TIMED AND TARGETED COUNSELLING FOR HEALTH AND NUTRITION

Storybook for Module 1: Healthy Pregnancy Visit 1, 2 and 3.
VISIT 1
Biba is pregnant. Every day Biba wakes up early and she works hard all day. Sometimes she even lifts heavy things. She doesn’t have any help. She has no time to rest. She starts her day by grinding her maize. Her cooking pot is ready so she can begin to prepare food for the day.
Problem Story: Nutrition, Home Care and ANC
In the afternoon Biba goes to the market to sell peanuts and beans she has grown in her fields. She does not put any peanuts or beans in the sauce for her meals of maize.
Problem Story: Nutrition, Home Care and ANC
In the evening Biba and her children eat small portions of maize without sauce. Her husband, Peter, generally eats in the village with his friends.
Problem Story: Nutrition, Home Care and ANC
At midday Biba is coming from the latrine, having not washed her hands, and sits on a mat to take her first meal of maize porridge mixed with water.
Problem Story: Nutrition, Home Care and ANC
In the afternoon Biba sees her pregnant friends on their way to the health facility for their antenatal visit. She continues to work.
Problem Story: Nutrition, Home Care and ANC
One day while working in the fields, Biba notices blood on her clothes. She doesn’t tell anyone, because she doesn’t know any of the danger signs to look for when she’s pregnant.
Problem Story: Nutrition, Home Care and ANC
The next morning Biba wakes up with a lot of blood on her mat. She calls to her husband to get help.
Problem Story: Nutrition, Home Care and ANC
Biba’s husband runs around the village looking for transport. He finds that most of the men are in the fields with their oxcarts. It takes him a long time.
Problem Story: Nutrition, Home Care and ANC
By the time he has found help and comes back to the house, he sees that Biba and the baby have died (or serious complication).
Problem Story: Nutrition, Home Care and ANC
A. Problem Story: Nutrition Home Care and ANC: Guiding Questions

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

Possible answers:
- Biba had too much work. She was pushing her body too much.
- She was not eating enough food.
- She wasn’t eating a variety of foods.
- She has lots of children.
- She doesn’t wash her hands, which might cause infections or diseases.
- She sold crops that she and her children could have eaten instead.
- She was lifting heavy things.
- She didn’t go to the clinic for prenatal care, to check on herself and her unborn baby.
- Her husband is spending money on himself that could be used for his wife and children instead.
- She didn’t understand that the bleeding was dangerous.
- She didn’t tell anyone about the bleeding.
- Her husband didn’t have a plan for transportation if there was an emergency.

2. Do similar things happen in your community?

3. Do any of these happen in your own experience/family/home?
The home visitor visits David and Mary in their home and explains that there are three main food groups, which are important for the health of everyone in the family, but especially for Mary because she’s pregnant. The ttC-HV tells Mary that she will need to increase the amount of food she eats and the number of times she eats each day.
Positive Story: Nutrition, Home Care and ANC
The ttC-HV shows Mary and David pictures of three food types, and explains they are all essential for Mary to eat every day.

1. **Maize, millet, cassava, sorghum, rice, potato and sweet potato** are foods that give the body energy; they make the body *GO*, the way that gasoline/petrol makes a car go.

2. **Mangos, bananas, oranges, papaya, sweet potatoes, leaves, beetroot, and a variety of vegetables** make the body healthy, or *GLOW*, the way a lantern lights up a room at night.

3. **Eggs, meat, fish, chicken, peanuts, beans, liver and lentils** are foods that build a strong body, or make the body *GROW*, the same way that water helps a seed become a plant.
Positive Story: Nutrition, Home Care and ANC

1. GO

2. GLOW

3. GROW
David and Mary head to the market, where David buys some eggs and a piece of liver especially for Mary. Mary buys fruits and vegetables and some beans that she will put in the sauce for the chima she will make for the whole family.
Positive Story: Nutrition, Home Care and ANC
The ttC-HV spoke to Mary and David about sanitation and hygiene. As a result, Mary and David have a clean yard, soap and water. Mary makes sure to wash her hands before preparing any food. She also assists her children to wash their hands before they all sit down together to eat.
Positive Story: Nutrition, Home Care and ANC
The next morning David separates tomatoes, onions, peppers and other items from the kitchen garden he has planted for the family into two piles. Mary saves one pile to prepare meals for the family. Mary’s mother-in-law takes the other pile to the market to sell.
Positive Story: Nutrition, Home Care and ANC
The ttC-HV told David and Mary that it is very important for Mary to go to the health facility and receive prenatal care. Prenatal care means special care for Mary while she is pregnant, for the benefit of both her and her unborn baby.
Positive Story: Nutrition, Home Care and ANC
While Mary is at the clinic, the nurse takes her blood pressure, listens to the baby’s heartbeat and weighs Mary.
VISIT I

Positive Story: Nutrition, Home Care and ANC
The nurse also gives Mary some iron-folic acid tablets and instructs her to take them daily with food. The nurse tells her the tablets will help the baby grow well and will help her have a lot of energy and healthy blood.
Positive Story: Nutrition, Home Care and ANC
Mary receives a tetanus injection that will protect her and her baby at the time of delivery. The nurse tells her she will have another one at her next visit, so it is very important for her to come back.
Positive Story: Nutrition, Home Care and ANC
Mary and David live in an area where many people get malaria. Because the nurse is concerned that malaria will harm the baby, she gives her some tablets, which she takes immediately, and a long-lasting insecticide treated bed net which she must sleep under all throughout her pregnancy.
Positive Story: Nutrition, Home Care and ANC
The home visitor had told David and Mary that when they go for antenatal care, they should request a confidential HIV test and a test for tuberculosis, as well as tests for other sexually transmitted illnesses.
VISIT I

Positive Story: Nutrition, Home Care and ANC
David is very happy and has begun to save money especially to take care of Mary and the new baby.
Positive Story: Nutrition, Home Care and ANC
David is very committed to making sure Mary and the baby stay healthy. He has arranged for her to have help and reduced the amount of work she will do every day. He makes sure she can rest for a few hours every day and has lots to eat and drink. The ttC-HV reminds Mary to take iron and folic-acid tablets daily with food.

David and Mary agree to check for danger signs and call for help immediately if they detect any problems.
Positive Story: Nutrition, Home Care and ANC
David learned how to correctly hang the bed net and he makes sure that Mary sleeps under it every night. He also checks to make sure the net has no holes and is tucked correctly under the mattress.
Positive Story: Nutrition, Home Care and ANC
Mary and David have a normal delivery and welcome a new baby girl. Their son is happy to welcome his new healthy baby sister.
Positive Story: Nutrition, Home Care and ANC
B. Positive Story: Nutrition: Guiding Questions

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

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

2. Do similar things happen in your community?

3. Do any of these happen in your own experience/family/home?
Take the pregnant woman immediately to the health clinic if she has any of the following symptoms.
Technical Information: Danger Signs in Pregnancy
1. Painful urination
2. Fainting/ fits
3. Too much bleeding
4. Fever
Technical Information: Danger Signs in Pregnancy
1. Lower abdominal pain
2. Difficulty breathing.
3. Severe headache.
4. Swelling of hands, feet and face.
Technical Information: Danger Signs in Pregnancy

1. 
2. 
3. 
4.
World Vision International offices

Executive Office
6-9 The Square
Stockley Park
Uxbridge, Middlesex
UB11 1FW
United Kingdom

World Vision International
800 West Chestnut Avenue
Monrovia, CA 91016-3198
USA

International Liaison Office
Chemin de Balexert 7-9
CH-1219 Chatelaine
Switzerland

European Union Liaison Office
33 Rue Livingstone
1000 Brussels
Belgium

United Nations Liaison Office
216 East 49th Street, 4th floor
New York, NY 10017
USA

www.wvi.org

WV Regional Offices

East Africa Office
Karen Road, Off Ngong Road
P.O. Box 133 - 00502 Karen
Nairobi
Kenya

Southern Africa Office
P.O. Box 5903=
Weltevredenpark, 1715
South Africa

West Africa Office
Hann Maristes Scat Urbam n° R21
BP: 25857 - Dakar Fann
Dakar
Senegal

