:** Learners can exchange their experiences about newly born babies in your family. How does your family celebrate the birth of a baby? Are there any differences if the baby is a girl or a boy?

2. **Discussion:** Now exchange experiences about the growth and development of babies and infants: As babies grow, how do they develop and what are they learning and able to do in stages?

Have the Learners put the prepared cards in the order that these things develop in most babies. Have them also try to identify the approximate age that these things develop in most babies:

- Rolling over
- Sitting up
- Reaching out for objects
- Crawling
- Trying to say words
- Standing
- Walking
- Saying partial sentences
- Running
- Saying full sentences

3. **Discussion:** Let Learners discuss: How does the mind of a baby develop? How does a baby learn to talk?

The mind of a baby learns more words in its first 2 years than it will in the rest of its life. It may seem like babies are not affected by what is going on around them, but this is only because they cannot communicate with us. **Never think that what is happening around a baby doesn’t matter.** Every minute, a baby is learning about the new world that he/she has been born into. What do you want your baby to learn about the world?

If we stimulate the mind of a baby by talking to her a lot, by showing her colorful things so his/her eyes develop, by giving her lots of hugs, by giving her different things to feel and play with, then her mind will become strong and she will grow up to be more intelligent than if you don’t do these things for her when she is a baby.
You have everything you need to give a baby what she needs as she grows. Some of these things you have already, some you can make easily at home:

Here is a list of ideas of things that you can do to give babies what they need. What other ideas do you have?

**Things a Baby Needs:**
- physical security and safety – to know she’s safe and loved
- to be comforted when she cries
- to be talked to, to learn new words and to learn how to talk (do this by talking with your baby, teach her words, tell her what you’re doing even though you think she doesn’t understand)
- stimulation of the senses:
  - Eyes: show the baby colorful objects, let her play with colorful pieces of cloth, take babies for walks and point out things like trees, animals, etc.
  - Ears: sing to the baby, make different sounds, let her play with objects that make sounds, like boxes with seeds in them, or bottles with a little bit of water in them, etc.
  - Hands: give the baby things to play with that feel different, like different kinds of fabrics

Make sure the things you give a baby to play with are not too small, so she doesn’t try to eat them and possibly choke on them.

**Preparation for Day 2 Activity:** For the second day of this activity, the Learners should bring things from their homes that they can (or do) use to make toys for babies, or things to stimulate a baby’s senses. They should discuss and try out each object and what it stimulates – eyes? ears? hands? etc.
Milestone 6
Activity 19: Child Development – What Children Need

Objective: to understand the developmental needs of small children and the importance of the environment the child grows up in
Material: HLB
Time: 2-3 classes

Activity:

Part 1

1. Questions: What are children’s physical needs? What are children’s emotional needs? What are children’s mental needs?
The Learners should discuss these things in groups, making a list of needs for each.

2. Compare to this list:

<table>
<thead>
<tr>
<th>Physical needs</th>
<th>Emotional needs</th>
<th>Mental needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food and water</td>
<td>Security, belonging</td>
<td>To be talked to so that they learn language</td>
</tr>
<tr>
<td>Warmth</td>
<td>Care and love</td>
<td>Senses stimulated with colors, objects, sounds, textures</td>
</tr>
<tr>
<td>Shelter</td>
<td>Attention</td>
<td>To be allowed to make mistakes without severe punishment. People learn from their mistakes.</td>
</tr>
<tr>
<td>Activity, exercise</td>
<td>To be listened to</td>
<td>To be given some responsibilities</td>
</tr>
<tr>
<td>Safe environment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Question: What happens if children do not receive these things? It affects what kind of adult they will be.

Ask Learners to complete these sentences:
- “If a child does not receive good food and nutrition, she will grow up to be….” [weak, small]
- “If a child lives in a dangerous, unsafe environment, she can grow up to be…” [frightened, nervous]
- “If a child is not listened to, if she is ignored, she will grow up to be…”
[shy, unconfident, depressed]

- “If a child is not talked to, is not allowed to explore his or her environment, he or she will grow up to be…”

[scared, uncertain]

- “If a child is not trusted or given responsibility, she will grow up to be…”

[careless, irresponsible, unkind, disrespectful]

- “If a child is always hit, she will grow up to be…”

What can we do?

The Learners should take turns reading this list out loud and sharing their reactions and ideas to each statement and example:

Do they agree? Could they do these things with their own children?

Some General Behaviors by Adults that Help Children Grow Up in a Healthy Way

- Listen to children, to their questions and stories and ideas.
  Example: When a small child comes back from playing, or back from school, ask the child what they did, what they saw, etc and listen carefully to their stories.

- Give children productive work with their hands. Children learn by working and playing, using their hands.
  Example: Let children help make things like bread, encourage them to build and make things with different materials.

- Respect children. Respect children’s ability to listen and learn and understand and have ideas of their own.
  Example: Listen to children when they talk. Listen to their ideas and respond to them.

- Punishment should be instructional, not just painful. Teach children by talking to them and explaining reasons to them. Explain why something is good, or something is bad.
  Example: If a child does something bad, first isolate him so that he cannot play with others, and he must sit and think. Then go and talk seriously with him about the mistake he made, and why it was wrong. Give consequences for bad behavior, such as not allowing him to play with his friends.

- Give children jobs and responsibilities, not as punishment but as a way to learn how to become a responsible adult.
Example: Give children (both boys and girls) responsibilities according to their abilities, such as small children can take responsibility for watering plants, older children can help with work around the house (boys too, not just girls!).

WHY do these things?
Because if children are treated with respect and learn responsibility, they will grow up to be respectful and responsible adults.
Milestone 6
Activity 20: More on Child Development, Continued

1. **Question: What are the qualities of a good human being?** The group should list as many qualities as they can think of which describe a good person. Some examples might be: helpful, kind, etc.

2. **Question: What do you think determines whether someone becomes a good person or a bad person?** The Learners should share their ideas.

3. **Question: What kind of adults do we want our children to become?** We all know that children turn into adults. And so if we want our children to grow into good adults, then we must be very careful to treat our children properly so that their minds and spirits develop into those of a good person.

4. Children need more than just physical things like food and water to grow up strong and healthy and become good human beings. Read the following to the Learners and see the pictures in the Health Learners Book:

   When a seed is planted and watered, it grows by itself. It has an inner nature given to it by God that tells it how to grow. Children are like seeds – they grow by themselves, according to their inner nature given by God. But unlike seeds, they are not just physically growing. Their minds and spirits and personalities also develop and grow over time. If a rock is in the way of a growing seed, the plant will grow up crooked, thin and pale. In the same way, if a child grows up in a hard mental environment, it will grow up to be an adult with a weak and unhealthy mind and spirit, even if its body is strong.

   A child that grows up in a healthy, helpful and respectful environment can grow up to be balanced, confident, strong, kind and helpful to others. This is like a strong and healthy plant. A child that grows up in a hard environment can grow up to be mean, unconfident and selfish, and have problems. This is like a crooked plant.

4. **Questions about the reading:**
   - What are some things in a child’s life that are like the rock that damaged the growing plant? What are some things in the environment of a child that cause the child to grow up in an unhealthy way, that damage the mind and spirit of the child?
     [Examples: beating children instead of talking to them, criticizing children harshly, not listening to them, abusing children, not giving children any freedoms or choices, not giving children responsibilities]
   - What are some things that we can do as adults to give children the space to grow up into good human beings, helpful and caring and strong?
[Examples: listening to them, being patient with them, allowing them to make mistakes, treating them with respect, giving them responsibilities, trusting them]

5. Instead of punishing a child by hitting, instead, try other punishments, such as making the child sit by himself and not be allowed to play. Talk to the child about why he or she is being punished, what they did wrong and why it is wrong, and what the child should do instead.

While you may think this won’t work with children, it will work if you start doing it when they are very small. Children learn very quickly, and they learn much more if you talk to them and teach them than if they are hit. From hitting, they do not learn how to control themselves or take responsibility. And when they are older, then all they know is to hit others. They have only learned how to fight, they have not learned how to use their mind to solve their problems.

6. The Learners should make a list of the kinds of things that cause them to punish their children, or to get angry at them. Then they should write or talk about how they could handle the situation by teaching the child, not just hitting or yelling.

Examples:

A child spills a bowl of beans on the floor
What can we do? Don’t yell at her or hit her. She already feels bad for spilling the beans. Instead, teach her how to hold the bowl and walk carefully, and give her a towel and teach her how to clean up the spill.

List other things that children sometimes do that make us mad, and what we can do when that happens…
Sub-milestone 5: Breastfeeding and Child Nutrition

Milestone 6
Activity 21: Advantages of Breastfeeding

Objective: to understand the value of breastfeeding and its benefits for mother and baby
Materials: breastfeeding flipcards, three flipchart paper with three questions
Time: 1-2 classes

Activity:

1. Put the first flipchart paper on the wall:

   **Why should we feed a baby our first breastmilk?**

   Ask the Learners to review what they learned in an earlier activity about why we should feed the baby the very first breastmilk that comes. Review those reasons why this first breastmilk is important and why we said:

   Let the Learners share what they remember and have learned. If they don’t remember, return to Activity ____ to review.

   Write these reasons on the flipchart paper under the question.

   Discuss: What do women in the community usually do? Do most women feed this first breastmilk?

2. Put the second flipchart paper on the wall: “**Why breastfeeding is important?**”
The Learners should share their ideas and experiences of why breastfeeding is important, and write their ideas on the flipchart paper.

Then these other information can be added:

- Breastmilk alone is the best possible food and drink for a baby. No other food and drink is needed for about the first six months of life.
- Breastfeeding is the best food to help a baby grow strong and healthy.
- Breast milk protects the baby against illnesses, for example, diarrhea and pneumonia.
- A mother’s milk is always ready, always clean and always at the right temperature.
- Breastfeeding makes the mother and baby feel close and secure.
- Breastfeeding gives a mother protection against pregnancy for six months after giving birth – if her baby breastfeeds frequently, day and night, if the baby is not given other food and drink, and if the mother’s menstruation has not returned.

**Artificial milk (infant formula) is not as good as breast milk, and may be dangerous because:**
- It does not protect from illnesses like diarrhea and pneumonia.
- It is expensive, and if more water is added to make it last longer, the baby does not get enough food. Then the baby becomes small and thin.
- The bottle, the teat and the water used to make the milk easily become dirty and cause diarrhea. Many babies die each year because of this.
- The mother may become pregnant again too soon.

3. Put the third flipchart paper on the wall: **What are some common worries about breastfeeding?**

Ask the Learners to share their experiences and worries. Their list may include these things:
- Fear that there is not enough milk
- Flat or pushed-in nipples
- Sore or cracked nipples

**NOTE: Share this information with the Learners:**

Fear that there is not enough milk
• This is a common fear, especially when just starting to breastfeed, but it is almost never true.
• Feeding at night helps to increase a mother’s milk supply.
• Breasts do not have to feel full to make milk.
• Small breasts can make as much milk as big breasts.

Flat or pushed-in nipples
  • Most women with flat or pushed-in nipples can breastfeed without a problem. This is because the baby suckles on the breast (most of the dark skin area), and not just the nipple.

Sore or cracked nipples
  • If a woman feels pain from breastfeeding, the baby probably does not have enough of the breast in its mouth. If a baby suckles only on the nipple, it will soon become sore or cracked.

To prevent and treat a sore nipple:
  • Make sure that the baby is in a good position so it can get a good mouthful of the breast.
  • Do not pull your breast out of the baby’s mouth. Let the baby feed as long as it wants. If you need to stop before the baby is ready, pull down on its chin or put the tip of a clean finger in the baby’s mouth.
  • At the end of a feed, rub a few drops of milk over the sore areas to make them more comfortable. Do not use soap or creams on the nipples.
  • Continue to feed from both breasts. Start on the less painful breast and then give the painful one when the milk is flowing.

If you have difficulties breastfeeding, please talk to your CHW or a health worker at the clinic or hospital.
Milestone 6
Activity 22: Myths and Facts About Breastfeeding

Objective: to understand myths and facts about breastfeeding
Materials: prepared cards as shown below
Time: 1 class

Activity:

1. Whole group activity: Women may have concerns or misunderstandings about breastfeeding. Prepare the cards below, and make sure they are all cut apart and separated.

   1. Give the myth cards to different Learners (one card per Learner).
   2. Keep the Fact cards.
   3. Ask the Learner with Myth 1 card to read her card out loud. The group should then respond to that myth, if they think it is true or false, if they have experience with it, what they know about it.
   4. Then read the Fact 1 card that explains the correct information about that myth. Read it out loud to the group, and the group can then respond to that Fact with their own experiences, beliefs, etc.

Continue this process with the 8 myths:
   a. Learner reads the myth card,
   b. the group responds,
   c. Facilitator reads the Fact card,
   d. the group responds.

NOTE: Remember that a myth is NOT true!! It is a false idea.

<p>| Myth 1: If a woman breastfeeds a lot, her body will begin to make less milk. | Fact 1: A woman produces more milk when a baby nurses as much as she wants. |
| Myth 2: A mother only needs to nurse four to six times a day to maintain good milk supply. | Fact 2: When a mother breastfeeds whenever the baby wants it – often 10 or more times a day – she has more milk and her baby gains more weight. |
| Myth 3: Babies get all the milk they need in the first five to ten minutes of nursing. | Fact 3: Not all babies take all the milk they need in the first 5 to 10 minutes. |</p>
<table>
<thead>
<tr>
<th>Myth 4: Mothers should space the timing of breastfeeding so that her breasts will have time to fill up.</th>
<th>Fact 4: A mother’s body is always making milk. The emptier the breast, the faster the body makes milk to replace it.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myth 5: If a baby isn't gaining weight, it is because of the low quality of the mother's milk.</td>
<td>Fact 5: Even women who are not healthy can make enough milk for their babies.</td>
</tr>
<tr>
<td>Myth 6: A mother must drink milk to make milk.</td>
<td>Fact 6: A healthy diet of vegetables, fruits, meat, beans, eggs, and breads, rice or potatoes is all that a mother needs.</td>
</tr>
<tr>
<td>Myth 7: Mothers who hold their babies too much will spoil them.</td>
<td>Fact 7: Babies who are held often cry fewer hours a day and show more security as they grow older.</td>
</tr>
<tr>
<td>Myth 8: Some babies are allergic to their mother's milk.</td>
<td>Fact 8: Mother’s milk is natural. Sometimes a baby has difficult feeding because of the food that the mother is eating. In those cases, the mother can change her diet.</td>
</tr>
</tbody>
</table>
Milestone 6
Activity 23: Child Nutrition – What Children Need to Eat

Objective: to know the nutritional needs of growing children, and to become aware of a family’s eating habits

Materials: cards with different foods written on them, such as corn, bread, milk, carrots, apples, etc [should be a variety of fruits, vegetables, meats, etc, especially things that are available in your location] – make enough so that each Learner has a card

Time: 1 class

3 flipcharts with ENERGY, GROWTH and REPAIR written in large letters:

ENERGY    GROWTH    REPAIR

Activity:

1. Review: In an earlier lesson, we learned what kinds of foods pregnant women should eat in order to be strong and have healthy babies.