East Asia Regional Office (EASO)
Bangkok Business Centre, 13th Floor
29 Sukhumvit 63 (Soi Ekamai)
Klongton Nua, Wattana, Bangkok 10110
Thailand

South Asia & Pacific Regional Office (SAPO)
750B Chai Chee Road
#03-02 Technopark @ Chai Chee,
Singapore 469002

Latin America and Caribbean
P.O. Box:133-2300
Edificio Torres Del Campo, Torre 1, piso 1
Frente al Centro Comercial El Pueblo
Barrio Tournón
San José
Costa Rica

Middle East and Eastern Europe
P.O Box 28979
2084 Nicosia
Cyprus
VISIT 2
Cadija is pregnant. The ttC home visitor advises her and her family that they should be tested for HIV during her antenatal consultation. Her husband Braima doesn’t think it is necessary for him and the children to take the HIV test because they are all feeling healthy!
Problem Story: HIV
At the antenatal clinic, Cadija attends by herself. She is offered a test for HIV and takes it. Cadija finds out that she is HIV-positive, but she is scared to tell her husband, Braima, about the test result.
Problem Story: HIV
During her pregnancy, **Cadija** doesn’t take all of the medicines as prescribed because she is so worried that her husband will find the medicines and will blame her.
Problem Story: HIV
When the time comes to give birth, Cadija gives birth at home with the help of a traditional birth attendant, as advised by her mother-in-law, not in the facility as the nurse in her antenatal clinic advised her.
Problem Story: HIV
When the baby is born, Cadija doesn’t take the baby for the HIV test immediately because it seems like the baby is healthy and fine. She thinks that the baby could not have caught HIV.
Problem Story: HIV
Within a year, the baby gets very sick, and they take him to the clinic and find out he is very ill with HIV. **Braima** is angry that **Cadija** didn’t tell him about her HIV test result. The nurse explains it is very difficult for a baby once sick with HIV to recover and that **Cadija** could have prevented her baby getting HIV by taking ARV medicines. She advises that the husband and all the children at home must be tested for HIV.
Problem Story: HIV
Problem Story: HIV: Guiding Questions

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

**Negative:**
- Both Cadija and Braima, and their children, should have gone for the HIV test and gotten treatment.
- Cadija did not take the HIV medicines which would have prevented her baby from getting HIV.
- Cadija gave birth at home increasing the risk of HIV transmission to the baby.
- When the baby was born they should have taken the baby to be HIV tested immediately, before the baby became sick with HIV.

2. Do these practices happen in your community at all?

- For example: how do women feel about talking to their partners about HIV? Do HIV + women always take ARV medicines during pregnancy? Do children of HIV-positive parents always get tested early?

3. Could anything like this happen in your family? What have you learned?
Founey is pregnant. The ttC-HV told Founey and her husband Babakar that it was important to go for antenatal consultation together and to make sure that they both get an HIV and TB test, along with their children if they have not been tested.
Positive Story: HIV
The nurse has told Founey and her husband that they have both tested positive for both HIV and TB, and advises Founey that she and her baby will need special care during pregnancy and delivery. The nurse gives both Babakar and Founey HIV medicine (ARV) and tells them exactly how to take it, as they both need the medicine.
Positive Story: HIV
Even though Founey and Babakar are discouraged they know that they need to pay even more attention to taking good care of Founey during her pregnancy, make sure she is taking her medicines, so that she does not get sick with HIV. They remember that the ttC-HV told her to increase the amount and numbers of times a day she eats, and to eat food from the three food groups. She also told Founey and Babakar how important it is for Founey to rest.
Positive Story: HIV
Another way to protect the baby from getting infected with HIV during pregnancy is to use condoms correctly during every sexual encounter. Founey and Babakar use condoms throughout the pregnancy to prevent further infections, in addition to taking their HIV medicines.
Positive Story: HIV
Founey and Babakar attend all four ANC visits. They know that because of their HIV status, they should choose to deliver their baby at the health facility, where Founey and the baby can get medicine and special care. The ttC-HV has explained that the medicines, known as ARVs (antiretrovirals), given to the mother throughout pregnancy and breastfeeding during pregnancy will help protect the baby from getting HIV.
Positive Story: HIV
Founey safely delivered a baby girl at the health facility and began breastfeeding in the first hour of life – with help from the midwife. The nurse tells Founey and Babakar that it is very important to give only breast milk to the baby for 6 months to protect it from diseases and help it grow well. Founey must not give the baby any traditional drinks or animal milk, only medicine as instructed by the health facility.
The baby is tested for HIV, and the test is negative. Founey and Babakar are very happy.
Positive Story: HIV
F: Positive Story: HIV: Guiding Questions

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

Possible Answers
- They should go for antenatal care, and get HIV and TB tests for both of them and their children.
- An HIV-positive woman needs special nutrition and extra rest.
- An HIV-positive woman should deliver in a health facility to protect the baby from getting infected with HIV during delivery.
- HIV- and TB-positive people need to take medicine, and it is very important to finish all medicine.
- HIV positive people should use condoms during sexual intercourse, especially during pregnancy, to reduce the risk to the unborn baby.
- An HIV-positive mother should exclusively breastfeed during the first 6 months. No other foods or liquids should be given.
- The baby should be tested for HIV as soon as possible after delivery.

2. Do similar things happen in your community?

3. Do any of these happen in your own experience/family/home? Have you learned any new ideas from this story? If so, what did you learn? What might you do differently?
Patience is out working in the fields. Patience is 8 months pregnant. She has never attended antenatal care. She sees her friends, also pregnant, going for their third ANC visit.
Problem Story: Birth Planning and Birth Spacing
The next morning, Patience feels cramps in her abdomen, but she continues to work. In the early afternoon, she calls her husband and tells him that she thinks it’s time for the baby to come.
Problem Story: Birth Planning and Birth Spacing
Patience has been in labour for almost 24 hours. The midwife has tried all of her traditional practices, but the labour has not progressed and the baby has not come. Finally, Patience’s mother-in-law tells her son he should take Patience to the health facility.
Problem Story: Birth Planning and Birth Spacing
Victor urgently calls his friends together to help him collect money. He tries to find the man with the oxcart who can transport Patience to the health facility. He discovers that he is far away working in the fields. By the time Victor is able to find him, several hours have passed.
VISIT 3

Problem Story: Birth Planning and Birth Spacing
Victor brings the driver, and the family heads for the health facility, 12 kilometres away. Patience is very uncomfortable and in quite a lot of pain.
Problem Story: Birth Planning and Birth Spacing
Once they arrive at the health facility, they find a long line of people waiting. **Patience** and her family sit down in the waiting area. They do not find a nurse. They do not tell what happened. **Patience** waits for more than an hour in line.
VISIT 3

Problem Story: Birth Planning and Birth Spacing
The nurse brings **Patience** and her family into the maternity ward. The nurse gives **Patience** some medicine to make the baby come. By the time the baby comes, it is dead. The nurse tells **Patience** and **Victor** that they waited much too long before coming for help.
Problem Story: Birth Planning and Birth Spacing
Patience was very sad and tired, but a few months later she knew that she was pregnant again. She became very worried because she still felt very weak and she did not want to lose another baby.
Problem Story: Birth Planning and Birth Spacing
G: Problem Story: Birth Plan, Birth Spacing: Guiding Questions

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

Possible Answers:
- **Patience** had too much work.
- She didn’t tell anyone when her fever and chills began.
- Her labor was prolonged and nobody understood that that was dangerous.
- The family had no emergency plan; the husband had not saved money for transport or made any arrangements for transport.
- They did not go to the front of the line at the health facility.
- They did not tell the health staff what happened.

2. Do similar things happen in your community?

3. Do any of these happen in your own experience/family/home? Have you learned any new ideas from this story? If so, what did you learn? What might you do differently?
The TTC-HV visited **Blessing** and **Faith** in their home. She had talked to **Blessing** about preparing for the birth of their child.
Positive Story: Birth Plan
Blessing thought it was a very good idea to save money and make a plan. He wanted Faith to be strong and for them to have a healthy baby.
Positive Story: Birth Plan
The ttC home visitor talks more about the plan for the birth. She explained that there will be a community meeting to talk about organising drivers to assist all pregnant women and their families with transport when they need to go to the health facility.
VISIT 3

Positive Story: Birth Plan
The leaders called the meeting and everyone came. There were men with oxcarts, there were men with horsecarts, and there was even a man with a bicycle cart. There was a man in a nearby village that also came with his truck. At the meeting, they chose drivers who would be available and agreed on the price.
Positive Story: Birth Plan
The TTC-HV had explained to Blessing and Faith that it’s very important for the mother and baby to stay clean during the delivery. If anything is dirty, then the mother and baby can get an infection, which is very dangerous. Because Blessing had saved money, he was ready to buy these very important supplies to be ready for the birth.
Positive Story: Birth Plan
Blessing went to speak with one driver because he knew the time was near for Faith to have the baby.
Positive Story: Birth Plan
When the day came, the driver came immediately and the family headed to the health facility along with the village midwife and her helper.
Positive Story: Birth Plan
When they got to the clinic, even though there was a long line of people waiting, the village midwife went straight in to find the nurse. *Faith* was taken right away to the maternity ward.
Positive Story: Birth Plan
The health facility nurse took the supplies that Blessing had bought and washed her hands with soap and clean water. She put all of the things the family had brought close by to use especially for Faith and her baby.
Positive Story: Birth Plan
Faith was a happy and proud mother and welcomed her new baby boy. The men greeted Blessing and congratulated him on his good planning and healthy son.
Positive Story: Birth Plan
H: Positive Story: Birth Plan: Guiding Questions

1. What behaviours/practices did you see in the story (positive or negative)?
   Possible answers:
   - Blessing and Faith saved money for the birth, and for a possible emergency.
   - The community was organised for transportation.
   - Blessing identified ahead of time the driver he would use to transport Faith.
   - They bought clean supplies for the birth.
   - When they arrived at the clinic, they immediately told the nurse that Faith was ready to deliver.
   - Faith delivered a healthy baby.

2. Do similar things happen in your community?

3. Do any of these happen in your own experience/family/home? Have you learned any new ideas from this story? If so, what did you learn? What might you do differently?
The ttC home visitor advised Blessing and Faith that it is very important to return to the health facility for a check-up for her and her baby. When they go, they should ask about how to avoid getting pregnant again too soon. Faith understood that her body needs time to recuperate and this baby needs time to grow. The nurse tells Faith that she should not get pregnant again for at least 2 years, and explains the different methods to prevent pregnancy.
VISIT 3

Positive Story: Birth Plan
When you go to the health facility, the nurse will explain to you the different methods of avoiding pregnancy.
VISIT 3

Positive Story: Birth Plan
It is very important that after you have learned and thought about the options that you discuss with your partner and choose the one that is right for you.
Positive Story: Birth Plan
I: Positive Story: Birth Spacing: Guiding Questions

1. What behaviours/practices did you see in the story (positive or negative)?
   Possible answers
   - Faith goes back to the clinic to be checked after she has given birth.
   - Blessing and Faith choose a method to avoid getting pregnant again too soon.

2. Do similar things happen in your community?

3. Do any of these happen in your own experience/family/home? Have you learned any new ideas from this story? If so, what did you learn? What might you do differently?
**WVI Offices**

**Executive Office**  
6-9 The Square  
Stockley Park  
Uxbridge, Middlesex  
UB11 1FW  
United Kingdom

**United Nations Liaison Office**  
216 East 49th Street, 4th floor  
New York, NY 10017 USA

**WV Regional Offices**

**East Africa Office**  
Karen Road, Off Ngong Road  
P.O. Box 133 - 00502 Karen  
Nairobi  
Kenya

**Southern Africa Office**  
P.O. Box 5903=  
Weltevredenpark, 1715  
South Africa

**West Africa Office**  
Hann Maristes Scat Urbam n° R21  
BP: 25857 - Dakar Fann  
Dakar  
Senegal

**East Asia Regional Office (EASO)**  
Bangkok Business Centre, 13th Floor  
29 Sukhumvit 63 (Soi Ekamai)  
Klongton Nua, Wattana, Bangkok 10110  
Thailand

**South Asia & Pacific Regional Office (SAPO)**  
750B Chai Chee Road  
#03-02 Technopark @ Chai Chee,  
Singapore 469002

**Latin America and Caribbean**  
P.O. Box:133-2300  
Edificio Torres Del Campo, Torre 1,  
piso 1  
Frente al Centro Comercial El Pueblo  
Barrio Tournón  
San José  
Costa Rica

**Middle East and Eastern Europe**  
P.O Box 28979  
2084 Nicosia  
Cyprus

www.wvi.org
Positive Story: Birth Plan
TIMED AND TARGETED COUNSELLING FOR
HEALTH & NUTRITION

Storybook for Module 2:
Childbirth and Newborn Care
Emmanuel and Grace live in a very remote village more than 15 kilometres away from the closest health facility. Grace is pregnant with their fourth child.
Problem Story: Complications in Labour
Grace and Emmanuel realise that because they are so far away, they need to take special precautions and be prepared. They are sitting and discussing their plans.
Problem Story: Complications in Labour
Emmanuel has already bought some supplies that he knows the skilled birth attendant will need.
Problem Story: Complications in Labour
Emmanuel has even spoken to one of his friends who has a truck.
Problem Story: Complications in Labour
The time comes for Grace to deliver. The skilled birth attendant and Grace’s mother are there with her. The baby is not coming even though much time has passed. It has been more than a day and Grace is very weak and tired.
Problem Story: Complications in Labour
Grace is unable to eat or drink. She is sweating and feels hot, but her mother thinks it is because she has worked so hard pushing to deliver the baby. They decide that Grace should rest and not push for a while.
Problem Story: Complications in Labour
As **Grace** is lying down, her mother realises that she is not breathing. She has died and the baby has not been delivered. There is no one there that knows how to help the baby survive. Both **Grace** and the baby are dead.
Problem Story: Complications in Labour
J: Problem Story: Complications in Labour: Guiding Questions

1. What behaviours/practices did you see in the story?
   - **Positive Answers:**
     - They bought supplies for the birth.
     - They arranged transportation in advance.
   - **Negative Answers**
     - Grace and Emmanuel did not understand that labour longer than 12 hours is dangerous.
     - They did not understand that a fever during delivery is dangerous.
     - They did not take Grace to the health facility immediately when she had these problems.

2. Do similar things happen in your community?

3. Do any of these happen in your own experience/family/home? What might you do differently?
Samuel and Monica live in a remote village more than 15 kilometres away from the health facility.
Positive Story: Essential Newborn and Maternal Care
The ttC home visitor visited **Samuel** and **Monica** and helped them to make a birth plan. Because of the distance, the family chose a home birth.
Positive Story: Essential Newborn and Maternal Care
Samuel purchased all the supplies for Monica and the baby. He understood that having these would help prevent infection.
Positive Story: Essential Newborn and Maternal Care
Samuel identified the driver he would like to use in case Monica had a problem during delivery. He knew that he would not want to waste time arranging transportation if Monica had an emergency.
Positive Story: Essential Newborn and Maternal Care
After a few hours of labour, Monica remembers the ttC-HV told her to tell someone if she feels hot or has chills. Monica tells her mother she does not feel good. Her mother notices her skin is warm and she seems to be shaking. Monica’s mother remembers the TTC-HV explained fever and chills, labour longer than 12 hours and too much blood can be signs of serious danger for mother and baby. She knows that she should call for help. Monica’s mother calls Samuel.
Positive Story: Essential Newborn and Maternal Care
Immediately **Samuel** runs to find the driver. The women give **Monica** something to drink and prepare for departure.
Positive Story: Essential Newborn and Maternal Care
The family heads to the health facility without delay.
Positive Story: Essential Newborn and Maternal Care
Monica is taken immediately into the maternity ward, where the nurse gives her medicine and special care to safely deliver her baby.
Positive Story: Essential Newborn and Maternal Care
Monica delivers a healthy baby boy with the help of the midwife and her birth companion, Monica’s mother. Samuel is a happy and proud father. His friend the driver congratulates him on his quick thinking and good planning.
Positive Story: Essential Newborn and Maternal Care
K: Positive Story: Complications in Labour: Guiding Questions

1. What behaviours/practices did you see in the story?
   Possible Answers:
   - Monica understands the signs of danger during labour and delivery.
   - Monica tells her mother when she is not feeling well.
   - Monica’s husband takes her to the health clinic as soon as he realizes that she is in danger.
   - At the clinic, the nurse takes Monica immediately to the maternity ward. She does not wait.
   - Both Monica and the baby survive, even though Monica was in danger.