What are the three things that food does for the body? (Energy, repair, growth) Which kind of foods do pregnant women need most? (growth foods)

2. Put the three flipchart papers on the floor in different areas of the room.

3. Give each Learner a card with the name of a food on it. They should all stand on one side of the room.

4. When you say the word “Energy!” everyone with an Energy food card must run to the Energy flipchart paper. Each woman should read her food card and the group decide if it is an energy food or not. If it is not, she must leave the group.

5. When you say the word “Growth!” the people with growth foods must run to the Growth flipchart paper. The women must again read their food cards and decide if they belong in that group.

6. Do the same for the “Repair” foods.

NOTE: Many foods belong in more than one group! See the information at the end of this activity.

7. If the Learners want to continue or repeat the activity, they can exchange cards with others so they have a different card and then must learn if that food is Energy, Growth or Repair.
8. After the activity, the group should discuss this question: “Children need all three kinds of foods. Why? What for?”

- they need energy to work and play,
- they need growth foods because they are growing,
- they need repair foods to keep them strong from injuries and illnesses.

9. **Question:** “What did you feed your children last night?” The women should write in their notebooks the foods they made for dinner the night before, and then analyze them as Energy foods, Growth foods, or Repair foods. They can do this for lunch as well, and other recent meals.

10. They can work with a partner on this, sharing information about what they eat and what kinds of foods they have.

Example:

<table>
<thead>
<tr>
<th>Meal</th>
<th>Type of Food</th>
</tr>
</thead>
<tbody>
<tr>
<td>bread</td>
<td>energy</td>
</tr>
<tr>
<td>meat</td>
<td>growth</td>
</tr>
<tr>
<td>yogurt</td>
<td>growth</td>
</tr>
<tr>
<td>rice</td>
<td>energy</td>
</tr>
</tbody>
</table>

This meal has no repair foods, because there are no vegetables.

11. **Question:** “Are you missing any kinds of foods in your meals for the children?” For example, are you making a lot of energy foods, but no repair foods? What do you make most, and what do you make least? What do you need to make more of?

12. **Question:** “If children are not given enough growth foods, what can happen?” Children can grow up to be weak, small or shorter.

**NOTE:** If there are not many growth foods available in an area and a child seems weak, a CHW may be able to help provide vitamins for the child which will make her stronger. But if a child is given enough food of all three areas, especially Growth foods, then she does not need extra vitamins.

The Learners can make a poster showing the food groups below, with pictures of the foods as well:
NOTE: Information about the kinds of foods:

**Energy foods**: potatoes, oil, bread, rice, wheat, sugar, honey, sweets, nuts  
[general: grains, fats]

**Growth foods**: meat, eggs, dal, beans, squash, milk, yogurt, cheese, nuts  
[general: meats, nuts, eggs, milk products, vegetables]

**Repair foods**: fruits such as oranges, peaches, apricots, mangos, etc, and vegetables such as tomatoes, carrots, squash, okra, cauliflower, *sabzi, etc*, milk, eggs  
[general: fruits, vegetables]
Milestone 6
Activity 24: The Importance of Iodized Salt for Children

Objective: to understand the need for using iodized salt for proper growth
Materials: a packet of iodized salt (the package must say “iodized salt”, such as the Durukhshan brand), HLB
Time: ½ class

Activity:
1. Do not show the packet of salt to the Learners at first and do not tell them what you have. Give each of them a small bit of salt (but don’t tell them what it is). Ask them to taste it.

2. Once they know it’s salt, ask them if it tasted normal. [yes] Then ask them if they tasted any iodine. [they should say no! iodine has no taste. but also, they may not know what iodine is.]

3. Tell the learners:
This salt has iodine in it and so it is called iodized salt. What is iodine? Iodine is a special substance that the body needs. If a person doesn’t get iodine, especially as a child, then her brain will not grow correctly and she will not be as smart. She could also develop goiter, where there is a large lump on the front of the throat.

Read this to the Learners slowly:

Not all salt has iodine in it. Salt that comes from high places in the world, like mountains, does not have iodine in it. Salt that comes from lower areas, near the ocean, has iodine in it. Afghanistan is a high place with mountains, and so the salt in Afghanistan does not have iodine in it. This is why many people in Afghanistan have goiter and many children have slower minds.
To solve this problem, some companies in Afghanistan now make salt and they put iodine in it so that people’s health is better, especially for children and their future. But we cannot see iodine, and we cannot taste it. And so we must be careful to buy salt that has written “iodized salt” or “contains iodine” on the package.
Next time you or someone in your family buys salt, make sure that it is iodized salt. It tastes the same and your food will still be delicious, but also, your children will be smarter and healthier.

4. If necessary, read the story again to the Learners and allow them to discuss it. Show them the packet of iodized salt you brought, and read the label together.

Ask them questions such as:
• What kind of salt do you use?
• Where do you get your salt? Who gets it for you?
• Is iodized salt available here?
• If iodized salt costs a few Afs more, do you think it is worth it to pay a little more? Why?
• Do other people you know (your neighbors, your family, etc) use iodized salt?
EVALUATION ACTIVITIES FOR MILESTONE 6

1. Tell at least three things that a woman needs so that her pregnancy is healthy.

2. Why is iodized salt important for children?

3. Tell at least 2 danger signs during delivery. What should you do if a danger sign is present during delivery?

4. Should we give the baby our first breastmilk, or throw out the first breastmilk? Why?

Criteria: No more than 2 mistakes for each question
MILESTONE 7: IMMUNIZATION

Description of the Milestone:

The goal of this milestone is for the Learners to learn how immunizations work, why they are important, and what kinds of community resources are available for vaccines.
Milestone 7
Activity 1: What Do You Know About Immunization?

Objective: to collect the Learners’ ideas and beliefs about immunization, and to learn about the diseases that can be prevented by immunization

Materials: flipchart paper, markers, prepared cards (below), EPI flipcards

Time: 1 class

Activity:
1. Review disease prevention with the Learners: Let them answer: What are the three main ways to prevent disease?
   1. Reduce germs getting into our body
   2. Good nutrition to keep the body strong
   3. Immunization

2. What do you know about immunization?
   Ask the group to tell one at a time everything they know about immunization, everything they have heard (good or bad, right or wrong), what they believe or think about immunization, etc. Collect all of their ideas by writing them neatly and clearly on flipchart papers.

3. Put the papers on the wall and leave them there through this whole milestone. As the Learners learn more about immunization, the group can refer back to this list and make notes on it, make corrections, cross things out, add things, etc.

NOTE: The goal of this activity is to record what the Learners think, so that then if they have incomplete or incorrect ideas, they will learn the correct information in later activities.

3. Give one definition, writing it on the board:
   **Immunizations are shots or liquid given to children (and sometimes adults) in order to prevent them from getting certain diseases in the future.**

4. Ask the Learners: But WHICH diseases can be prevented?
   Let the Learners tell what they know. Write these diseases on flipchart paper:
   - Polio
   - Diphtheria
   - measles
   - pertussis
   - tuberculosis
   - tetanus
5. Give the group the prepared cards below. They must read each disease description and match it to the preventable disease in the list. Tape the card beside each disease on the flipchart:

**Card to be prepared and cut out:**

<table>
<thead>
<tr>
<th>Card Description</th>
<th>Disease</th>
<th>Vaccine Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>This disease causes children to become paralyzed or to lose control over their legs. It is usually not fatal, but it causes the person to become handicapped for life. The vaccine is a liquid given in drops to small children several times.</td>
<td>[polio]</td>
<td></td>
</tr>
<tr>
<td>This disease is an infection of the throat. It can cause children to die. The vaccine is a shot given 3 times to babies.</td>
<td>[diphtheria]</td>
<td></td>
</tr>
<tr>
<td>This disease is very contagious and very dangerous for small children. It causes a fever and rash and a cough and red eyes, and is often fatal, especially for small children. This disease causes more deaths than any other disease that can be prevented by disease. The vaccine is one shot given to children at least 9 months old.</td>
<td>[measles]</td>
<td></td>
</tr>
<tr>
<td>This disease causes a very severe cough in children. Sometimes they can barely breathe because they are coughing so hard. Although it is not usually fatal, it makes children very very sick for a long time. The vaccine is a shot given 3 times to babies.</td>
<td>[pertussis]</td>
<td></td>
</tr>
<tr>
<td>This disease causes fever, and sometimes a cough. But it is very dangerous and often fatal for small children and adults too. The vaccine is one shot given to babies within 1 week of being born.</td>
<td>[tuberculosis]</td>
<td></td>
</tr>
<tr>
<td>This disease causes severe muscle spasms and is almost always fatal. This disease kills many newborn infants due to infections caused by dirt and other things being put on the umbilical cord. But this can be prevented if the MOTHER is vaccinated for tetanus at least two times before giving birth. The vaccine for children is 3 shots while they are babies.</td>
<td>[tetanus]</td>
<td></td>
</tr>
</tbody>
</table>

6. As the Learners match each disease description, they should tape the description next to the disease name on the flipchart.

7. Keep this disease flipchart on the wall for future reference.
Milestone 7  
Activity 2: What IS Immunization and How Does It Work?

Objective: to understand the basics of how and why vaccines prevent disease, including why multiple shots are required
Materials: prepared poster below, EPI flipcards, HLB
Time: 1-2 classes

Activity:
1. Ask the Learners their ideas and opinions about HOW vaccines prevent disease. What do vaccines do to the body so the disease doesn’t come? Let them share their ideas.
2. In order to understand this more fully, read the following ‘story’ to the Learners, or ask them to take turns reading it from their HLB. It should be read slowly and carefully, and discussed as needed during the reading:

**Immunizations, and How Our Body Is Like A Country**

There are certain things that every country has in common: every country has a government, they have cities and villages, they have resources and rivers, they have armies for defense.

We can think of our body as a country, kind of like we did when we said blood was like a river that carried things to different places. The ‘government’ of our body is like our brain. The ‘cities and villages’ are like all the different parts of our body. The ‘resources’ are like the food and water we eat and the air we breathe. But what is the army?

Bad germs getting into our body is like an invader invading a country. When an invader comes, then the army defends the country. Our body has an army inside which fights germs. We can’t see or feel this army because it flows in our blood, but when there is an infection we can feel the fighting going on in our body and we get a fever or pain or feel sick. If the army wins the fight, we get better. If the army loses the fight, we don’t get better and we die.

Vaccines are a way to make that inner army of our body stronger, in the same way that an army makes a country stronger when it must defend itself. This is what vaccines do for our body. It makes the inner army stronger or gives them special ‘weapons’ so that if and when the germs of certain diseases get in, the army is strong enough to beat them. For example, when a child receives a measles vaccine, the army is made stronger and when the measles germs enter the body, the strengthened army can fight it off easily and the child does not get sick. If the army had not been strengthened, then the army has a very hard time winning the fight against the invading germs and the child gets very sick.

An army can’t become stronger immediately at one time. The new weapons and tools come over time. This is the same with vaccines. Some vaccines such as for polio or for diphtheria must be given three times in order to make the inner army its maximum
strength against certain diseases. If all three vaccine shots are not given, then the inner army will only be partially strengthened and may not be able to fight fully. Other diseases only need one vaccine, such as for measles and tuberculosis.

A strong country needs a good government, enough resources to take care of its people, and a strong army for defense. In the same way, by giving our children education for a sharp mind, good food and water for a healthy body, and immunizations to make their inner ‘armies’ strong, they will have a bright and positive future.

3. Have discussion among the Learners about this story – does it make sense? Can you think of your body as a country? What are some other ways that our body is like a country?

4. Review with the Learners: How are vaccines like support to an army?

5. Review with the Learners: Why do some vaccines need to be given more than one time?

6. What is the schedule of vaccines that should be given to children? Ask the Learners what they know, and then share with them the poster of the immunization schedule below:

7. Make a poster of the following information and put it on the wall of the classroom. Reinforce this with the EPI flipcards 1-6.

---

**Immunization Schedule**

**Children should receive a total of 5 shots by the time they are one year old:**

- **Shot 1:** Soon after birth (tuberculosis)
- **Shot 2:** at 6 weeks old (diphtheria, pertussis, tetanus in one shot)
  - also liquid polio
- **Shot 3:** at 10 weeks old (diphtheria, pertussis, tetanus in one shot)
  - also liquid polio
- **Shot 4:** at 14 weeks old (diphtheria, pertussis, tetanus in one shot)
  - also liquid polio
- **Shot 5:** at 9 months (measles)

If they receive all of these, they will be well-protected against the most dangerous diseases.

**Pregnant women should receive at least 2 tetanus shots, one month apart, before they give birth to a baby.**
Milestone 7
Activity 3: The Immunization Card and Community Resources

Objective: be able to read and understand the immunization card, and to review community resources and where and when vaccines are available

Materials: HLB, a CHW
Time: 1 class

Activity:
1. Learners should find the immunization card in their HLB with the instructions of how to use and read it.

2. Read through the entire card with the Learners to make sure they understand how it works.

Important points:
- each child must have her own card, so if a Learner has 9 children, she must have 9 cards, and should keep them in a safe place.
- the parents should take the card each time they take the children to the clinic, and make sure the health worker fills in the card

Front of the card:
3. **Question:** What are our resources for vaccines?

The Learners should discuss and then write on a flipchart what they know about where vaccines are available, and when. They should be able to answer these questions:

- Where can we go to get vaccines for our children?
- What is the schedule for getting children’s vaccines at our health center?
- Who gives the vaccines at the health center?
- Do health workers come to homes to give polio vaccines or any other kinds of vaccines?
- Where and when can pregnant women get a tetanus shot in our community?
- Any other additional information we know about vaccines in our community…

The CHW or health worker from the community should also give information to the class about vaccine availability.

**NOTE:** If this information is not known, then the class must find out!
Milestone 7
Activity 4: What Are Some Misunderstandings About Vaccines?