2. Do similar things happen in your community?

3. Do any of these happen in your own experience/family/home? What might you do differently?
Lesedi and her husband have chosen to deliver at home with the help of a midwife and her birth companion, Lesedi’s mother-in-law. They have prepared well in advance and have purchased all the supplies that the midwife will need for a clean delivery. The midwife and Lesedi’s mother knows that it is very important to wash their hands thoroughly before touching Lesedi or a newborn baby.
Positive Story: Essential Newborn and Maternal Care
Lesedi has delivered a healthy baby girl. The midwife cleans the baby’s nose and mouth, rubs the baby’s back and hears the baby cry. She waits for a few minutes before cutting the cord to let additional blood flow through the cord to her baby. After a few minutes, she uses the clean supplies and new razor to cut the cord.
Positive Story: Essential Newborn and Maternal Care
The midwife knows that it is very important to keep the baby dry and warm. She dries the baby with a clean cloth and puts a hat on the baby’s head. She rubs the baby’s back to help her breathe. She knows not to put the baby in water for at least a full day.
Positive Story: Essential Newborn and Maternal Care
Lesedi remembers that the ttC-HV told her that if she can immediately breastfeed her baby, she will deliver the placenta and stop bleeding much faster. The midwife hands Lesedi her newborn and Lesedi places the baby on her bare chest. The midwife covers them together with a clean, dry cloth. Lesedi begins to breastfeed. The placenta passes.
Positive Story: Essential Newborn and Maternal Care
The midwife and Lesedi’s mother-in-law remove the soiled and wet cloths and put Lesedi and her baby together on a clean, dry mat.
Positive Story: Essential Newborn and Maternal Care
Lesedi breastfed her baby immediately, giving her baby the first thick yellowish milk, called colostrum, which acts like a vaccine to help protect her baby from getting sick. After the baby has been fed, Lesedi keeps the baby skin to skin on her chest and wraps her to keep her warm. When Lesedi is tired, her husband washes his hands and holds the baby to keep her warm whilst Lesedi rests.
Positive Story: Essential Newborn and Maternal Care
Lesedi knows that she will feed her baby only breast milk for 6 months. Although her neighbour has told her that she should give the baby water and traditional tea, Lesedi does not do this. She knows that giving only breast milk will help to protect her baby from diarrhoea, pneumonia and other infections.
Positive Story: Essential Newborn and Maternal Care
The ttC-HV told Lesedi and her family that it was very important for her to go to the health facility within 48 hours of delivering her baby. The baby needs his first immunisations and a general post-delivery check-up. Lesedi herself also needs to be checked.
Positive Story: Essential Newborn and Maternal Care
Positive Story: Essential Newborn and Maternal Care Guiding Questions

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

2. Do similar things happen in your community?

3. Do any of these happen in your own experience/family/home? What might you do differently?
If you have difficulty breastfeeding in the first hour or days of life you may need to express colostrum into a clean beaker or cup and give it to the newborn baby until it is able to suckle by itself. Do not give anything else to the baby.
Technical: Expression of Breast milk for the Newborn
World Vision International
Offices

World Vision International
800 West Chestnut Avenue
Monrovia, CA 91016-3198
USA
Tel: 1 626 303 8811
Fax: 1 626 301 7786
Web: wvi.org

International Liaison Office
6 Ch. de la Tourelle
Case Postale 50
CH-1211 Geneva 19
Switzerland
Tel: 41 22 798 4183
Fax: 41 22 798 6547
Email: geneva@wvi.org

European Union Liaison Office
33 Rue Livingstone
1000 Brussels
Belgium
Tel: 32 (0) 2 230 1621
Fax: 32 (0) 2 280 3426
Web: wveurope.org

United Nations Liaison Office
216 East 49th Street, 4th floor
New York, NY 10017
USA
Tel: 1 212 355 1779
Fax: 1 212 355 3018
Executive Office
6-9 The Square
Stockley Park
Uxbridge, Middlesex
UB11 1FW
United Kingdom
44 (0) 7758 2900
44 (0) 7758 2947

World Vision Regional Offices

Africa
Web: wvafrica.org

East Africa Office
Karen Road, Off Ngong Road
P.O. Box 133 - 00502 Karen
Nairobi
Kenya
Tel: 254 20 883652
Fax: 254 20 883671

Southern Africa Office
P.O. Box 5903
Weltevredenpark, 1715
South Africa
Tel: 27 11 375 4600
Fax: 27 11 475 0334

West Africa Office
Point E, Rue J Angle 7
BP 3731
Dakar
Senegal
Tel: 221 33 865 1717
Fax: 221 33 865 1727

Asia-Pacific
Bangkok Business Center Building
13th Floor
29 Sukhumvit 63 (Ekamai Road)
Klongton Nua, Wattana
Bangkok
Thailand
Tel: 66 2 391 6155, 66 2 381 8861
Web: wvasiapacific.org

Latin America and Caribbean
P.O. Box:133-2300
Edificio Torres Del Campo, Torre 1, piso 1
Frente al Centro Comercial El Pueblo
Barrio Tournón
San José
Costa Rica
Tel: 506 2257 5151
Fax: 506 2257 5151
Web: visionmundial.org

Middle East and Eastern Europe
P.O. Box 28979
2084 Nicosia
Cyprus
Tel: 357 22 870 277
Fax: 357 22 870 204
Web: meero.worldvision.org
A few days ago, Madupe had a baby. Madupe’s baby is fussy and cries all night. Madupe thinks she doesn’t have enough milk yet to satisfy the baby.
Problem Story: Essential Newborn Care and Breastfeeding
Madupe’s mother tells her to get milk from the goat and give it to the baby in a bottle which she borrowed. She does not clean or boil the bottle and teat before using it.
Problem Story: Essential Newborn Care and Breastfeeding
The next day the baby becomes feverish and lethargic. The baby has difficulty breathing and stops crying.
Problem Story: Essential Newborn Care and Breastfeeding
Madupe uses the latrine and touches the baby without washing her hands. The baby seems to be weak.
Problem Story: Essential Newborn Care and Breastfeeding
Madope’s mother is concerned about the baby. She spends most of the day holding the baby in unclean surroundings.
Problem Story: Essential Newborn Care and Breastfeeding
Maidupe notices the baby looks weak and decides to give the baby some water. The baby begins to vomit.
Problem Story: Essential Newborn Care and Breastfeeding
Madupe and her mother start walking to the health clinic.
Problem Story: Essential Newborn Care and Breastfeeding
Along the way, the baby stops breathing.
Problem Story: Essential Newborn Care and Breastfeeding
Problem Story: Essential Newborn Care and Breastfeeding: Guiding Questions

1. What behaviours/practices did you see in the story (positive or negative)?
   **Possible answers:**
   - Madupe doesn’t have confidence about her breastfeeding.
   - She doesn’t know how to stimulate her breasts so that the milk will come.
   - She gives goat’s milk to the baby.
   - She doesn’t wash her hands.
   - She feeds the baby using a bottle. The nipples of the bottle are not sterile (they are not clean enough, even if Madupe washes the bottle).
   - She doesn’t notice that the baby has a fever and that the baby has difficulty breathing.
   - The baby is in unclean surroundings.
   - She gives water to the baby.
   - Madupe and her mother wait too long to get help for baby.
   - The baby is kept naked: the baby is not warm.

2. Do similar things happen in your community?

3. Do any of these happen in your own experience/family/home? What might you do differently?
Lesedi and Solomon have just had a baby. The baby is fussy and cries all night. Although the baby has been exclusively breastfeeding, Lesedi is now worried that she may not have enough milk to satisfy the baby.
Positive Story: Essential Newborn Care and Breastfeeding
Lesedi tells the ttC-HV that she is worried that she doesn’t have enough breast milk and that her baby is crying from hunger. The ttC-HV explains to her that it is important to eat well and that her body will make enough milk for the baby. The ttC-HV tells Lesedi the baby should eat around 8 to 12 times a day. The TTC-HV also explains that as long as the baby is feeding regularly and urinating several times a day, then Lesedi can know the baby is getting enough milk.
Positive Story: Essential Newborn Care and Breastfeeding
Lesedi says she has full breasts. The ttC-HV shows Lesedi how to massage her breasts so that the milk will come down and it will be easier to attach correctly. She explains that when Lesedi feels like she does not have milk, she should not stop breastfeeding the baby. She tells her that breastfeeding the baby regularly, day and night, will help her body to make even more milk.
Positive Story: Essential Newborn Care and Breastfeeding
Lesedi said that her nipples hurt, and the ttC-HV explained that they may be sore if the baby is not latched correctly to the breast. This can also cause poor milk production. She helps Lesedi by showing her how to hold the baby and how to tell if the baby’s mouth is correctly positioned on her breast.
Positive Story: Essential Newborn Care and Breastfeeding
The ttC-HV tells Lesedi small babies have very tiny stomachs and so they will eat every 2-3 hours, even during the night. The ttC-HV advises her to stimulate the baby to keep her awake and ensure the baby is fully satisfied before falling asleep.

To develop fully, babies need love and stimulation, and benefit from play and communication activities with mother and father. Talking and singing to the baby will help Lesedi to develop a loving relationship and breastfeed well.
Positive Story: Essential Newborn Care and Breastfeeding
The ttC-HV tells Lesedi that to make the most milk, she should feed the baby frequently, day and night, whenever the baby is hungry. She should make sure the baby finishes the milk from one breast before she changes to the other breast to make sure it gets the fats, vitamins and minerals from the hind milk (the last milk to come out, which is the richest milk).
Positive Story: Essential Newborn Care and Breastfeeding
The ttC-HV tells Lesedi breast milk has all the water the baby needs and that her baby NEVER needs additional water even if the baby has a fever or if it is very hot outside. She also tells her she should never feed with a bottle because that could lead to an infection. Giving the baby only breast milk for 6 months will help to prevent diarrhoea, pneumonia and other infections.
Positive Story: Essential Newborn Care and Breastfeeding
Positive Story: Essential Newborn Care and Breastfeeding
N: Positive Story: Essential Newborn Care and Breastfeeding: Guiding Questions

1. What behaviours/practices did you see in the story (positive or negative)?
   Possible answers:
   - Lesedi receives advice on how to breastfeed her baby.
   - Lesedi breastfeeds her baby exclusively and the baby is healthy.
   - Massage breasts from back to front to encourage milk forward.
   - Make sure baby is correctly attached to the breast.
   - Do not continuously switch breasts while feeding; empty one before changing; begin with the other breast on the next feed.
   - Breastfeed the baby exclusively. Don’t give any other fluids.
   - Don’t give bottles to the baby.
   - Feed every 2-3 hours.
   - Keep the baby awake while feeding.
   - Massage the baby’s back and legs.
   - Talking and singing to baby.

2. Do similar things happen in your community?

3. Do any of these happen in your own experience/family/home? What might you do differently?
Lesedi gives birth to her baby at home. The next day, Lesedi and Solomon take the baby to the health facility for birth immunisations. It is also time for Lesedi to receive iron and folic acid tablets to help her get strong again after her pregnancy and delivery.
Positive Story: Postnatal Care
The nurse at the health facility explains that it is important to check and monitor the baby’s growth. She weighs and measures the baby and records the results on the baby’s health card. She explains that it is very important to come back every month so that the baby can have additional vaccinations and weigh the baby so they can check it is growing well.
Positive Story: Postnatal Care
After a long day, they arrive home, where Solomon sets up the mosquito net under which Lesedi and her baby will sleep. He assures that the net is tucked under the mattress and that there are no holes or tears.
Positive Story: Postnatal Care
Positive Story: Postnatal Care: Guiding Questions

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

Possible answers:
- Monitoring the growth of the baby.
- Immunizations for the baby.
- Iron and folate for Lesedi.
- Baby sleeps under bed net with mother.

2. Do similar things happen in your community?

3. Do any of these happen in your own experience/family/home? What might you do differently?
Breastfeeding frequently will help to produce more milk. Breastfeed at least 12 times over 24 hours.
Technical: Breastfeeding Problems
The baby should be correctly attached to the breast when suckling:

- Chin touching breast
- Mouth wide open
- Lower lip turned outward
- More areola above than below the mouth

Baby should not detach from the breast frequently or make clicking sounds.
Technical: Breastfeeding Problems
The baby should be correctly positioned:

- The mother should also be in a relaxed, comfortable position.
- Support the baby’s head with a hand or arm.
- His/her head and body should be in a straight line.
- Wait until its mouth is opened wide.
- Bring the baby close to the breast and tickle its lower lip with the nipple.
- Move the baby onto the breast.
- The baby should have a big mouthful of breast with the nipple deep inside its mouth.
Technical: Breastfeeding Problems
Completely empty one breast before switching to the opposite breast.
You can massage the breast to help the milk come down and express into a clean cup.
VISIT 5

Technical: Breastfeeding Problems
Take the baby to the health facility if the baby shows any of the following symptoms:
VISIT 5

Technical: Danger Signs - Birth to 1 Month
Trouble breathing with flaring nose, indrawn chest

Rigid body or fits

Unable to feed

Less active / lethargic
Technical: Danger Signs - Birth to 1 Month
Technical: Danger Signs - Birth to 1 Month

Chest in-drawing

Fever, sweating

Difficult or fast breathing
Technical: Danger Signs - Birth to 1 Month
VISIT 5

Body turns yellow/jaundice

Body blisters

Pus and redness around cord stump

Pus in eyes
Technical: Danger Signs - Birth to 1 Month
VISIT 5

Abdominal pain

Difficult breastfeeding, breasts and nipples swollen red or painful

Bleeding

Refer mother and baby immediately.

Fever /chills
Technical: Danger Signs - Birth to 1 Month
Daniel and Meena have a baby boy named Peter, who is one month old. Meena is exclusively breastfeeding Peter, and he is strong and healthy.
Problem Story: Care Seeking for Fever and Acute Respiratory Infection
When Daniel and Meena went to the ANC, the nurse explained that mosquito bites could make them sick with malaria. He told them it was very important for Meena and Peter to sleep under the net every night. Daniel and Meena received a mosquito net from the health facility. Meena complains that if she sleeps under the net, she gets too hot at night and it’s inconvenient if she needs to get up.
Problem Story: Care Seeking for Fever and Acute Respiratory Infection
One day **Meena** notices that **Peter** is very fussy. His skin is hot and he won’t eat well.
Problem Story: Care Seeking for Fever and Acute Respiratory Infection
The next day, Daniel realises that Peter is not very active or playful. He asks Meena what is wrong with Peter. Meena tells Daniel that Peter has a fever and has not been eating, but she doesn’t think it is too serious, because it has only been one day. They decide that if Peter is not better by the next day, they will get some traditional medicine.
Problem Story: Care Seeking for Fever and Acute Respiratory Infection
Peter gets worse, and Daniel and Meena are carrying Peter to get traditional medicine. They meet a village elder on the way who notices that Peter is very ill and needs to go to a clinic. The elder urges them to take Peter to the clinic instead of using traditional medicine.
Problem Story: Care Seeking for Fever and Acute Respiratory Infection
When they arrive at the clinic, Peter must be admitted for several days because he has become very ill from the malaria. The doctors say that the malaria has affected his brain and they are not sure if he will survive.
Problem Story: Care Seeking for Fever and Acute Respiratory Infection
The medical bills for Peter’s hospital stay and medicines are quite expensive, and Daniel and Meena must sell a goat to pay the bills.
Problem Story: Care Seeking for Fever and Acute Respiratory Infection
Meena and Daniel realise that if they had prevented Peter from getting malaria, they wouldn’t have had to pay the hospital bills, and Peter wouldn’t have been sick. They all now sleep under bed nets.
Problem Story: Care Seeking for Fever and Acute Respiratory Infection
R: Problem Story: Care Seeking for Fever and Acute Respiratory Infection: Guiding Questions

1. What behaviours / practices did they see in the story? 
   **Negative practices**
   - Meena and Peter don’t sleep under bed net.
   - Daniel and Meena don’t understand that a fever in a baby requires immediate medical care.
   - They wait too long to take him to the clinic.