Objective: to address some of the misconceptions about immunization, and various reasons why people don’t get their children vaccinated
Materials: HLB
Time: 1 class

Activity:
1. Discussion: Immunizations can be confusing and even a little scary. If people do not understand correctly about vaccines, then they might not vaccinate their children correctly or even at all. The most important thing is correct information.

2. In this activity below, read each myth or misunderstanding out loud first. Let the Learners discuss it – do they agree with it? Do they have an answer? How would they respond to someone who had this belief?

3. After they have shared their own responses, read the correct answer and discuss it. Do this for each misconception below:

Myth: “It’s time for my baby’s second vaccine but he has a cold and diarrhea. I won’t take him for his shot because the vaccine won’t work, and it might make him sicker.”
[discussion]
Correct information: Children who are mildly sick should still be taken for their vaccine on schedule. It will not make them sicker, and the vaccine will still work.

Myth: “I won’t have my children vaccinated because vaccines actually make children sick. They cause fever and swelling and make the baby cry a lot.”
[discussion]
Correct information: Yes, sometimes vaccines will cause a slight fever and be painful. But this is very normal and does not mean the baby is sick. After a day or two the baby will be fine.

Myth: “I lost track of time and missed my child’s scheduled time for immunization. It’s too late and so I won’t take her to get any more shots.”
[discussion]
Correct information: While the schedule is ideal, even if you forget or can’t take the baby on the correct date, you should still take the child as soon as you can. The parents should make sure that each child gets all 5 shots before they are 1 year old, even if the dates aren’t exact. But there must be one month between each shot.

Myth: “The vaccination clinic is so far away that it takes too much time and I can’t take my baby there so many times. I will just wait and see if she gets sick, and then get her the vaccine if she does get sick.”
[discussion]
Correct information: A vaccine is not medicine! A vaccine will only prevent the disease. If a child does not receive a vaccine and then gets the disease, the vaccine will not help. The pain, heartache, time and cost of having a sick child will always be more than the time spent in taking the child to the clinic to get the vaccine and prevent the disease. Everyone should find the time to immunize their children.

Myth: “There is no place in our village to get vaccinations.”
[discussion]
Correct information: The government has a program so that every health clinic should give vaccines, and sometimes government health workers will come to every house to give polio and other vaccines. If someone doesn’t know where to go for vaccines, they should ask the local health worker (CHW or clinic) to find out where and when to take their children.

Myth: I have to remember all of those dates, and I can’t remember them by myself.
[discussion]
Correct information: The health worker should give the mother an immunization card for each child. This is a card that has the immunization schedule on it, and the health worker will write the dates of the next vaccine for the child as well. The parents should take special care of this card to prove that their child has been fully immunized.

HOMEWORK: A brief family and village immunization survey

5. Now that we have looked at some of the problems and difficulties people face in getting their children immunized, we want to find out how many people get their children immunized. This is homework for the Learners:

After today’s class, they must gather information from as many families as they can, surveying their neighbors and their family members about immunization. They must write down the responses of people in their notebooks or HLB:

Example of how to record information from each family for the survey:

Family: _____________________

1. Number of children in family over one year old: _______

Number of children fully immunized (5 shots): _______

2. Any reasons for incomplete immunization:

3. Did mother receive tetanus vaccines before giving birth? _______

If not, why not?
1. They must find out if the children in each family have been fully immunized, partially immunized, or not immunized.
2. If there are un-immunized children, they must ask the parents their reasons for not getting the children immunized. Did they not understand or not know? Did they forget? Did they not have enough time? Were they afraid?
3. Did the mother receive at least 2 tetanus shots before giving birth? If she didn’t, why not?

- The Learners must also answer these questions about themselves and their families as well.

- They must bring the results of their survey for the next day’s class.
Milestone 7
Activity 5: Results of the Survey

Objective: to analyze the results of the Learners’ immunization survey and determine
the implications for their village
Materials: the previous night’s ‘homework’
Time: 1 class

Activity:
1. First find out how many people did their ‘homework’. Individually they must first
add up the results from their own surveys. Write
   - Total number of children:
   - Total number of fully immunized children:
   - Total number of partially immunized children:
   - Total number of un-immunized children:
   - Total number of women surveyed:
   - Total number of women who had gotten tetanus vaccine:

Each Learner should add and record these totals in their HLB.

2. Now in small groups of 3 or 4, the Learners should share the results of their
   survey. They should find the totals as they did individually above, and write one
   set of totals for their group. (If any of them talked to the same families, they
   should only count each family one time.)
3. They should also write down the major reasons that people gave for not getting
   immunizations.
4. The whole class must then work together to get one total result from their survey
   of the state of immunization of children and women in their village.
5. They should write these results neatly and clearly on a flipchart paper.
6. Some questions about these results. Write these questions on the board:
   - Is the level of immunization of children in our community high (almost all) or
     low?
   - Why?
   - Is the level of immunization of women high or low?
   - Why?

7. The Big Question to be thought about and discussed the next day. Write this on the
   board:
   Immunization is whose responsibility?????

They can write their ideas in their HLB.
Milestone 7
Activity 6: Whose Responsibility Is It?

Objective: to reflect on community responsibilities, resources and involvement in immunization
Materials: notebooks, flipchart
Time: 2 classes

Activity:

1. Write on the board the question from the last class:
   **Immunization is whose responsibility?**
   Ask the Learners their opinions about this question, and record their answers on flipchart paper during the discussion.

2. Read each short story and ask the Learners to answer the questions at the end of each one:
   A. Laila and her nephew planned a day so that she could take little Mina to the clinic for her second scheduled immunization shot. The clinic was far, nearly a 4 hour walk, but Laila knew how important the vaccination was and so she insisted. She knew that Tuesdays was the day for vaccinations and the day the clinic worker had told her to return, and Laila had been planning on it. She and her nephew walked a long way on that hot day, carrying Mina who was less than 2 months old. But when they got there, the clinic was closed; the vaccinator was not at the clinic. Laila angrily asked where the health worker was. Some people told her the health worker had left her job early to go to a wedding, and wouldn’t be back until tomorrow. Laila had no choice but to return home with Mina unvaccinated.

   • Whose responsibility was it??
   Write the Learners’ answer on the board.

   B. When Wahida had her baby, the CHW told her about vaccinations. Wahida took Shahin Shah every month to get his shots. When he was 3 months old, after his 4th shot, the CHW told her to bring him back in 6 months, for his 9 month measles shot. But this time Wahida forgot. It was a busy time, with the harvest coming in from the fields. Shahin Shah didn’t get his measles shot and one year later he caught the measles from his cousin, who had also not received a measles vaccine. Both of them almost died.

   • Whose responsibility was it??
   Write the Learners’ answer on the board.

   C.
Samira lived a long way from the clinic, but she kept careful track of her children’s immunization cards, which the local CHW had taught her how to use. She knew that next week was the time for her 2 ½ month old daughter Maryam to get her 3rd shot. She took her oldest son with her and they walked to the clinic. When they got there the health worker greeted her warmly. But when Samira told her she was there to get Maryam’s shot, the health worker looked sad. She explained that the government had not sent a new batch of the vaccine. The clinic had ordered it weeks before, but it had not yet arrived, and they didn’t know when it would come. Maryam couldn’t get her vaccine. The health worker said she would try to send a message to Samira’s village when they received the vaccines from the Ministry of Health.

- Whose responsibility was it??
Write the Learners’ answer on the board.

3. From these stories, we can see that responsibility lies in 3 major places:

- The community health center and health workers
- The parents
- The government

4. Immunization responsibilities: Divide the class into 3 small groups –
   - Group 1: What are the responsibilities of the **Community Health Workers** and **Health Centers** for providing vaccines?
   - Group 2: What are the responsibilities of the **Parents** for providing vaccines?
   - Group 3: What are the responsibilities of the **Government** for providing vaccines?

   Each group must make a list of the immunization responsibilities for that aspect of the community.

Example: The group discussing the responsibilities of the Parents may say that parents must keep track of the dates, must make the time to take their children on the scheduled date, etc.

**NOTE:** If the class feels there are other responsible community groups (such as community leaders, health shura, teachers, etc) then those should be discussed also.

5. **Presentations:** Each small group should make a brief presentation about responsibilities, and the whole class can discuss these community responsibilities.

6. **Whole group discussion:** In our village, where is the weakness? Whose responsibility is it that some children are not immunized? Is it the government? The parents? The community? All of them?
7. **What can we do about that?** What if a particular group such as the government, or the health clinic, or parents, is not meeting their responsibilities?

8. **What can we do to help raise the number of children and women who are fully immunized?** The whole group should discuss strategies and plans for how they will address the weaknesses of any particular aspect of the problem.

   - The problems may be things such as poor communication about immunization, or poor availability of resources, or misunderstandings about immunizations, etc.
   - The Learners must develop a plan about how they can solve these problems.
EVALUATION ACTIVITIES FOR MILESTONE 7  IMMUNIZATION

1. Your neighbor is pregnant, but has not had any tetanus shots. What information will you give her? How will you explain to her the importance of tetanus shots for pregnant women?

2. Your brother-in-law says that vaccines are useless, they’re not like a injections or medicine that makes you well; they just make the kids cry. He doesn’t think they’re needed. What would you tell him?
MILESTONE 8:
THE RESPIRATORY SYSTEM, AND MALARIA

Description of the Milestone:
This milestone will help the Learners become more aware of the respiratory system, how and why it works. It will also include common respiratory problems, their causes, and how to prevent and treat them, especially children’s lung infections.

The causes, prevention and treatment of malaria will also be addressed.
Milestone 8
Activity 1: Why Do We Breathe?

Objective: to become aware of the importance of breathing and the lungs and to identify the characteristics of normal breathing
Materials: a clock, flipchart prepared with questions below (number 5 below)
Time: 1 class

Activity:

1. First, ask the Learners how long they think they can hold their breath. Ask them to estimate how many minutes or seconds, and write down their estimate in their notebooks.

2. They will now test themselves. Tell them that when you count to three, they should start holding their breath, and hold it as long as they can. Have the clock in front of them so they can measure. (Make sure they understand how to read the second-hand of the clock, since one time around is 60 seconds.) Count 1-2-3 and the Learners should hold their breath.

Afterwards, they should write down how many seconds they held their breath.

3. A discussion should follow about why we breathe:

   Our bodies need air to live. When we breathe, the air goes into sacks in our body, the lungs. Blood vessels come to the lungs and pick up air. The blood carries air from the lungs to all parts of the body.

   How long can we live without food? [weeks]
   How long can we live without water? [days]
   How long can we live without air? [minutes]

   So what is the most important thing for us to be able to live? Air!

4. The following questions should be written on flipchart paper and put on the board: The class should be divided into small groups of 3-4. Each group should discuss and write their responses to the questions:

   - Describe someone with normal breathing: What does it sound like? What does it feel like? What does it look like?
   - Describe someone who has a breathing problem: How can you tell they are having trouble breathing? What does it sound like? What does it look like?
Feel how fast you’re breathing right now. Use a clock and try to count how many times you breathe in and out in one minute. This is normal breathing for an adult.

Why do we breathe more slowly when we’re asleep?

In what kind of situations do we breathe fast?

Why do we breathe fast in these situations?

The whole group discusses their responses to the questions. Below is information related to the questions that you can share with the group:

- Normal breathing: smooth, silent, even and regular
- Troubled breathing: the person may make a sound when breathing, may be pale or even bluish, seems to struggle, breathes faster, has to work hard to breathe, may cough a lot
- Normal adult breathing = approximately 15 breaths (in + out) every minute. Children breathe much faster: babies breathe about 40 times every minute.
- When we’re asleep we’re relaxed, and our body doesn’t need as much air so we breathe slower.
- We breathe faster when we are scared, angry, working hard physically, running, etc, or if we have a disease that makes it hard to breathe.
- We breathe faster because our body needs more air in these situations.

To test this last point, have all the Learners stand up. First they should simply breathe normally and be aware of their breathing, how it feels and how fast they are breathing. Now they should start jumping up and down or running in place for at least 1 minute.

Once they stop running or jumping, ask them to notice their breathing and how it has changed and become faster. They may notice also that their heart beats faster too. This is because the blood must move faster to take more air to the rest of the body.

As they sit down, they should continue to notice their breathing (and heart) and how it gradually slows and comes back to normal.

When we become angry or scared, our breathing increases. But if we can think about it and make ourselves breathe more slowly and deeply, it will help keep us calm. Ask the Learners to close their eyes and breathe slowly and deeply through their nose.

They should not talk, they should just relax and listen to their breathing as they breathe slowly. Do this for about 3 minutes or so, the room should be quiet as everyone breathes.

Remind the Learners that when they are upset, tense, angry or scared, breathing slowly and deeply will help them stay calm. They can do this anytime at all.
Milestone 8
Activity 2: What Causes Lung Problems?

Objective: to learn the basics of what cause lung problems
Materials: HLB
Time: 1 class

Activity:

1. Start the class with a few minutes of quiet, deep, slow breathing again. Remind the Learners to be aware of their breathing, and how important breathing is, and how it can help relax and calm us.
2. In this activity, the Learners will learn the information they need from the text in their HLB. They will read the text and then answer the questions at the end. They may work alone or with a partner if they wish.

The Causes of Lung Problems
When someone’s lungs and breathing are normal and healthy, breathing is smooth and easy. But when the lungs become blocked or can’t hold as much air, the person’s breathing becomes more difficult. There are two main reasons that lungs may become blocked:

1. If a person smokes cigarettes, or if they work in a place that has a lot of smoke like a smoky kitchen, then over time the smoke will get inside the lungs and make it harder for that person to breathe as they get older.

2. Sometimes germs get into the lungs. When this happens and an infection starts in the lungs, the lungs become stiff and the infection takes up space in the lungs. Then the lungs can’t hold as much air as normal. This is when the person starts to have breathing difficulties. These lung infections can be very serious, especially for children. Lung infections make more small children die than any other disease.

Usually lung difficulties begin with a cough. The cough will go away by itself after a few days if it’s not serious. But if the cough does not go away and a fever begins, then it means a serious infection has begun. The person will have more and more difficulty breathing. Since breathing is so important for life, this is very dangerous and the person needs medicine right away to get better.
Questions from the text, written in the HLB for Learners to answer:

1. What causes breathing difficulties?
   [Answer: when the lungs are blocked by smoke in the lungs, and by infection]
2. What causes infection in the lungs?
   [Answer: germs]
3. What’s the first sign of lung difficulties?
   [Answer: a cough]
4. Why are lung infections so dangerous?
   [Answer: because breathing is so important for life, and infections make it hard to breathe]
5. What is needed to get better from a serious lung infection?
   [Answer: medicine]

3. After the Learners have answered the questions on their own in their books, the whole group should discuss the questions and the answers. The Facilitator should provide correct answers as needed.
Milestone 8
Activity 3: What Are Some Types of Lung Infections?