2. Do similar things happen in your community?

3. Do any of these happen in your own experience/family/home? What might you do differently?
Mariana and her husband, John, have a one-month-old son named Lionel. Mariana has been exclusively breastfeeding Lionel. Lionel is strong and healthy.
Positive Story: Routine Clinical Visits, Care-Seeking for Fever, ARI, Birth Spacing
As part of the money he saved in preparation for Lionel’s birth, John had purchased a mosquito net to help protect Mariana and the baby against malaria. Mariana and Lionel sleep under the net every night.
Positive Story: Routine Clinical Visits, Care-Seeking for Fever, ARI, Birth Spacing
One day the ttC-HV comes to visit. She reminds Mariana that now that Lionel is more than 3 weeks old, it almost time to take him back to the health facility for his second round of immunisations and to check he is growing well. She shows Mariana and her husband pictures of the different illnesses and explains the shots Lionel will receive will protect him from these dangerous illnesses. To develop fully, babies need love and stimulation too. The ttC-HV explains how important it is for Mariana and all the family members to interact with Lionel every day by smiling, talking and singing to him.
Positive Story: Routine Clinical Visits, Care-Seeking for Fever, ARI, Birth Spacing
The ttC-HV also reminds Mariana and John that registering their baby’s birth is very important. They know that having birth registration papers will help Lionel get into school, get medical care, and be officially recognised as part of their community. They want their son to know that he is important, that his life is valued and that he should be counted.
Positive Story: Routine Clinical Visits, Care-Seeking for Fever, ARI, Birth Spacing
Mariana is HIV-positive. The ttC-HV tells her that there are additional services her baby will receive besides growth monitoring and immunisations. At the same time, Lionel will be tested for HIV. Depending on the results of the test, Lionel might receive additional medication known as co-trimoxazole to prevent infections.
Positive Story: Routine Clinical Visits, Care-Seeking for Fever, ARI, Birth Spacing
The ttC-HV would now like to see which choice Mariana and John have made for their family planning. She reminds them of the options they discussed during her last visit. Mariana shows the ttC-HV her handbook and points out the method she and John have chosen and circled.
Positive Story: Routine Clinical Visits, Care-Seeking for Fever, ARI, Birth Spacing
One morning Mariana notices that Lionel is fussy and does not eat well. She notices that he seems to be having trouble breathing. She is worried, so she looks at the handbook that the ttC-HV gave her, turning to the first pages showing the danger signs. She sees that difficult breathing is a danger sign that needs immediate medical attention. She calls for John right away.
Positive Story: Routine Clinical Visits, Care-Seeking for Fever, ARI, Birth Spacing
John remembers that this danger sign might mean that Lionel has an infection. He also notices that Lionel has a fever and his breathing sounds are not normal.
Positive Story: Routine Clinical Visits, Care-Seeking for Fever, ARI, Birth Spacing
John and Mariana leave immediately with Lionel for the health clinic. Mariana knows that feeding the baby while sick is very important so she breastfeeds Lionel on the way to the clinic.
Positive Story: Routine Clinical Visits, Care-Seeking for Fever, ARI, Birth Spacing
The nurse gives Lionel some medicine to fix his fever and to fight the infection. She tells John and Mariana that Lionel has pneumonia and that they were correct to bring him right away.
Positive Story: Routine Clinical Visits, Care-Seeking for Fever, ARI, Birth Spacing
She reminds **Mariana** and **John** that **Lionel** will need to come back next week for his second round of immunisations and to be weighed and measured. **Lionel's** illness will not stop him from getting his immunisations. The nurse is very happy that **Mariana** and **John** understood how sick **Lionel** was and that they came so quickly to the health facility.
Positive Story: Routine Clinical Visits, Care-Seeking for Fever, ARI, Birth Spacing
S: Positive Story: Routine Clinic Visits, Care Seeking for Fever, ARI: Guiding Questions

1. What behaviours/practices did you see in the story (positive or negative)?
   Positive practices:
   - Exclusive breastfeeding
   - Sleeping under bed net
   - They understand the danger signs in a child, by referring to the handbook.
   - They understand that difficult breathing is a danger sign.
   - They take the baby to the clinic immediately.
   - Mariana continues to breastfeed even though the child is ill

2. Do similar things happen in your community?

3. Do any of these happen in your own experience/family/home? What might you do differently?
Take the child to the health facility if the child shows any of the following symptoms:
Technical: Danger signs in children
Technical: Danger signs in children

Child refuses to eat

Vomits everything

Unusually sleepy
Technical: Danger signs in children
Chest in-drawing, difficult breathing

Coughing
Technical: Danger signs in children
Sweating, fever

Pus in eyes

Seizure/fits
Technical: Danger signs in children
Blood in stool

Diarrhoea
Technical: Danger signs in children
Technical Information: Vaccine preventable diseases

Skin pustules

Measles

Diphtheria

Tetanus
Technical Information: Vaccine preventable diseases
Technical Information: Vaccine Preventable Diseases

- Polio
- Whooping cough
- Tuberculosis
Technical Information: Vaccine Preventable Diseases
WVI Offices

Executive Office
6-9 The Square
Stockley Park
Uxbridge, Middlesex
UB11 1FW
United Kingdom

World Vision International
800 West Chestnut Avenue
Monrovia, CA 91016-3198
USA

International Liaison Office
Chemin de Balexert 7-9
CH-1219 Chatelaine
Switzerland

European Union Liaison Office
33 Rue Livingstone
1000 Brussels
Belgium

United Nations Liaison Office
216 East 49th Street, 4th floor
New York, NY 10017
USA

www.wvi.org

WV Regional Offices

East Africa Office
Karen Road, Off Ngong Road
P.O. Box 133 - 00502 Karen
Nairobi
Kenya

Southern Africa Office
P.O. Box 5903=
Weltevredenpark, 1715
South Africa

West Africa Office
Hann Maristes Scat Urbam n° R21
BP: 25857 - Dakar Fann
Dakar
Senegal

East Asia Regional Office (EASO)
Bangkok Business Centre, 13th Floor
29 Sukhumvit 63 (Soi Ekamai)
Klongton Nua, Wattana, Bangkok
10110
Thailand

South Asia & Pacific Regional Office (SAPO)
750B Chai Chee Road
#03-02 Technopark @ Chai Chee,
Singapore 469002

Latin America and Caribbean
P.O. Box:133-2300
Edificio Torres Del Campo,
Torre 1, piso 1
Frente al Centro Comercial El Pueblo
Barrio Tournón
San José
Costa Rica

Middle East and Eastern Europe
P.O Box 28979
2084 Nicosia
Cyprus
TIMED AND TARGETED COUNSELLING FOR HEALTH AND NUTRITION

Storybook for Module 3: Child Health, Nutrition and Development
VISIT 7
This is Kofi.
Positive Story: Complementary Feeding, Vitamin A
V: Problem Scenario: Malnutrition: Guiding Questions

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

Possible answers:
- Not happy, not energetic
- Skinny
- Reddish hair/ brittle hair
- Distended stomach

2. Have you ever known or heard of a child like Kofi?

3. Do you have ideas about what might have caused these problems?

4. Do any of your children seem to have these problems?
Habiba and Uma are friends. They both have six month old babies. Today is growth monitoring and immunisation day at the health facility.
Positive Story: Complementary Feeding, Vitamin A
Several of the community ttC-HVs have come together to teach the women with 6 month old babies about complementary feeding and weaning. The ttC-HVs are teaching the women about food groups.
Positive Story: Complementary Feeding, Vitamin A
The ttC-HVs asked the women to sort the foods on the trays according to the food groups, placing them on the correct mats.
Positive Story: Complementary Feeding, Vitamin A
The ttC-HVs tell the women that they want to talk about iron, a nutrient that is found in food. Without enough iron, the infant will have weak blood and will not have much energy. At 6 months, the infant is no longer getting enough iron from the breast milk, so it is necessary to make sure that he or she eats foods that contain iron.

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

The ttC-HV explains that in some places it is possible to find special foods, such as maize flour with added iron, or packages of iron and other nutrients that can be sprinkled on to the food.
Positive Story: Complementary Feeding, Vitamin A
The ttC-HVs showed the women new recipes which include all the food groups. They explained that breast milk alone is not enough for their baby babies that are 6 months old.

They stressed that breast milk is still important and women should continue to give breast milk first to their babies. But now the babies will also need to eat at least 2 or 3 times in every day.
Positive Story: Complementary Feeding, Vitamin A
The home visitors show the women how to make special food for babies by grinding and mashing different fruits and vegetables. They explained that little babies don’t swallow very well so caregivers need to be very patient when feeding their babies. They need to give them small spoons of very soft food.
Positive Story: Complementary Feeding, Vitamin A
The ttC-HVs also explained to the women that they should make sure that the water their babies drink is pure. One way of doing this is to dissolve two drops of bleach into one litre of water to purify it.
Positive Story: Complementary Feeding, Vitamin A
At the end of the visit, Uma goes to talk to her ttC-HV. The ttC-HV tells Uma that even though she is HIV-positive, she can continue to breastfeed and will give complementary foods to her baby just like all the other women are doing. When the baby reaches 12 months of age they will decide together if Uma has enough nutritious food to give the baby so that she may stop breastfeeding then, but that is a decision that they will only make at that time.
Positive Story: Complementary Feeding, Vitamin A
The clinic nurse helps with the growth monitoring. In addition to weighing and measuring the babies, the health facility today is also giving the babies Vitamin A to help protect them from disease.
Positive Story: Complementary Feeding, Vitamin A
The nurse reminds each woman of the importance of family planning, as fertility returns with the start of complementary feeding. She makes sure that supplies are given and that women know how to use the method before they leave the clinic.
Positive Story: Complementary Feeding, Vitamin A
VISIT 7

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

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

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

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

Possible answers:
• They should continue to breastfeed.
• They should wash their hands before preparing food and before feeding the baby.
• They should begin to give complementary foods now.
• They should feed these foods to the child 2 or 3 times a day, from all the food groups.
• They should mash the foods up so the child can easily swallow.
• The mothers should be patient when feeding the children.
• They should make sure the water is purified.
• Even HIV-positive mothers should continue to breastfeed, until the child is at least 12 months old.

• Do similar things happen in your community? What are some of the good things you do to feed your child at 6 months?

• Do any of these happen in your own experience/family/home? What might you do differently?
The ttC-HV has come to Susana and Ernest’s house to remind them that it is time for them to take their 6-month-old baby, Paula, to the health facility for growth monitoring and to receive a Vitamin A capsule.
VISIT 7

Positive Story: Diarrhoea
After greeting the family, she goes to see Paula and notices that Paula is crying but is shedding no tears. She asks Susana if Paula has been sick. Susana tells her that Paula has had diarrhoea for 2 days.
Positive Story: Diarrhoea
She tells Susana that if the baby has three or more watery stools in a day, this is diarrhoea. The ttC-HV explains to Susana and Ernest that diarrhoea can be very dangerous for children because much of the water, vitamins and minerals that their bodies need are lost. The ttC-HV tells Ernest they should take Paula to the health facility right away.
VISIT 7

Positive Story: Diarrhoea
The ttC-HV gives the family a small packet called oral rehydration salt solution and helps Susana to mix it with water to give to the baby. This will help to prevent the child from becoming dehydrated.
Positive Story: Diarrhoea
On the way to the health facility, the ttC-HV helps Susana to feed the drink to Paula in a cup.
Positive Story: Diarrhoea
The ttC-HV takes the family to the front of the line and explains to the nurse what has happened. The nurse tells Susana she has some medicine called oral rehydration solution and zinc to give to Paula. She explains that zinc will help Paula to get better.
Positive Story: Diarrhoea
The nurse takes them to the growth monitoring room. **Ernest** has come with **Paula's** health card. The nurse gives her two drops of vitamin A in her mouth. She tells **Susana** not to worry – it is okay for **Paula** to receive both medicines even though she has diarrhoea.
VISIT 7

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

She looks into her eyes and smiles. **Paula** seems responsive, a sign that she is feeling better.
Positive Story: Diarrhoea
W: Positive Story: Diarrhoea, Feeding at 9 Months, Vitamin A: Guiding Questions

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

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

2. What other positive things happened in the story?

Possible answers:
- The child was given oral rehydration solution and zinc to help the diarrhoea.
- The child was given a vaccine to prevent measles.
- The child was given vitamin A for good vision and good protection against diseases.
- The mother sang to the baby.
- The father hung the mosquito net.

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

4. Have you learned any new ideas from this story? If so, what did you learn?
Technical: Danger signs of malnutrition

Swelling of feet

MUAC in red
Technical: Danger signs of malnutrition
WVI Offices

Executive Office
6-9 The Square
Stockley Park
Uxbridge, Middlesex
UB11 1FW
United Kingdom

World Vision International
800 West Chestnut Avenue
Monrovia, CA 91016-3198
USA

International Liaison Office
Chemin de Balexert 7-9
CH-1219 Chatelaine
Switzerland

European Union Liaison Office
33 Rue Livingstone
1000 Brussels
Belgium

United Nations Liaison Office
216 East 49th Street, 4th floor
New York, NY 10017
USA

WV Regional Offices

East Africa Office
Karen Road, Off Ngong Road
P.O. Box 133 - 00502 Karen
Nairobi
Kenya

Southern Africa Office
P.O. Box 5903=
Weltevredenpark, 1715
South Africa

West Africa Office
Hann Maristes Scat Urbam n° R21
BP: 25857 - Dakar Fann
Dakar
Senegal

East Asia Regional Office (EASO)
Bangkok Business Centre, 13th
Floor
29 Sukhumvit 63 (Soi Ekamai)
Klongton Nua, Wattana, Bangkok
10110
Thailand

South Asia & Pacific Regional Office (SAPO)
750B Chai Chee Road
#03-02 Technopark @ Chai Chee,
Singapore 469002

Latin America and Caribbean
P.O. Box:133-2300
Edificio Torres Del Campo, Torre 1,
piso 1
Frente al Centro Comercial El
Pueblo
Barrio Tournón
San José
Costa Rica

Middle East and Eastern Europe
P.O Box 28979
2084 Nicosia
Cyprus
VISIT 8
This is **Ali**. He has trouble seeing at night, and he often stumbles or bumps into things.

This is **Betty**, she has measles.
Problem Scenarios
X: Problem Scenario: Vitamin A Deficiency and Measles: Guiding Questions

1. The boy on the left is *Ali*. What seems to be his problem?

2. Is it common in this area that some children have difficulty seeing well at night?

3. Do you know what causes night blindness?

4. The child on the right has measles. Have you ever seen a child with measles?

5. Do you know how to prevent measles in children?
This is **Rosa**, she has severe diarrhoea.
Problem Scenarios
Problem Scenario: Diarrhea

1. This is Rosa. What is her problem?

2. Is diarrhoea a common problem in this area?

3. What should be done for a child when the child has diarrhoea?
WVI Offices
Executive Office
6-9 The Square
Stockley Park
Uxbridge, Middlesex
UB11 1FW
United Kingdom

World Vision International
800 West Chestnut Avenue
Monrovia, CA 91016-3198
USA

International Liaison Office
Chemin de Balexert 7-9
CH-1219 Chatelaine
Switzerland

European Union Liaison Office
33 Rue Livingstone
1000 Brussels
Belgium

United Nations Liaison Office
216 East 49th Street, 4th floor
New York, NY 10017
USA

www.wvi.org

WV Regional Offices
East Africa Office
Karen Road, Off Ngong Road
P.O. Box 133 - 00502 Karen
Nairobi
Kenya

Southern Africa Office
P.O. Box 5903=
Weltevredenpark, 1715
South Africa

West Africa Office
Hann Maristes Scat Urbam n°
R21
BP: 25857 - Dakar Fann
Dakar
Senegal