Objective: to become familiar with the symptoms, prevention and treatment of major types of lung infections
Materials: CHW manual for Facilitator for reference about diseases, HLB, prepared flipchart of questions (below)
Time: 2 classes

NOTE: This activity will take two class sessions: the first class will be preparation by the groups. The second class will be presentations by the groups.

Activity:

1. Again, start the class with a few minutes of deep, slow breathing to remind the Learners again about the value of healthy breathing.

2. In this activity, the Learners will work in small groups to get information about a particular illness from text in their HLB.

3. They will then teach the rest of the class about that disease by making a small presentation that gives specific information about that disease. They may be as creative as they wish with their presentation, using posters, role plays, discussion, flipchart paper, etc. They must NOT just read their text! Presentations should be 5-10 minutes long.

4. Each group must answer the following questions about a disease, and include the information in their presentation. Write these questions on a flipchart and post it on the wall:

Questions about each illness:

- What is the name of the illness?
- What causes the illness?
- What are the symptoms of this illness?
- How is the illness spread to other people?
- How is this illness treated?
- How dangerous is this illness? What are its danger signs?
- How can this illness be prevented? Is there a vaccine for this disease?
- Any other important information…

5. Assign one group to each disease. They must read the information and prepare their presentation:
Example: Group 1 is a small group of Learners who will read the text about tuberculosis, and then answer the questions about tuberculosis, writing down their answers. They will then prepare a presentation to the whole class to teach the others about tuberculosis.

Texts about the illnesses:

Group 1
Disease 1: Tuberculosis
Tuberculosis is caused by tuberculosis germs that cause infection in the lungs. Tuberculosis begins with a cough that won’t go away. Then a fever begins, especially at night, and the person loses a lot of weight. If someone has a cough for 3 weeks, they should go get checked for TB at a hospital.

When people with tuberculosis cough, the germs go out into the air. The disease is passed when someone else breathes these germs in from the air.

This is a serious disease that needs a lot of medicine. TB is often fatal for both children and adults. A person with TB must take medicine for at least 6 months, and it is very important that they take the medicine the whole time. Otherwise the disease will come back and be worse.

There are several ways to prevent tuberculosis. One is to vaccinate babies once they are born. Another is to make sure that rooms in a house get lots of sunshine and fresh air so the germs can’t stay in the room. Also, if someone is healthy and eats nutritious food, they are much less likely to get TB. Finally, when people cough they should cover their mouths with their hand or a handkerchief.

Group 2
Disease 2: Measles
Measles is a very dangerous disease for children. It is caused by germs that cause infection in the lungs, and also a rash on the skin, fever, red eyes, diarrhea, ear infections and swelling of the brain. Measles kills 750,000 children around the world every year.

Measles cause children to cough and then other children catch the disease by breathing the germs in the air. It is very contagious.

It is not easy to treat this disease. If a child does get measles, the child should be kept in a room by himself until he is well so other children do not catch the disease. A sick child needs a lot of fluids, good food, rest and fresh air and sunshine, and medicine. Often, the child’s lung infection becomes very severe and becomes pneumonia. When this happens, the child must go to the hospital for treatment or he may die.

It is easy to prevent with a one-shot immunization when a child is about 9 months old.
Group 3
Disease 3: Pertussis

Pertussis (whooping cough) is a severe lung infection with attacks of repeated severe coughing. It is usually a disease caught by children. It is not usually fatal, but makes a child very sick for a long time.

Sometimes the coughing is so severe that the child has great difficulty breathing in, and often turns blue. The child must make a great effort to draw in air after an attack of coughing, and this effort produces a whooping noise. Attacks of coughing occur most commonly at night and can be brought on by breathing cold air. The severe bouts of coughing sometimes cause vomiting, which can lead to dehydration and poor nutrition. Severe coughing can continue for several weeks or as long as three months. Young children get severe infections of the lungs as a side effect of whooping cough.

The disease is passed in the air, when other children breathe the germs thrown into the air by a coughing child.

This disease can be prevented easily through immunization, by three shots given to children before they are one year old.

Group 4
Disease 4: Common Cold or Flu

When people have a runny nose, a sore throat, and sometimes even a low fever, we say they have a cold or the flu. This is an infection of the nose and throat, and when the infection moves into the lungs, it can cause a cough. Sometimes people cough because mucus from the nose drips down the back of the throat. This kind of cough is not serious.

This is not a serious disease. After a week or so, the body will heal itself. There is no medicine to heal a cold. The best treatment is to rest, keep the body warm, drink a lot of fluids like fruit juice and tea, and eat good food. If the nose is blocked or there is a cough, the person can breathe the steam from hot water and this will often make it easier to breathe. An injection (pichkari) will not cure a cold!

This disease is common in the winter because usually windows are closed and so the germs stay inside and get passed by coughing and sneezing in the air. It is also passed by contact, if the germs are on someone’s hands and they then touch food, or another person.
This can be prevented by washing the hands with soap often. Also, keeping the body warm is very important. Especially children should wear a hat and scarf to keep the body warm. And anyone who coughs or sneezes should cover their mouth and nose, and wash their hands a lot.

**Group 5**  
**Disease 5: COPD (Chronic Blocked Lungs)**

This disease causes a heavy and thick cough, and difficulty breathing especially during heavy work or exertion. This is disease is not caused by germs – it is caused by smoke. If someone has smoked a lot of cigarettes, pipes, etc. then when they get older they will probably get this disease. This disease is also a problem that develops for women who have used a stove that makes a lot of smoke.

When people breathe a lot of smoke for a long time, it damages their lungs, making their lungs stiff, and dirty inside. As a result, they cough a lot and can’t get enough air.

This disease is not contagious, since it is not caused by germs. Usually this is a disease of older adults. There is medicine that can make it easier to breathe, but nothing can cure this disease or heal the lungs.

The best prevention for this disease is to not smoke cigarettes, and to use a stove that does not produce a lot of smoke.

**Group 6**  
**Disease 6: Pneumonia**

Pneumonia is a very serious lung infection. It is serious for both children and adults. It is caused by germs, and can be passed to others by coughing, but it is not as contagious as measles. The germs create an infection that fills the lungs with fluid and make them stiff so that the person cannot breathe easily.

Pneumonia can be treated by medicine if it is recognized early enough. It is very important with pneumonia to get treatment early, because it can get worse very rapidly.

The danger signs of pneumonia are a cough, fast breathing, and difficulty breathing. The person may turn bluish in color because they are not getting enough air in their body. Sometimes when the person breathes, their chest pulls inward because they are trying so hard to get enough air. When they breathe, there may be a noise that comes from their chest. These are danger signs of severe pneumonia that says the person must get medical help.

There is no vaccine for this disease. So treatment is very important. Pneumonia kills more small children than any other disease, but it CAN be treated.
The Next Day, Part 2: Presentations

1. Each group must make a 5-10 minute presentation to the whole class. This does NOT mean the group only reads the text to the class! They should use other teaching techniques.

2. The other Learners must listen carefully and ask questions of the presenters, and learn about the other diseases. They will need to use this information in the next activity.
Milestone 8  
Activity 4: Children’s Acute Respiratory Infection

Objective: to understand how to recognize and treat specifically children’s respiratory infections  
Materials: HLB  
Time: 1 class

Activity:

In this activity, the Learners will be given ‘case studies’ – a scenario or story. They must analyze the situation.

1. Again begin class with a few minutes of deep and silent breathing to remind the Learners of the importance of the breath in life.

2. Review with Learners the causes of breathing problems: infections in the lungs, or blockage due to smoke.

3. Question for the Learners : Pneumonia is dangerous for adults as well as children. But why is it often more urgent and more dangerous for children? [because they are small and if they have trouble getting enough air, their bodies get weaker faster]

4. Review the dangers signs of pneumonia: fast, difficult breathing, bluish skin color, chest pulls inward when breathing

    Remember that lung infections kill more small children than any other disease. So it is very important that we are able to recognize when a child is having difficulty breathing, and what to do about it quickly.

5. Divide the class into small groups of 3-4 Learners each. Give each of them one case study to read and analyze in their HLB.

6. The correct responses are below for the Facilitator. If needed, review the disease information in Activity 3.
Case Study 1: Abdullah

Abdullah was 3 years old. One winter, Abdullah started coughing. He stopped playing with his brothers and sisters because he was tired, and his mother noticed he had a fever. He didn’t feel like eating, and in a few days his cough was worse. She could hear a whistling sound from his chest when he breathed, and when she looked at him lying on the bed next to his 2 year old brother, he seemed to be breathing much faster than his brother. The next day, Abdullah’s chest looked strange, being pulled in when he breathed in, the opposite of how it normally looked.

- What are the symptoms that show that something is wrong with Abdullah?
  [fever, coughing, tired, breathing fast, chest pulling in when breathing, noise when he breathes]
- What disease does Abdullah have?
  [severe pneumonia]
- Is Abdullah’s condition serious?
  [yes, very serious]
- If you were Abdullah’s mother, what would you do?
  [take him immediately to the health center or hospital and get medical help. In the meantime, give him a lot of fluids like tea, and keep his body warm. Give him paracetemol for his fever.]

Case Study 2: Rahima

Rahima was 7 years old. One morning she went to her mother and said she felt too tired to go to school. She had a runny nose and a sore throat and a cough. A few days later she still had a cough.

- What is wrong with Rahima?
  [She has a cold.]
- Is Rahima’s condition serious?
  [No]
- How do you know if it is serious or not?
  [She doesn’t have the danger signs of pneumonia. She doesn’t have a fever, she doesn’t have difficulty breathing. Her symptoms are of a cold, not pneumonia.]
- If you were Rahima’s mother, what would you do for Rahima?
  [Give her lots to drink. Make sure she eats well. Let her rest. Give her salt water to gargle for her sore throat. Make sure she stays warm.]
Case Study 3: Hafiza

Hafiza was 3 months old and still being breastfed. Usually Hafiza was a very active and happy baby, but one day her mother noticed that Hafiza seemed quiet, or tired, and didn’t want to breastfeed very much. That night, Hafiza’s mother could hear noises when Hafiza breathed, but thought that Hafiza just had a cold. In the morning, she checked on Hafiza anxiously. She noticed now that Hafiza was very listless, except that she seemed to be breathing fast. She had a fever.

- What might be wrong with Hafiza?
  [She might have pneumonia.]
- Is her condition serious?
  [Because she is so young (only 3 months), this is very serious.]
- If you were Hafiza’s mother, what would you do?
  [Keep breastfeeding Hafiza, keep her warm, and take her to the health center right away for medical help. She should not wait even another hour to get help for Hafiza.]
Activity 5: Malaria – What Is It?

Objective: to identify the symptoms and causes of malaria
Materials: flipchart paper and markers
Time: 2 classes

Activity:
1. Discussion: “What do you know about malaria?”
   The Learners should share everything that they know about malaria, everything they have heard or experienced. Write down the comments of the Learners on flipchart paper.

2. In small groups, the Learners should read the information about Malaria in their HLB and answer the questions that follow.

3. The whole group should then discuss their answers to the questions and make sure all understand the correct information.

Malaria is a serious infection caused by a germ that lives part of its life in humans and part in mosquitoes. Malaria causes fever, chills, headache, and sometimes diarrhea. The risk of dying from malaria is highest in young children. Malaria also makes pregnant women anemic and causes abortion and stillbirth.

Fever is the major symptom of malaria. In the beginning of the disease, fever is present constantly, but within a few days there is often a change to cycles of fever and chills. Headache, body aches, chills, and diarrhea also occur. In children, however, typical signs of malaria may not always occur.

Malaria is spread to humans by the bite of infected mosquitoes. Malaria occurs most often during April through November, the period when mosquitoes are present; cases are most common in areas of the country in which there are many mosquitoes, such as rice-growing areas. The disease is not contagious from one person to another. It only passes when one mosquito bites a person with malaria, and then carries the germs to another person when it bites that other person.

There is no vaccine for malaria. Malaria should be treated with medicine as soon as possible and preferably within the first 24 hours of illness. This is especially important for children, who can die of untreated malaria. Treatment for malaria can be given based on the symptoms of fever, chills, and headache or body aches.
Questions about malaria from the text: [with answers for the Facilitator]

1. What causes malaria? Where does it come from? [from germs and mosquitoes]
2. How does malaria pass from one person to another? [one mosquito bites a sick person and passes it to another person when they bite them]
3. What is the major symptom of malaria? [fever]
4. What are other symptoms? [chills, headache and bodyaches, diarrhea]
5. Would malaria be common in the desert? [no] Why not? [there is no water and so mosquitoes can’t live there] In what kind of place is malaria most common? [warm places where there is water and mosquitoes]
6. Is malaria most dangerous for men, women or children? [children]
7. Is there a vaccine for malaria? [no]
8. Is there medicine for malaria? [yes]

Questions about your experience with malaria:

1. Is malaria a problem in your village?
2. Have you or anyone you know ever had malaria? What did you do? What happened?

Use this diagram to explain the cycle of mosquitoes, malaria and disease:
Milestone 8
Activity 6: Prevention of Malaria at Home, and Treatment of Malaria

Objective: to identify ways to prevent malaria in the home, and be aware of malaria treatment

Materials: HLB, malaria flipcards especially 9 - 11

Time: 1 class

Activity:

1. The Learners should work with a partner. They should find this page in their HLB and read the solutions and answer the questions in the chart as shown. They should each answer the questions specifically for their own home and family:

<table>
<thead>
<tr>
<th>Methods to reduce mosquitoes in the home:</th>
<th>Is this possible in my home?</th>
<th>What things do we need to be able to do this?</th>
<th>Whose responsibility would this action be?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cover standing water with soil or sand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get rid of old containers around the house and community where rain can collect</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drain away water that has collected around a spring, well, or water pump.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevent your family from being bitten by mosquitoes by making sure all the family members should sleep under bed nets.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If there are not enough bed nets, make sure that pregnant women and children sleep under the ones that you have.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To prevent mosquitoes from getting inside the house, put screens over the windows and doors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To prevent mosquitoes from entering the rooms, cover all the cracks and holes in the walls.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other ideas to reduce mosquitoes at home…</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Discussion: Treatment of Malaria
Use the malaria flipcards to review information about malaria.

Then focus on the last 3 flipcards (9,10,11) to discuss malaria treatment:

- Malaria should be treated as soon as possible and preferably within the first 24 hours of illness. This is especially important for children, who can die of untreated malaria.
- Early treatment of malaria is extremely important for children, so parents should be taught to seek treatment when fever begins.
- Persons with suspected malaria should complete a 3-day course of treatment with chloroquine to improve their recovery from the episode of malaria and to prevent the microorganism from becoming drug-resistant.
- Persons who appear to have malaria and do not improve when given chloroquine should be referred to the nearest health facilities.

Malaria Treatment

- A patient with malaria has chills, fever, and sweating.
- Treat malaria on the first day the symptoms appear.
- Malaria kills children very quickly

- Patients with chills, fever, and sweating should take malaria pills (Chloroquine) as soon as possible.
- Take malaria pills for three days. Patients who don’t do this will soon have malaria again.

- If a patient takes malaria pills for three days and is still not better or cured, take the patient to a nearest health facility immediately
Milestone 8
Activity 7: Preventing Malaria By Reducing Mosquitoes in the Community

Objective: to identify sources of mosquito-bearing malaria in the community, and ways to reduce the mosquitoes
Materials: a chart prepared on flipchart paper as below
Time: 1-2 class

Activity:

1. There are a number of ways that malaria can be prevented by reducing the number of mosquitoes in the environment. In a large group, analyze each method in terms of these three questions:
   - Is this a possible method?
   - How can the community help with this?
   - Whose responsibility would this action be?

<table>
<thead>
<tr>
<th>Methods to reduce malaria by reducing mosquitoes in the environment</th>
<th>Is this possible in our community? Where?</th>
<th>How and where can the community help with this? (identify specific places in the village)</th>
<th>Whose responsibility would this action be?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cover standing water with soil or sand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get rid of old containers around the house and community where rain can collect</td>
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</tr>
<tr>
<td>Drain away water that has collected around a spring, well, or water pump.</td>
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<tr>
<td>Introduce fish into flooded rice paddies and stagnant water, where they will eat mosquito larva.</td>
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<tr>
<td>When possible, flood rice paddies intermittently instead of continuously.</td>
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<tr>
<td>Mosquitoes breed in sluggish water. To eradicate mosquitoes, remove weeds that grow on the banks of a stream, which can slow the flow of water.</td>
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<tr>
<td>Other ideas from the group:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EVALUATION ACTIVITIES FOR MILESTONE 8

1. How would you know if your child had a serious lung infection or pneumonia?

2. How is malaria passed from one person to another?

3. How can malaria be prevented?
MILESTONE 9 : EATING HEALTHY

Description of the Milestone:

This milestone aims to focus the learners’ attention on the role that food plays in being healthy. The learners will explore their own family’s eating habits. They will learn about major health issues that are related to food, including nutrition and the digestive system. They will explore issues of child malnutrition and community food issues such as seasonal food availability. The goal of this milestone is for Learners to become aware and informed about how they can make choices in their eating habits that will help improve the health of their family.

Sub-Milestone 1: Eating Habits and Beliefs at Home
Sub-Milestone 2: Food and Health Relationship – Food Needs, Nutrition, Etc.
Sub-Milestone 3: The Digestive System
Sub-Milestone 4: Food and Our Community
Sub-Milestone 1: Eating Habits and Beliefs at Home

Milestone 9
Activity 1: What Things Affect My Family’s Health?

Objective: to begin to become aware of family eating habits
Materials: flipchart paper
Time: 1 class

Activity:
1. Discussion: Write the following question on the board and ask the Learners to think about it and then share their thoughts. Write their responses on the board.

In your opinion, what are the most important things that keep a family healthy?

Responses may range from cleanliness to vaccines to medicine. These are good and valuable responses.

Hopefully the Learners will eventually also respond, “the food the family eats”. If they don’t then you should add this point. This is the goal of this milestone – to focus the Learners’ attention on the role that food plays in keeping a family healthy.

Emphasize this for the Learners: we are now going to begin exploring the importance of food in keeping a family healthy.

2. The Learners should work individually and answer these questions in their HLB:

What are your family’s usual eating habits?

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>What did your family eat for lunch yesterday?</td>
<td></td>
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<tr>
<td>What did your family eat for dinner last night? Include all the foods that everyone ate.</td>
<td></td>
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<tr>
<td>What did your family eat for breakfast today?</td>
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<tr>
<td>Are there some foods that only certain family members receive? What are these foods?</td>
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<tr>
<td>What foods do you buy from the market? (such as oil, sugar, etc)</td>
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<tr>
<td>What foods do you produce or grow yourself at home?</td>
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<tr>
<td>When you serve meat, do all the children in your family (both boys and girls) get to eat equal amounts?</td>
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<tr>
<td>Do you have vegetables with every meal?</td>
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<tr>
<td>How often does your family eat fruit?</td>
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</tbody>
</table>
NOTE: Make sure the Learners are complete in their responses. For example, they may say they make bread themselves at home, but if they have to buy the flour to make the bread, then they must write ‘flour’ as a food bought from the market.

2. After the Learners have completed the questions, allow them to share their responses and discuss some of these questions such as serving meat to children, what kinds of foods they make at home, etc.
Milestone 9
Activity 2: Food Attitudes at Home

Objective: to explore the attitudes towards food in the home
Materials: HLB
Time: 1 class

Activity:

1. In this activity, the Learners will interview each other to share experiences and attitudes about food and eating in their homes. If a Learner prefers not to share with others, she can work individually in her HLB to answer these questions. Otherwise, the Learners should sit with one other person and interview her, asking each question and then writing down the answer given.

2. The interview questions are in the HLB. Learners can record the answers of the person they interview, and can also then write down their own answers to the questions as well:

<table>
<thead>
<tr>
<th>Name of person being interviewed:</th>
<th>Name of person asking the questions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions</td>
<td>Answer</td>
</tr>
<tr>
<td>1. In your house, who usually cooks the meals?</td>
<td></td>
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<tr>
<td>2. Do men ever cook in your house?</td>
<td></td>
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<tr>
<td>3. Are your children sometimes still hungry after meals? Do they get enough to eat?</td>
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<tr>
<td>4. Is there usually food left over from meals? If yes, what do you do with the leftover food?</td>
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<tr>
<td>5. Does your family usually like the food served at meals, or do they complain about the food? What do they say about the food?</td>
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<tr>
<td>6. How do you decide or know what to serve your family for meals?</td>
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<tr>
<td>7. What are some of your family’s favorite foods?</td>
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</tbody>
</table>
8. If someone is sick in your family, what do you feed them?

9. If a woman in your family is pregnant, what do you feed her?

9. Do boys and girls get equal amounts of food?

3. The whole group can then share some of the responses and find out more about other families’ habits.

4. In preparation for the next lesson, write on the board and ask the Learners to think about this question:

   “What kinds of health problems are related to food and eating?”
Milestone 9
Activity 3: How Does Food Affect Our Health?

Objective: to become aware of the connections between food and health
Materials: flipchart paper and markers
Time: 1 class

Activity:
1. Remind Learners of the question from the earlier lesson: “What kinds of health problems are related to food and eating?”

2. Ask the Learners their ideas about this question. Write their ideas on flipchart paper, and also make sure that the problems written below are included:

<table>
<thead>
<tr>
<th>Health problems related to food</th>
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</thead>
<tbody>
<tr>
<td>• Very thin children</td>
</tr>
<tr>
<td>• Anemia and weakness</td>
</tr>
<tr>
<td>• Diarrhea and stomach problems</td>
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<tr>
<td>• Children sick a lot (colds, etc)</td>
</tr>
<tr>
<td>• Teeth problems (bleeding gums)</td>
</tr>
<tr>
<td>• Injuries take a long time to heal</td>
</tr>
<tr>
<td>• Children not growing tall and strong</td>
</tr>
<tr>
<td>• Goiter</td>
</tr>
</tbody>
</table>

3. Ask the Learners to read through the list of health problems and think about these problems within their own family.

4. Now take a survey of the Learners about these health problems to find out how many people have these problems:

• Read the first item, “Very thin children.”
• Ask the Learners to raise their hand if they think this item is a problem in their family.
• Count the hands and write this number beside that item.

5. Do this for all the items on the list, and then discuss which problems are most common among everyone.
6. With the Learners, discuss the reasons for these problems. What do the Learners think are the reasons for children being too thin, or anemia or weakness, or frequent illnesses in their family? Write these ideas on the board or on a different flipchart paper.

7. Food problems can be summarized into three kinds of problems:
   - Not enough food to eat (lack of quantity)
   - Not eating enough different kinds of foods needed by the body (lack of variety)
   - Eating food of poor quality (lack of quality)

8. Discuss these three major problems with the Learners and write them across the top of three flipchart papers:

9. Take the first flipchart with the types of health problems listed. Cut these problems into separate pieces of paper. The Learners should now match each health problem with the food problem that can cause it, and place it on that flipchart.

Examples:

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Not enough food
Very thin children
Children not growing tall and strong
Anemia and weakness

Not enough variety
Injuries take a long time to heal
Teeth problems (bleeding gums)
Anemia and weakness
Children not growing tall and strong

Not good quality food
Diarrhea and stomach problems
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NOTE: Some health problems may be placed in two categories and may need to be written twice. Let the Learners discuss this and make their decisions.
10. The Learners should now reflect about these 3 food problems:

- *Does my family have any of these food problems?*

- *Which of these food problems is greatest for me and my family?*

The Learners should discuss their thoughts and then write down a sentence or two in their Learner Book answering these questions.
Submilestone 2: Food and health relationship – food needs, nutrition, etc.

Milestone 9
Activity 4: Why Do We Eat and Drink?

Objective: to become aware of the role of food and nutrition in health
Materials: HLB
Time: 1-2 classes

Activity:
1. Question for the Learners: Close your eyes and imagine not eating for 2 weeks. How would you feel? What would happen to you?
As Learners share their ideas, write them down on the board.

   Possible responses:
   • weak
   • tired
   • stomach pain
   • no energy
   • get sick easily
   • lose weight, become thin

2. Question: Close your eyes and imagine only eating bread for a month. How would you feel? What might happen to you and your children?

Write their responses on the board.

Possible responses:
• pale
• weak
• thin arms, swollen stomach

3. Question: What happens to a small child who doesn’t have enough to eat over several months?

Write down the Learners’ responses on the board.

Possible responses:
• very thin
• doesn’t grow
• gets sick easily
• weak and tired
4. Question: After thinking about what it’s like with no food, here is an easy question: What does our body use food for? The Learners should discuss this question. You should guide them towards the ideas of food being used by the body for Energy, for Growing/Building and for Repairing itself.

**NOTE:** This is a review from Milestone 6. Hopefully the Learners will remember!

5. Food is used by the body for **Energy**, **Growth** and **Repair**. Knowing what happens when we do not get enough food or we only eat one kind of food, we can see this:

Ask the Learners:
- If someone doesn’t eat enough Energy Foods, what happens to them? [Answer: They become weak and thin.]
- If someone doesn’t eat enough Growth Foods, what happens to them? [Answer: Children don’t grow, and adults’ muscles become weak.]
- If someone doesn’t eat enough Repair Foods, what happens to them? [Answer: They get sick more easily and their injuries and illnesses take a long time to heal.]

6. Review examples of kinds of foods in each group:
- Energy foods: bread, potatoes, etc.
- Growth foods: milk, eggs, meat, etc.
- Repair foods: vegetables, fruits, eggs, etc.

7. Divide the class into 3 groups: an Energy Group, a Growth Group, a Repair Group.
Each group should first generate a simple symbol for their category, and write it at the top of a flipchart paper. They should then make a list of some foods that are included in that category.

**NOTE:** They can refer to earlier activities (Milestone 6) if they don’t remember.
Milestone 9
Activity 5: What Do We Eat?

Objective: to become aware of foods eaten and their nutritional categories
Materials: flipchart paper
Time: 1-2 classes

Activity:
1. Question: What do we eat?
The whole group of Learners should make a full list of all foods they and other people eat in their community, everything that is available throughout the whole year. This may require several flipchart papers. It should be thorough and complete.

NOTE: It may be easier if they organize their foods by Fruits, Vegetables, Meats, etc. You may make suggestions, but let the Learners organize themselves.

2. Next, the Learners should identify EACH food in the list as an Energy, Growth, or Repair food using the symbols from the last activity. (some foods may be in more than one category, such as eggs and meat which are both Growth and Repair foods)

Examples of Energy Foods:
- nuts, potatoes, sweets, rice, bread, fruits, oil

Examples of Repair Foods:
- meat, eggs, beans, vegetables, fruits

Examples of Growth Foods:
- vegetables, fruits, eggs, milk, meat, beans

NOTE: If a food is not easily identified as a Growth, Energy or Repair food, the Learners should try to accurately guess which category the food is in. The Facilitator may get more information from the CHW manual in the nutrition chapter.

3. Let the Learners analyze their list of foods:
   - Which kind of food is more common, Energy, Growth or Repair?
   - Which kind of food do people eat the most?
   - Which type of foods are most expensive?
   - Which foods are most easily available? Which food are least available?

NOTE: For analysis, they may wish to reorganize by making lists of Energy Foods, Growth Foods and Repair Foods.
These lists should be put on the walls and left up for reference. The Learners can add more foods to the lists at any time.

4. Question for Learners individually: What kind of foods do you have most often in your house?
Milestone 9
Activity 6: What Foods Do We Like? – Favorite Recipes

Objective: to consider the role of cooking and preparing food in family health
Materials: HLB
Time: 1 class

Activity:
1. Question: What is your favorite food to cook?
   The foods the Learners listed in the last activity are separate foods. What are some favorite foods that the Learners make for their family or for guests?

2. The Learners should now work with a partner or small group and choose their favorite food such as mantu or kabuli palau or firini or aash, etc.

They should then write the explanation of how to make this food, including all the ingredients required and how to mix and make the food. They should think about how they would teach someone to make this food.

They should write these in their HLB.

3. They should then analyze that food further in terms of Energy, Growth and Repair foods contained in it, labeling each ingredient with the correct symbol or symbols. For example, kabuli palau is not only rice, an Energy food. It also has carrots and raisins, which are Repair foods, and it also has oil, which is an Energy food.

1. The Learners can then share their recipes with each other. They can discuss what it is that makes a food delicious.

Question for discussion: If a child does not like vegetables, what can we do to make it taste better so they will want to eat it?

NOTE: If the class is interested, the Learners could have a small food class where each Learner brings a different kind of food to share with the group. They share with the other Learners the ingredients in the food, and the whole class can analyze the types of food (Energy, Growth or Repair) in it and then enjoy eating it!