East Asia Regional Office
(EASO)
Bangkok Business Centre, 13th Floor
29 Sukhumvit 63 (Soi Ekamai)

South Asia & Pacific Regional Office (SAPO)
750B Chai Chee Road
#03-02 Technopark @ Chai Chee,
Singapore 469002

Latin America and Caribbean
P.O. Box:133-2300
Edificio Torres Del Campo,
Torre 1, piso 1
Frente al Centro Comercial El Pueblo
Barrio Tournón
San José
Costa Rica

Middle East and Eastern Europe
P.O Box 28979
2084 Nicosia
Cyprus
**Thomas** is one year old. He likes to do a lot for himself now. **Thomas** likes to try to wash his own hands before he eats.
Positive Story: Complementary Feeding, Deworming and Vitamin A
As **Thomas** begins to walk, his mother knows that it is important to stimulate him so that **Thomas** can fully develop. She plays with him and teaches him new words.
Positive Story: Complementary Feeding, Deworming and Vitamin A
His mother prepares a bowl especially for him and makes sure he finishes his portion. She helps him when he is having trouble. **Thomas** loves all fruits and vegetables. He is a very good eater.
Positive Story: Complementary Feeding, Deworming and Vitamin A
Thomas’s mother, Elizabeth, has noticed that he is growing fast and she knows that now he needs to eat 6 times a day: 3 times with the family and 3 extra times when he can eat fruits, vegetables or other good, healthy choices.
Positive Story: Complementary Feeding, Deworming and Vitamin A
Elizabeth also knows that it is still very important for Thomas to eat foods that are rich in iron. She feeds him liver whenever she has it available, and she feeds him dark green leafy vegetables almost every day.
Positive Story: Complementary Feeding, Deworming and Vitamin A
The ttC-HV still visits Thomas and his family. The ttC-HV knows that Elizabeth is HIV-positive, so she will give her some new information now that Thomas is 12 months old. The ttC-HV can see that Thomas’s family has good, nutritious food to feed to Thomas, so she tells Elizabeth that she should stop breastfeeding now. Elizabeth agrees and tells the ttC-HV that she will be careful to make sure that Thomas eats his 6 portions of food every day.
Positive Story: Complementary Feeding, Deworming and Vitamin A
The ttC-HV also came to remind Elizabeth to take Thomas to the health clinic to get medicine for worms. She explained that many children Thomas’ age lose weight because they get worms in their bellies. She explains that people can get worms from running around with no shoes or not washing hands after using the toilet or before eating. Even though Thomas and his mother stay very clean, they can still get worms. She explains that most people who have worms do not feel sick.
Positive Story: Complementary Feeding, Deworming and Vitamin A
The next time that Thomas and his mother go to the health clinic to weigh and measure him, they ask the nurse and she gives Thomas medicine to treat worms. This will help Thomas to continue to grow and stay strong and healthy.
Positive Story: Complementary Feeding, Deworming and Vitamin A
Since it has been 6 months since Thomas was given Vitamin A at the clinic, it is time to give him the drops once again. Thomas does not cry during the entire visit.
Positive Story: Complementary Feeding, Deworming and Vitamin A
Y: Positive Story: Feeding at One Year, Deworming, Vitamin A: Guiding Questions

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

Possible answers:
- Thomas is washing his hands.
- Thomas has his own bowl.
- Thomas eating fruits and vegetables.
- Elizabeth helps Thomas to eat six times a day.
- Elizabeth gives Thomas foods that are rich in iron, like liver and dark green leafy vegetables.
- They go to the clinic and Thomas gets deworming medicine.
- Elizabeth is sure to take Thomas to the clinic every month to monitor his growth.
- Thomas gets a vitamin A drop.

2. Do similar things happen in your community?

3. Do any of these happen in your own experience/family/home? What might you do differently?
WVI Offices

Executive Office
6-9 The Square
Stockley Park
Uxbridge, Middlesex
UB11 1FW
United Kingdom

World Vision International
800 West Chestnut Avenue
Monrovia, CA 91016-3198
USA

International Liaison Office
Chemin de Balexert 7-9
CH-1219 Chatelaine
Switzerland

European Union Liaison Office
33 Rue Livingstone
1000 Brussels
Belgium

United Nations Liaison Office
216 East 49th Street, 4th floor
New York, NY 10017
USA

www.wvi.org

WV Regional Offices

East Africa Office
Karen Road, Off Ngong Road
P.O. Box 133 - 00502 Karen
Nairobi
Kenya

Southern Africa Office
P.O. Box 5903=
Weltevredenpark, 1715
South Africa

West Africa Office
Hann Maristes Scat Urbam n°
R21
BP: 25857 - Dakar Fann
Dakar
Senegal

East Asia Regional Office
Bangkok Business Centre, 13th Floor
29 Sukhumvit 63 (Soi Ekamai)
Klongton Nua, Wattana,
Bangkok 10110
Thailand

South Asia & Pacific Regional Office (SAPO)
750B Chai Chee Road
#03-02 Technopark @ Chai Chee,
Singapore 469002

Latin America and Caribbean
P.O. Box:133-2300
Edificio Torres Del Campo,
Torre I, piso 1
Frente al Centro Comercial El Pueblo
Barrio Tournón
San José
Costa Rica

Middle East and Eastern Europe
P.O Box 28979
2084 Nicosia
Cyprus
VISIT 10
Leila is 18 months old. She learned from a very young age that she must wash her hands after she goes to the bathroom and before she eats any food.
VISIT 10

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

When her mother prepares family meals, she includes beans or meat in the sauce together with leaves or vegetables. Leila has always liked having her own bowl, and now that she is older, she is proud to show her parents how she can eat it all by herself. Her parents always praise her.
Positive Story: Complementary Feeding, Danger Signs and Birth Spacing
Now that **Leila** is 2 she likes to have much more space when she sleeps, so she no longer shares a mattress with her mother. Her father has now bought her very own mosquito net under which she can sleep each night. He’s sure to set the net up for **Leila** correctly each night and he always checks for holes or tears.
Positive Story: Complementary Feeding, Danger Signs and Birth Spacing
One night Leila can’t sleep because she is coughing a lot. Her mother notices that she feels hot and she has a funny noise coming from her chest when she’s breathing.
Positive Story: Complementary Feeding, Danger Signs and Birth Spacing
Leila’s father remembers that this is a serious danger sign for children, so he arranges to take Leila to the health clinic, where the nurse gives her medicine.
Positive Story: Complementary Feeding, Danger Signs and Birth Spacing
While they are at the clinic, the nurse checks Leila’s growth card and tells the family that it is time for Leila to receive vitamin A drops again. Leila opens her mouth wide for the nurse.
Positive Story: Complementary Feeding, Danger Signs and Birth Spacing
The next day the ttC-HV comes to visit Leila’s household. She is glad to hear that Leila’s parents remembered the danger signs for children and took Leila immediately for care. She praises them for their quick response. She is glad to find that Leila is already feeling better and that her mother is being very patient to ensure that Leila is still eating and drinking enough.
Positive Story: Complementary Feeding, Danger Signs and Birth Spacing
The ttC-HV tells Leila’s parents that they have done a really good job and she can see that both Leila and her mother are strong and healthy. She tells them that if they want to have more children, they can begin to think about trying for another pregnancy. Leila’s parents have decided they want two more children.
Positive Story: Complementary Feeding, Danger Signs and Birth Spacing
Positive Story: Feeding at Two Years, Danger Signs, Birth Spacing: Guiding Questions

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

Possible answers
- Leila is washing her hands.
- Leila eats nutritious snacks between meals, and her mother giving her good choices for snacks.
- Mother is preparing nutritious meals and putting nutritious ingredients into the sauce.
- Bed net.
- Leila’s parents recognise the danger sign and take Leila to the clinic right away.
- Growth monitoring.
- Vitamin A.
- Leila still eats as much when she is ill.
- Family planning.

2. Do similar things happen in your community?

3. Do any of these happen in your own experience/family/home? What might you do differently?
Positive Story: Complementary Feeding, Danger Signs and Birth Spacing