Or another idea is that the whole class can work together to make one kind of food. First they must discuss what ingredients are needed for the food they choose to make, and then the Learners each decide who will bring what. (For example, for kabuli palau one person must bring rice, another person salt, another carrots, another oil, another raisins, etc.). The class together analyzes what kind of food each ingredient is (Energy, Growth or Repair) and then works together to make the food. They can then enjoy the food they make, or they can give it to someone in the village, such as a sick person or a pregnant woman or a poor family, etc.
Milestone 9
Activity 7: What SHOULD We Eat, And Why? – Vitamins

Objective: to understand about vitamins
Materials: HLB, sample fruits and vegetables such as carrot, orange, cheese or milk, pumpkin, etc – whatever is available that contains the vitamins listed below.
Time: 1 class

Activity:
1. Question: What is special about Repair foods that helps our body repair and build itself?
The Learners should take turns and read the text below. (It is in their HLB.)

2. As the class reads about each vitamin, show the food that contains that vitamin. For example, as the class learns about vitamin C, show them an orange or peach or lemon, etc and emphasize that this is one example of a food that contains vitamin C.

NOTE: The reason to do this is to help the Learners remember and learn what foods contain these vitamins. When they smell and feel (and taste!) the food, they will remember more clearly the importance of eating that food for its vitamins.

After reading the text, they should then answer the questions at the end in order to learn about vitamins:

The Text:
Whenever you want to build a house, you need many different things: wood, stone, mud, sand, water, kah, etc. It is only when all of these things are used that the house will be strong. For example, you can build a house without kah in the mud, but it won’t last as long. You can build a house out of wood with no mud, but it will be leaky and cold.

Our body also needs specific things to make it grow and stay strong and healthy. These are special materials called vitamins. Vitamins are substances that are in the Repair foods which our body needs to be strong and healthy. We cannot see or taste vitamins, but our body uses them to become healthy. If we don’t eat the foods that contain the vitamins we need, then our body will have problems:

Vitamin C: Vitamin C is found in oranges and lemons, cherries, peaches, and other sour fruits, and vegetables. Vitamin C makes our skin smooth and healthy, and helps our body heal itself from injuries. If we don’t have enough
vitamin C, our gums bleed (in our mouth) and our teeth become weak, we get white patches on our skin and we bruise easily.

**Vitamin D:** Vitamin D is found in milk and yogurt and fish, and also for vitamin D we need sunshine! Vitamin D makes our bones strong. If we don’t get enough vitamin D, our bones become weak. This is a very big problem for pregnant women, and for small children. If children do not get enough vitamin D, the bones in their legs will become curved. Getting sunshine on our skin for 15 minutes every day will help us get enough vitamin D because our skin turns the sunshine into vitamin D in our body.

**Vitamin A:** Vitamin A is found in vegetables that are orange or green in color, such as carrots and pumpkin and spinach, as well as eggs. Vitamin A helps our eyes be strong and healthy. Vitamin A is VERY important for babies, otherwise they can become blind. Often vitamin A drops are is given to small children when they receive a polio vaccine. If adults don’t get enough vitamin A, our eyes will be weak and we will have trouble seeing in the dark. It can also cause dry skin and mental slowness.

Now you see why the growth and repair foods are so important! Because just like the house built without *kah*, if we do not have enough vitamins, our body will be weak, will not last as long and will have problems. *This is especially true for children as they grow up.*

The best way to make sure that your family gets enough of these important vitamins is to eat a variety of fruits and vegetables, and try to eat some fruits or vegetables every day.

3. **The Learners should work with a partner to answer the questions in their HLB. After everyone is finished, discuss the answers with the group:**

<table>
<thead>
<tr>
<th>Questions:</th>
<th>Answers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What part of our body does Vitamin C help?</td>
<td>Our skin and healing of injuries</td>
</tr>
<tr>
<td>What foods have vitamin C?</td>
<td>Oranges and lemons and other fruits like peaches and cherries (sour fruits)</td>
</tr>
<tr>
<td>When does my family eat these foods? (How often do we eat these foods?)</td>
<td></td>
</tr>
<tr>
<td>What can happen if we don’t eat enough vitamin C?</td>
<td>Our gums bleed, we bruise easily and we get white spots on our skin</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>What part of our body does Vitamin D help?</td>
<td>bones</td>
</tr>
<tr>
<td>What foods have vitamin D?</td>
<td>Milk, yogurt, cheese, etc</td>
</tr>
<tr>
<td>How often does my family eat these foods?</td>
<td></td>
</tr>
<tr>
<td>What is another source of vitamin D?</td>
<td>Sunshine on our skin</td>
</tr>
<tr>
<td>What can happen if we don’t eat enough vitamin D?</td>
<td>Bones become weak and soft or curved</td>
</tr>
<tr>
<td>What part of our body does Vitamin A help?</td>
<td>eyes</td>
</tr>
<tr>
<td>What foods have vitamin A?</td>
<td>Carrots, pumpkin, spinach and other yellow or green vegetables, and eggs</td>
</tr>
<tr>
<td>How often does my family eat these foods?</td>
<td></td>
</tr>
<tr>
<td>What can happen if we don’t eat enough vitamin A?</td>
<td>Eyes become weak, small children can become blind</td>
</tr>
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</table>

4. Now the Learners should identify foods on their long food list from Activity 5 that have the vitamins C, D and A in them, and write C, D or A beside each one.

5. Remind the Learners: The best way to make sure that your family gets enough of these important vitamins is to eat a variety of fruits and vegetables, and try to eat some fruits or vegetables every day.
Milestone 9
Activity 8: What Should We Eat? - Minerals

Objective: to understand the importance of the minerals iron, calcium and iodine, and identify the foods they are found in
Materials: flipchart paper
Time: 1 class

1. Review vitamins with the Learners:
   - What part of the body does vitamin A help? What foods is Vitamin A found in?
   - What part of the body does vitamin C help? What foods is Vitamin C found in?
   - What part of the body does vitamin D help? What foods is Vitamin D found in?

2. Prepare 3 flipchart papers:

   Iron  Calcium  Iodine

3. Besides vitamins, the body also needs minerals. These are certain minerals that help specific parts of the body.

4. Discuss the information below and write it on each flipchart paper while also asking the Learners what they know and remember from earlier milestones:

   IRON: Iron helps the blood. Anemia is caused by not having enough iron. Many women have anemia because of monthly blood loss and childbirth. It is especially needed by women and young children. Iron is found in green vegetables (spinach), red meat and raisins.

   CALCIUM: Calcium helps bones stay strong. It is needed especially by pregnant women, growing children and older people. Calcium is found in milk, cheese and yogurt.

   IODINE: Iodine helps the brain develop. It is especially needed by pregnant women and growing children so their brains can develop. Iodine is found in iodized salt, which must be bought. Goiter is caused by not having enough iodine.
5. The Learners should now look at their list of foods (on flipchart paper on the walls) and find the foods that contain iron and calcium. They should write Iron and Calcium by those foods.
Milestone 9
Activity 9: Analyzing and Preparing Home Meals

Objective: to reflect on the nutrition of meals prepared at home
Materials: HLB
Time: 1-2 classes

Activity:
1. To make sure that a family is eating healthy, the person who makes the meals must try to make a variety of foods and try to include foods with vitamins and minerals.

2. The Learners should work with a partner and in their HLB, there is an example of a meal and its ingredients, and what kind of foods they are and if there are minerals or vitamins.

3. The meal is then analyzed to find what is missing from the meal. The Learners should carefully read the example.

4. After they read the example, they should practice by reading the other examples and noting what kinds of foods there are and what is missing from the meal. They should work with a partner.

5. After everyone has finished these exercises, the whole class should discuss their results.

Once the Learners understand this process, they can now begin to analyze the meals they make at home:

6. The Learners should work with a partner. They should discuss with each other what they are planning to make for dinner that night. They should include all the foods their family will eat.

7. In their HLB they should write down everything they will have for dinner. They may wish to draw pictures of the foods.

8. They must now analyze the meal in the same way they did earlier. For each food they must decide what kind of food it is (Energy, Growth or Repair) and write it down or use the symbol. If it has vitamins or minerals, they must note those as well.

9. After they have analyzed the meal, they must now look to see what is missing.

10. The Learners should do this for 2 dinner meals, 2 lunches and 2 breakfasts. The group should discuss this question: What can we do to make sure our family and especially our children are eating enough healthy foods?
Milestone 9
Activity 10: What Do We Need to Drink?

Objective: to know the importance of drinking enough liquids every day, and to consider the nutritional content of various drinks
Materials: a pitcher of drinking water and some glasses, flipchart
Time: 1 class

Activity:

1. First, at the beginning of the lesson, every Learner should drink 2-3 full glasses of water. Even if the pitcher needs to be refilled, every Learner must drink water before starting the lesson. They might ask why. Do not tell them anything yet. Just tell them it is part of the lesson.

2. Question: What are some other things that you and your family drink? They may say dooq (an Afghan yogurt drink), milk, tea, and fruit juices such as lemon juice. Write the Learners’ drinks on flipchart paper.

3. Ask the Learners if there are any vitamins or minerals in any of the drinks. Write these beside the drinks. [Lemon juice has vitamin C. Dooq and milk have calcium and are Growth Foods.]

4. Questions and discussion: Ask the Learners which of these things they drink most often, and what others in their family drink most often. What do the children drink? And how much? Write their responses.

5. Ask them how much water they themselves drink every day (plain water). Question: Which is more important for our body: food or water? Ask the Learners their opinions, and why they think that.

The correct answer is water: We can survive for many days without food, but we cannot live more than a week without water. Without enough water, the body will die.

Ask the Learners to listen to the following text. Read it slowly to the Learners:

What happens if a plant does not get water? The plant wilts. The same thing happens inside our body if we don’t drink enough water. One or two glasses a day is not enough! We should try to drink six glasses of liquid a day, and more when the weather is hot.

Even when we’re not thirsty we should drink! The water in the liquids we drink makes our brain and body work.
If we don’t drink enough liquids, we will feel tired, have a headache or feel dizzy, feel irritable, and our mind doesn’t work very well. We see this every year during Ramadan: people get tired not because they don’t eat, but because they don’t drink! So next time you feel dizzy or have a headache, first try drinking 2 glasses of water or tea. Your headache will probably go away by itself and you will feel much better!

A few minutes ago you drank two glasses of water: Think about how you felt at the beginning of class, and how you feel now since you drank the water. Do you feel more energy? Do you feel more awake?

This is the power of water in your body!
Milestone 9
Activity 11: What Do We Believe About Foods?

Objective: to compare and reflect on beliefs about food and nutritional value of food
Materials: notebooks
Time: 1-2 classes

1. Prepare a flipchart for each of the words below:
   - During pregnancy
   - During childbirth
   - After giving birth
   - While breastfeeding
   - While ill
   - Other situations

2. Introduce this activity: We have been learning about healthy foods, what to eat in order to stay healthy. But sometimes our family or community has certain ideas about what to eat or not to eat under certain conditions. What are some of these ideas about what to eat and when?

3. Divide the class into groups and give each group a flipchart paper. Each group should discuss what they have heard or what they believe about what people should or should not eat during the situation written on their flipchart.

   For example, one group has the paper that says “During pregnancy”. The group should discuss what they or their family or community believe women should or should not eat while they are pregnant. They may say pregnant women should not eat eggs, or should only eat meat, or if they eat vegetables the baby will be weak, other ideas like this. They should write all these beliefs on the paper, even if they are not true.

4. Are there other special situations where people believe certain foods should or should not be eaten? These should be noted on a flipchart paper as well.
5. After all the groups have written their ideas, the Facilitator should then one by one present the paper to the class and the whole class should have a thorough discussion about each food belief.

Include questions in the discussion such as:

- Where do you think this belief came from, where did it start?
- Does this belief or tradition match what we have learned about foods and being healthy?
- Do you have experience with this yourself?
- What do you think is the correct or most healthy thing to do? Why?

6. It is very important that the group identify food beliefs that are harmful, such as “pregnant women should not eat vegetables.” The group should cross out the beliefs that are not true or are harmful, and should then add the correct information to the paper.

**NOTE:** For each situation given above, the most important thing for the Learners to understand is that pregnant women and ill people need good food at all times. They need a variety of food including fruits and vegetables so that they get lots of vitamins and minerals. There is no reason for anyone to not eat vegetables or fruits! Fruits and vegetables are always good and helpful for everyone.

7. The group should also discuss how they would communicate with someone who tells them a food belief that they know is not true. For example, if a woman is pregnant and her neighbor tells her that she should not eat oranges, how will the woman explain to her neighbor that oranges are good for her and her baby? How can people communicate about incorrect information about food?
Sub-Milestone 3: The Digestive System

Milestone 9
Activity 12: What Happens To The Food And Water We Eat?

Objective: to become aware of the components and actions of the digestive system
Materials: flipchart paper, scissors, markers, some bread or biscuits that can be distributed to all the Learners
Time: 1 class

Activity:

NOTE: In this activity, in order to learn about the parts of the digestive system one Learner’s upper body will be traced on flipchart paper and the digestive organs will be drawn in and labeled. This is so that the Learners can relate to the organs in their own body.

It may also be useful to sometimes to relate to parts of animals seen during slaughtering, such as intestines.

Question: What happens to the food and water we eat?
1. Tell the Learners: Today we’re going to trace the path of some food and see where it goes and happens to it when we eat it.
2. Put one piece of flipchart paper (or two) on the floor. Ask one Learner to lie down on the paper. Her head should be at the top of the paper and the bottom of the paper should be at least at her lower back:
3. Trace the outside of her body: It does not have to be perfect!!
4. Give each Learner a small piece of the food.

We are going to trace the path that this food takes when we eat it – where it goes and what happens to it, each step of the way. As we go, we’ll draw the parts of the body that are involved.

The Learners should slowly start eating the food, and notice what is happening:

6. What’s first? The mouth, and the teeth and the tongue. What are they doing to the food? Mashing it, making it soft. Also, saliva makes it soft.
   [draw a mouth, teeth and a tongue on the drawing and label it Mouth, Teeth, Tongue and Saliva]

7. Next, what happens? We swallow. And the food goes down our throats, down a stiff tube.
   [draw a tube from the mouth down through the neck and label it Esophagus]
3. Where does this tube lead? To our stomach. Where is the stomach? It is on our left side, and is like a sack. What happens in the stomach? The food is mashed even more and mixed with fluids, acids, that start to break the food down so the body can use it for energy, to grow, or to repair itself. This is where the food you just ate is now.

[Draw the stomach and label it]

4. What’s after the stomach? A long narrow tube called the small intestine. This tube is several meters long! As the soft and liquidy food passes through the small intestine, the blood starts to carry away the things the body needs, and take it to all parts of the body. The food is absorbed through the walls of the intestine.

It will take several minutes for the food you ate to get to the small intestine.

[Draw the small intestine and label it]

5. After the small intestine, the tube gets wider and is called the large intestine. It is much shorter than the small intestine. All the parts of the food that the body cannot use or digest stay in the large intestine.

It will take an hour or so for the food to get through the small intestine to the large intestine.

[Draw the large intestine and label it]

6. After the food has gone through the large intestine, all that can be used by the body has been removed and the rest is unneeded. It is waste, and will be sent from the body when we go to the toilet. All together, it takes about 24 hours for food to pass from the mouth through all the intestines.

This is the digestive system, the path that everything we eat or drink takes in our body, and how our body gets what it needs from food in order to grow, to move, to repair itself, to work, etc.

7. Now have the Learners look at the complete picture in their book, and identify the parts of the digestive system you just talked about.

8. On a new sheet of flipchart paper, the Learners should now again trace someone’s body.

On another sheet of paper they should draw the parts of the digestive system and then cut them out and tape them
on the body outline in the correct places, according to the picture:

- Mouth
- Esophagus
- Stomach
- Small Intestine
- Large Intestine

9. They can then cut out the outline of the person’s body and tape it to the person’s front and actually see where the parts of the digestive system are.

10. **Question**: Where is your breakfast now? Where is your dinner from last night now?
Milestone 9
Activity 13: A Healthy Digestive System

Objective: to identify the qualities of a healthy functioning digestive system
Materials: flipchart paper for groups, markers, HLB
Time: 1 class

Activity:
1. Divide the class into two groups and give them about 15 minutes to discuss the questions below and write their responses on flipchart paper:

   Group 1 will discuss:
   - **What are the qualities of a healthy digestive system?**
     How do we know when our digestive system is working well? How do we feel? What does our body do? etc.

   Group 2 will discuss:
   - **What are signs that we know that our digestive system is not healthy?**
     What do we feel like? What do people complain of when they have digestive system problems? What are some symptoms of digestive system problems?

2. Each group should present its list and the other group can add to it as well.

Some possible responses:

**Healthy digestive system:**
- good appetite
- food tastes, looks and smells good
- no diarrhea or vomiting
- going to the toilet regularly, 1-2 times every day or every other day
- no pain in abdomen
- abdomen is comfortable-feeling after eating the right amount of food (not too much food)
- no nausea

**A digestive system that has problems or is ill may have some of these symptoms:**
- no appetite
- diarrhea
- constipation
- nausea
- vomiting
- pain and cramping in abdomen
- discomfort after eating
- excessive gas, belching
• blood in stool
• going to the toilet irregularly

3. All of these problems mean that something is not right with the stomach or the intestines. For example, diarrhea means that the intestines are not working properly. Vomiting means that the stomach has some problem.

4. Again in the same two groups, the Learners should discuss the following questions (about 5-10 minutes) and write their ideas on flipchart paper:

   Group 1: What are some causes of such digestive system problems?

   Group 2: What can we do to keep our digestive system healthy?

5. Each group should again present its ideas, first Group 2 and then Group 1.

Some possible responses:

Group 1: What are some causes of such digestive system problems?

• germs in food or water due to unclean conditions causing illness
• not drinking enough water every day
• eating too much, especially too much meat and oil
• not eating enough vegetables and fruits
• worms
• stress (the mind also affects other parts of our body)

Group 2: What can we do to keep our digestive system healthy?

• eat and drink clean food and water (avoid germs, keep kitchen and hands clean)
• drink enough water every day
• eat the right amount that our body needs, not too much food at one time
• eat fruits and vegetables
• take worm medicine regularly if needed
• try to have a relaxed and peaceful lifestyle, take time to relax and enjoy life (remember that breathing deeply helps!)
Milestone 9
Activity 14: Worms

Objective: to understand about worms and how to prevent and treat them
Materials: flipchart papers
Time: 1 class

Activity:
1. Divide the class into small groups. Write these questions on flipchart paper:
   - How do people get worms?
   - What are the symptoms of worms?
   - Why are worms bad for health?
   - How can getting worms be prevented?

   Ask each group to discuss and answer the questions according to what they know and their own experiences.

2. Discuss the questions in a large group. Each group should present its responses.

3. After the groups have shared their responses, share the information below:

NOTE: Information and answers to questions:

- How do people get worms?
  No one eats a whole worm! People get worms when they accidentally eat the eggs of worms, which are very small, nearly the size of a grain of sand. This happens in places that are not clean and people do not wash their hands well before eating. It is easy for the eggs to get trapped under people’s fingernails and then when people eat with their hands the eggs can easily go into the mouth and into the intestines where the eggs hatch into worms. Unwashed fruits and vegetables can also easily be contaminated with worm eggs, which will then be eaten by someone if the food is not washed properly.

- What are the symptoms of worms? and also Why are worms bad for health?
  Worms often give people diarrhea, but not always. It causes a lot of discomfort in the stomach, especially after eating. There is also a loss of appetite, and general loss of energy. This is because the worms are taking some of the food that is meant for the person. Some worms can also cause anemia because they feed on the person’s blood.

- How can getting worms be prevented?
  - Make sure that fingernails are cut short and kept clean, especially children.
  - Wash fruits and vegetables very thoroughly, scrubbing the skin of the food.
  - Wash hands with soap and scrub fingernails also, especially before eating.
- It is also a good idea to give everyone in the family worm medicine every 6 months to one year, EXCEPT for pregnant women. Pregnant women should not take worm medicine until after they have the baby.
SubMilestone 4: Food and Our Community

Milestone 9
Activity 15: A Food Calendar

Objective: to identify the foods available by season, and generate solutions for gaps in availability
Materials: flipchart paper, markers
Time: 1 class

Activity:
1. Now we want to make a Food Calendar and see what kinds of foods are available or eaten at different times in the year.

Divide the class into these 4 groups and assign each of them one season:
   • Spring (March – May)
   • Summer (June – August)
   • Fall (September – November)
   • Winter (December – February)

2. Each group must make a flipchart for their season. They must then list the foods available and the foods they eat during that time of year. They can look at the big list of foods made earlier (Activity 5) for ideas. It will again help if they organize their work into Fruits, Vegetables, Meats, etc. available.

3. Each group must present its work so that the whole group can comment or add to the list they produced.

4. Put the flipcharts on the walls in the order of the seasons (Spring, Summer, Fall, Winter), and analyze the food availability by season.

5. Question: In which season does your family tend to have the most illness?
   How is the increase in illness related to the foods that are available (or not available) in that season?

   NOTE: In fall and winter are often more illnesses. This is related to the limited amounts of growth and repair foods available during those seasons.

   Question: In the seasons when vegetables and fruits are not as available (like in the winter) what can we do to make sure our family is still getting enough variety and vitamins in their diet?
6. **How do we store food for winter?** Learners should share their knowledge about how to preserve and store foods for the winter, such as dried vegetables, fruits, nuts, etc so that more variety is available to the family during the winter months.
Milestone 9
Activity 16: Food Resources – What Is Available For Us To Eat?

Objective: to determine the sources of different kinds of foods, the decision-making process in cooking, and seasonal variations in availability of foods

Materials: flipchart paper, markers

Time: 1-2 classes

NOTE: The goal of this activity is to help the Learners become aware of their choices and also to identify the sources of limitation in their choices.

   The next step is to find solutions or alternatives to limitations.

Activity:

First there will be a discussion with a number of specific questions. The questions should each be written on flipchart paper. The Learners’ responses during the discussion should be written underneath:

1. Discussion and Question 1: What did you make for your family last night for dinner?

2. Question 2: What will you make for dinner tonight?

3. Question 3: How did you decide what to make? In other words, what determines your decisions about what food to give your family every day, anytime during the year?

[Possible responses: food available in the market, money, food available in the garden, the time of year, likes/dislikes of family members, time]

4. Question 4: Now that you have learned about types of foods, vitamins, and you understand the need to eat more fruits and vegetables, where will you get the fruits and vegetables to feed your family?

The Learners should then consider these questions for themselves:

5. Question 5: How much money does my family spend on food?

What things do we buy, and what things do we make or grow for ourselves?
What do we have at home now that we can used to make our meals healthier?
If we want to eat more fruits and vegetables, will we be able to buy them, or will we have to grow them ourselves?
What do we have to plan for, if we want to plant vegetables?
Milestone 9
Activity 17: Health and Malnutrition in Our Community

Objective: to reflect on the state of nutrition in the community and begin to identify some possible causes and possible solutions
Materials: flipchart
Time: 1 class

Activity
1. Show this picture of a very thin girl to the class:

2. Discussion question: Why is this girl too thin?
Give the Learners time to share their responses of what’s wrong and why the girl is so thin. Write the Learners’ responses on the board. They may say things like ‘She is sick.’ ‘She doesn’t eat enough.’

3. Now take the questions deeper: WHY doesn’t she get enough to eat? What is the situation in her life that she doesn’t get enough food?

Allow the Learners to discuss the reasons they think she isn’t getting enough food. Maybe her brothers eat all the food. Maybe her father doesn’t give her meat. What are the Learners’ ideas or experiences with this?

NOTE: It is important that this discussion be thorough and thoughtful. It is not enough to just say, “She doesn’t eat enough food.” Continue to ask the Learners questions such as, “WHY doesn’t she get enough food?” Encourage the Learners to think about the circumstances that have led to this girl not getting enough food – is it because her brothers get all the food? Is it because her family is too poor to buy enough food? Is it because she has to do too much hard work and doesn’t get enough food? Is it because her family can’t grow enough food? What are the DEEP reasons for this girl not getting enough food?

4. Continue taking the questions deeper. Keep asking the Learners “Why?” If they say her family is poor and can’t buy food, ask “WHY is her family poor?” If they say her father doesn’t give her meat, ask “WHY doesn’t her father give her meat?”

5. After each question, keep asking WHY? Let the Learners continue to discuss this issue of why some children are malnourished.
NOTE: The goal of this is for the Learners to start to think about the roots of food problems and why some people and children don’t have enough to eat.

6. Now ask the Learners this question: “Is malnutrition of children in our village a problem? How can we find out?” The Learners need to discuss how they can count or measure how many children in their village are malnourished.

7. Question: And what can we do about it?

8. The Learners should reflect on this both about their own family and the families of others in the village. Hopefully the whole group will start to think about how food problems can begin to be solved, and how the Learners, with their new knowledge about food and health, can begin to help their community.
EVALUATION ACTIVITIES FOR MILESTONE 9, EATING HEALTHY:

1. Even if we don’t remember the names of all the vitamins and minerals in all the foods, how can I make sure that my family is getting the right foods to be healthy?

   [Answer: eat a variety of foods, and make sure to eat fruits and vegetables too]

2. What are the three types of foods our body needs?

   [Answer: Energy, Growth and Repair]

3. What happens if we don’t drink enough water? (How do we feel?)

   [Answer: headache, dizzy, weak and no energy, slow mind, irritable]
MILESTONE 10: COMMUNITY ACTION PLAN

Objectives of the Milestone:

By the end of this milestone learners will be able to
- Develop a resource chart
- Develop an understandings of learning circles
- Develop a system of getting together and doing join reading
- Build upon plans created in class that provide some form of continuity of their practices of literacy
- Run and manage their own library

Description of the Milestone:
This milestone aims to focus the learners’ attention on how they can think of other opportunities to sustain their learning and it also attempts to present exercises that keep learners to get together for studying. In this milestone the learners are introduced to the concept of learning circles, where learners can meet with the appropriate level group and continue exploring their own study journey.

The Learners will explore their own resources which are in the class and home, community resources that can help them to continue studying in case if the LfL classes will end in their areas. They can begin to make it systematic. They also work on plans of how to develop and practice literacy with their own resources. The goal of this milestone is for the learners to think of other ways /sources and approaches to continue to get together and improve their studying skills and knowledge. In addition, the library concept and resources they have, i.e. books, journals, magazines, discussed in this milestone.

This milestone is very flexible milestone, and it depends on the learner’s independent time and how much they can explore the alternative opportunities for their own studying growth.

Activities:
Activity 1: Development of the resource chart together with the class
Activity 2: Learning circles how does it work
Activity 3: Understanding the strength and weaknesses of present literacy class
Activity 4: How are we going to continue to read or write when there is no more class?
Activity 5: What are the reading sources in our community? (2 parts)
Activity 6: Themes to explore for each learning circles

Evaluation:
Milestone 10
Activity 1: Development of the Resource Chart Together With Class: What Are the Community Resources To Continue the Learning Circles?

Objective: to develop a resource chart with the learners and list the sources/ resources/ items in the community that help to sustain learning
Materials: cards of seven different colors, markers, charts, boards
Time: 1 class

Activity:
1. Facilitator requires preparing 7 different colors cards with the topics written on them.
   - White color card – name on the card is TIME
   - Blue color card – FACILITATOR
   - Red color card – PLACE
   - Green color card - LEARNING MATERIALS
   - Yellow color card – LEARNING COMMITMENTS
   - Orange color card – RESOURCES
   - Pink color card – OTHERS

2. Once the cards are ready and names are written in the cards, place them in the class board. (It is ok if you place them on the class walls as well)

3. Discussion: How can we organise ourselves to continue studying together? Ask the learners and give them time to think.
4. Pose another question: What is the reason to continue getting together for learning? Encourage them to list the reasons in the class.

5. What are resources do we need in order to keep studying? (Begin to list the reasons on the board, since you have displayed the different cards on the board). List the ideas under the YELLOW COLOR CARD named RESOURCES.

6. The class then can continue to list ideas or comments under the rest of categories, like place, learning material, others, and etc.

7. After the chart has been filled with the lists and each color card has list of names and items, ask the learners what resources they already have. List them under each category. For instance, if you have facilitator who is willing to continue to help with learning list place the name under BLUE COLOR CARD. Continue to do that with other cards and resources that are already available for you.

8. Once the list is complete, follow the next question: Who in the community might help us obtain resources we need?

9. Who will take responsibility to follow up with community resources? Ask them to list it down? You can develop another color card under the name of WHO. Or you can make a column close to the chart of writing the WHO category and list down the names.

10. Next ask the learners to think of time and when is the most appropriate for the learners to meet?

11. The PINK COLOR CARD requires thinking of OTHER. It means that you may list other matters, issues, resources that are very pertinent to your specific community. Each community and region may have different options and resources to draw upon.

12. Once the charts are filled with lists of resources, names, material, and other issues, review the work with the learners once again, in order to make sense of the work they have done together with the facilitator in filling the chart.

13. Once all chart is complete, ask the learners to continue to think of more resources that may come to their mind once they are at home. Pose another question to them: what can be done to make our classes more helpful to our community? List the actions, steps, ideas etc.

14. From this activity, developing a chart with resources, materials and support for the learning circles, it can become clear that learners can still meet together and do some extra activities together.
Milestone 10
Activity 2: Learning Circles- How They Work

Objective: to understand how learning circles work
Materials: charts, markers, previous packages of Foundation material
Time: 1 class

Activity:
Resources: reading packages of foundation materials Foundation learners books of health, language, social studies and math

1. Preparation: Collect all the reading packages of the Foundations material you have used over the last months. Bring the Community Health Worker manual as well.

2. Pose this question to the learners: What does ‘learning circle’ mean to you? Allow them to explore as many ideas as they can and you list their ideas and comments on the board. It is better to write this on a separate chart so that you can refer more often in your class in this milestone. Once the ideas and comments are finished and the chart is displayed, ask the learners to follow your next step.
3. Divide the learners into groups of 4 – 5 members. In order to promote more independence, give them health books from previous classes and ask them to select an interesting story to read aloud which has a clear problem to be solved.

4. If there are extra tables in your classroom, display all the learning materials, from all the subjects from previous milestones i.e. health, language, math, social studies, religion for learners to access.

5. Activity: Explain to learners that their group has to jointly decide and agree upon what they wish to read or write, which story, and from which subjects. After they have decided, they can go to the corner where the subject books are displayed, and pick the book, select the story that they wish to read or reread once again in their group circle.

6. Once you have all groups settled with their stories from any subject they wish, ask them to read the stories in their circles.

7. After reading the story, ask learners questions about the main character, problem and solution. Pose the following questions to them:
   - What do you know about the person in the story?
   - What did the character want to do?
   - What does your group like about this character?
   - What was the problem in this story? What was wrong?
   - How was the problem solved? Who fixed it?
   - Do you have a favourite part?

8. Ask learners to write a sentence or two about the story with the help of all group members on their group charts. They can put this list on the wall in one of the corners of the classroom, and if they wish to add more to it later, they can.

9. Make sure that learners understand that what they are doing. Once they wish to write more, they are to follow the same chart they wrote before, continuing their writing.

10. Ongoing work
   - The process of learning circles is ongoing. Once the process is understood by learners, they learn the appropriate pacing. How often group meet depends on the schedule they allocate for themselves, ideally, they should be practicing it daily. If time is a problem, learners should have learning circles every other week, or even once a months for a week at a time.

11. Variation
   - Since in Foundation classes the skills for reading and writing varies, encourage more advanced learners to compose their responses in more detail, and create separate journals for themselves. Encourage them to read more stories from the books.
• Learners who are still emergent readers can read the stories with the help of the facilitator, instead of giving them independent work.
• Learners who are still emergent writers should be supported by offering help of other learners who have more advanced writing skills.
• Create a list of more stories / that advance learners or writers can be engaged with.
• This exercise allows everyone to be involved with reading according to their levels. It is not necessary that facilitator should be with every learner. Let them select their own topics/ readings. Let them follow the learning circles steps; however you are there to facilitate the process.

Assessment: Through observation and looking at the group charts and responses, you can identify which learning circles are progressing.

Note: Please refer to the evaluation activities at the end of this milestone for more guidance.

12. Feedback

Once the group has done the work, summarise the work of the group by posing the question: So from your experience, what does a ‘learning circle’ mean? Encourage them to define the learning circles in their own words, and you make the definition more clear for them.

Note for facilitator:
Learning circles is the method which allows learners to choose their own reading material, choose their own topics of interest to read or discuss in their small groups in accordance to their selected time and duration.

Learners read at their individual level, and advanced peers can provide support as needed. For instance, some individuals require facilitation in writing, reading, drawing and etc. It also allows learners to be autonomous, pick up their own learning material to comprehend and enjoy learning.
Milestone 10
Activity 3: Understanding Strengths and Weaknesses of the Literacy Class

Objective: Build upon plans created in class that will provide some form of continuity for their practices of literacy and future use of the mobile library

Time: 1 class

Activity
1. Welcome your learners. Ask the learners to reflect on what they have gained by coming together every day for 6 days for 7 months. You might want to use this opportunity to reflect upon your role as a facilitator first. All learners should try and write down what they have gained from coming together. Encourage those who have difficulty in writing to also use drawings. Time: 5 min

2. Then ask one or two learners to come to the blackboard and note down what the other learners are saying about what they have gained. Time: 10 min

3. Let your learners now reflect about the following question: What have we learned about each other? The learners should again write for themselves what they have learned about each other. Those not comfortable in writing should be encouraged to draw. Time: 5 min

4. Then have the learners report back their findings and this time write down keywords of what learners are answering. Time: 5 min

5. Let your learners reflect one more time about what they still would like to learn and the reasons why they would like to learn that. Again learners should individually reflect on this and then share their findings with everyone. Make sure that those are noted on a flipchart in detail. Time: 15 min
Milestone 10
Activity 4: How Are We Going To Continue To Read or Write When There Are No More Classes?

Activity:

1. Welcome your learners and provide a little background from the flipchart that you used to write down future learning motivations/expectations which were created by the learners in the previous class. You might use the prepared statement below or create your own to inform the learners of the final date of classes.

Note for the Facilitator, to be shared with the Learners:
You have identified further learning ideas in our last health discussion, how we together or individually might continue to reach our future learning goals will involve a discussion during the next remaining classes.

The first thing I wanted to let you all know is that our class which is currently supported by Learning for Life team and the implementing partner will officially end on 27 February 2006 (Afghan calendar: 8 Hoot, 1384). Prior to the closure of classes I want to offer a small test which might help you and us to understand the progress you made since you came to the class. No one is required to take the test; it is voluntary. There will be two tests. Both tests are based on what you have been working on during the past months and those who pass the lower level test have successfully achieved a level of education compared to that of a 3rd grade student in the formal schools, and those who pass the upper level test have achieved a 6th grade school equivalency. Certificate for successful level 1 participants are official certificates because they will have the official signature of the Ministry of Education on it. Those who pass the level 2 tests will receive a certificate signed by Learning for Life. In order to receive an official 6th grade certificate from the Ministry of Education you will need to go to the provincial capital and take a test at the provincial department of education. I can help those interested with directions and further information... Again you are not required to take the test.

Any questions? Let participants comment on your statement about the closure of class and the certification process.

I understand that you might not feel that you have learned enough and that you like to continue learning. Why not discuss and think about how we can continue learning without the help of an NGO during the next remaining classes. What do you think?
I would like read a story to you that happened to many women in Afghanistan and might have happened to you:

**Humaira’s Story**
This story is about a Humaira in Taloshi village who was sent to school by her parents when she was seven. She really liked school and her teacher and was eager to learn how to read and write. She wanted to become just like her teacher who seemed to know so much and who was always helpful. One day she asked her teacher how she could become a teacher. The teacher looked at her and then told her how she had become a teacher. She first went to the school in the village and then her parents sent her to the secondary school in the district capital. Luckily her family had relatives in Pouli Khumri, otherwise her parents would not have allowed her to continue her school.

After she finished 10th grade her teacher recommended that she study at the teacher college in Baghlan province. They have female dormitories there that are safe. She remembered the intense discussion with her parents who were quite worried about her safety as she was going to live in the big city. Only when they all went to visit the city and had a careful look at the college and the dormitory did her parents agree. She studied for 4 years at this college.

Humaira thanked her teacher and when she came home she began to tell her parents that she would like to become a teacher when she was big. Her parents, who were among the poorer families in the village, were quiet during her talk. When she finished, her father became angry and shouted at her: “Women do not need education. They need to be cooking and taking care of their future husbands and children. We cannot afford to have you continue school once you are 10. You need to help your mother who is getting older in the household.” The girl was very sad and when the night came she cried in her bed. The next day she stopped going to school. She had just started 4th grade.

Years went by and the girl herself grew up and was married to her cousin when she was 16. She had her first child when she was 17. She never touched her text books again. Today, in her thirties and now the caretaker of six children she is sad that she cannot help her own daughter who just started school. She had forgotten how to read and write.

1. Now ask the participants what thoughts they had when listening to the story. Have women sit in pairs and discuss their thoughts.

Pose the following questions:
- Having listened to this story does some of you have similar experiences?
• Did you go to school or mosque when you were very young and did you then learn how to read and write but then over the years forgot how to do it?

1. After their discussions in pairs have some volunteers present their partner’s experience.
2. Continue with the discussion by asking them the following question:

You might want to pose the following questions:
• Do you think that after this literacy class you might face similar problems of losing reading and writing skills?
• Is it important for us to continue reading / writing / math?

3. Have women brainstorm freely in their class, and note down keywords on flipchart; then if time is up inform them that the discussion will continue in the next class. *Time: 45 min*

**Assessment**
• Facilitator observation and their charts with their responses can help you to identify which learning circles are progressing. Please refer to the evaluation activities at the end of the milestone for more guidance.
Milestone 10  
Activity 5: What Are Reading Sources In Our Community?

Activity: Part A
1. Welcome the participants. Start by saying something like this: Last time we had a very emotional class. We heard a story of women who lost her skills to read and write. We discussed how this story related to our own life. Today we might explore how we can continue practicing our skills once the class officially ends. One way to continue might be by reading books or newspapers or by writing letters to others or to ourselves. Let us maybe begin by looking at the kinds of reading materials, or reading resources we have in our own homes or in our village.

2. Start by asking them to think about reading sources within their own homes.

   Pose the following questions:
   - Have you recently read anything besides your text books from this class?
   - What did you read? Did you like it? Where did you find it?
   - What else might you be reading in the future? Where will you find it?

3. Put participants into groups of 4 to 5, and give a flipchart and marker to each group. Ask them to discuss these questions and then write down key answers.  

   Time: 10 min

4. Then asked each group to present. After each group presented and the flipcharts are all visible posted on the wall, create a list of all the resources they have identified.  

   Time: 30 min

Part B

5. Reflect briefly on the list of reading materials available that the learners generated. Use this list for a follow on discussion by posing the following questions:
   - Has anyone attempted to read one of the books listed on the flipcharts? Which one? Was the participant successful in finishing the book? Does she feel that it was easy to read?

   Then ask the whole group what their opinion is about the readability of these books. What might prevent them from reading books in the future? Maybe each participant can come up front and make a mark of which of the books or printed materials they are definitely continuing to read and which they will not. Discuss the results.

   Are these resources available in our immediate environment enough to let us practice our reading skills? Time: 15 min
Note to Facilitator: Possible Answers:
Participants may provide a couple of answers regarding readability: books they currently possess are not in their language (Koran and other Islamic verses) or are school textbooks and adults might find them not very interesting or others that might be too difficult because it is written in advanced Dari.

6. Have participants brainstorm how they would know what other resources exist in their village community. Let them come up with a plan in how to conduct a survey of local reading resources in their community. Note key-words on flipcharts. Time: 5 mins

Guiding Questions:
- How can we (women) survey? – are we allowed to?
- If we are not, who else could we ask to help us survey our resources? Besides neighbours’ houses, where else could we find things?

7. Have participants sit in groups (maximum 4) and ask them to come up with a plan that will help survey reading resources in our community. Time: 10 min

8. Have groups present their plans, use the plans of all to make a joint plan of action. Have participants identify commonalities but also different items that others might have not included but that are also important. One flipchart should be used to develop a joint plan. Once agreed among all, have the participants copy the flipchart into their notebooks. Agree on the timing allowed for the participants to conduct their survey. Time: 10min
Assessment

- Facilitator observation and their charts with their responses can help you to identify which learning circles are progressing. Please refer to the evaluation activities at the end of the milestone for more guidance.
Milestone 10
Activity 6: Themes To Explore With Your Learning Circles

Material: learning books of Foundations, additional resources from home, community, any available reading materials
Time: independent time

Activity:
1. This session is designed for exploring various themes for the learning circles.

2. Have learners sit in their learning circles. Ask them to choose a theme, either independently or with their learning circle groups from the subject books. The themes can be varied, so they have a option to pick any reading package as they wish. Possible suggestions of themes and topics:

<table>
<thead>
<tr>
<th>Theme</th>
<th>Level</th>
<th>MS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>6</td>
<td>MS 6- Managing Pregnancy, MS 9- Eating Healthy, MS 4 - First Aid, MS 2- Our Health System, MS 3 Infections, Germs, MS 5 Birth Spacing</td>
</tr>
<tr>
<td>Language</td>
<td>1</td>
<td>MS 4 Writing Short Sentences, MS 6 Writing About Lfl Course Participants, MS 7 Reading Poetry</td>
</tr>
<tr>
<td>Math</td>
<td>1</td>
<td>MS 5: Measurement Of Length, Volume And Weight, MS 6 – Geometrical Shapes, Mapping And Diagramming Skills, L 2, MS 4 – Understanding And Applying Percents MS 6- Geometry: Angels, Diagrams</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td>MS 2- Learning About The Pillars, Traditions, Break-Through Impurities, Washing And Praying, MS 5- Habits: Transmitting Of Prophetic Saying: SS - MS 2- Right Of Parent With Regards Of Children, MS 7 – SS- Environment And Climate</td>
</tr>
</tbody>
</table>

Note: All the topics and MS lists are given just for the sample to consider. However the learners are encouraged strongly to choose their own learning material independently or with the help of their own learning circles groups

3. Remind the learners that they have independent time and self learning process. Anything they compose, discover, write or learn can be written on the chart and displayed on the classroom walls.
4. Once the work is complete, facilitator will give feedback for the groups’ performance.

5. After all encourage the learners that it is enjoyable time for them to have their own independent studies and they are welcome to continue such studies in the future once the LfL class officially ended.
EVALUATION ACTIVITIES FOR MILESTONE 10

**Note:** The evaluation activities cannot be made at the last session when all activities are complete. You can also ask them during their work once they have completed the work.

1. What is your definition of learning circles?

2. How did you feel about selecting and choosing own topic for your own self study? How did you feel about the leaning circles?

3. Do you feel you need support when you are doing independent study?

4. What other resources, in your own view do you think you need to help progress your own learning?

**Facilitator:** You can evaluate the work of the learning circles by the charts that they put the comments or write work in it. As well, your observation for each group will help your feedback to be more constructive.