Children Hygiene And Sanitation Training

CHAST

ACF South Sudan
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Leaning activity 1: knowing me, knowing you

Session 1: The Picture & me

Purpose
- To introduce oneself to the group.
- To foster closer relationship during the training.
- To facilitate active participation from the children.
- To gradually introduce the concepts of health and hygiene.

Time
20 minutes

Materials
Set of pictures (taken from the 2 Pile Sorting)

Method:
Story Telling

What to do
- Explain to the children the mechanics of the activity such as:
  - There are set of pictures at the front.
  - Each picture represents a particular behaviour about health or hygiene practices.
  - Get one picture which best describes your practice.
  - Introduce first your name, grade level, your village, and explain why you chose the picture. What is the connection of the picture with your practice?
- Tell the participants to listen while one is doing the introduction.
- After the introduction/presentation, synthesise the session by asking the children what they learn from the activity. What do they like about it?
- Thank the children for their active participation.

Important Notes
- Be sensitive to the children when working with them.
- If one child chooses a bad habit picture, be careful with your synthesis not to insult the child or others insulting that child. Thank that child for his/her honesty and emphasize to the group that honesty is one of the most important values we have.
Learning Activity 2: Good and Bad Hygiene Behaviours

Session 1: Sorting Pictures

Purpose
- To exchange information and discuss common hygiene practices according to their good and bad impacts to health.
- To motivate children in adopting good hygiene practices.

Time
- 30 minutes to 1 hour (depending on the pace of the participants)

Materials
- Tool: 2-Pile Sorting
- Drawings of hygiene practices
- Heading cards (Good and Bad)

What to do
- Ask the participants to group themselves into two.
- Give the materials to the groups and the task by sorting out the pictures into 2 piles such as:
  - Good – which the groups think that are good for health.
  - Bad – which the groups think that are bad to health.
- Give enough time for the groups to sort out the pictures.
- Let each group to present and explain its output. Let the group to answer any questions that other participants raise.
- Ask the groups to consider and discuss the common behaviours in its own community.
- Facilitate a discussion with the group on what it has learned during the activity, what it liked and what it did not like about this activity.

Important Notes
- It is best to include pictures which can be interpreted in a number of ways.
- Do not prompt or direct the choices. Redirect the question back to the group whenever possible.
- Be keen to guide the children to the right ideas when you feel that they misinterpret. good behaviours as bad behaviours. Young and inexperienced children may present wrong ideas.
- Be familiar with the Key Messages and use them to guide hygiene behaviours.

Hygiene

Key Messages
- All faeces, including those of babies and young children, should be disposed of safely. Making sure that all family members use a toilet, latrine or potty (for young children) is the best way to dispose of faeces. Where there is no toilet, faeces should be buried.
✓ All family members, including children, need to wash their hands thoroughly with soap and water after any contact with faeces, before touching or preparing food, and before feeding children. Where soap is not available, a substitute, such as ash and water, can be used.
✓ Washing the face and hands with soap and water every day helps to prevent eye infections. In some parts of the world, eye infections can lead to trachoma, which can cause blindness.
✓ All water that people drink and use should come from a safe source or be purified. Containers for carrying and storing water need to be kept clean inside and outside and covered to keep the water clean. Where necessary, home-based water treatment, such as boiling, filtering, adding chlorine or disinfecting with sunlight, should be used to purify the water.
✓ Raw or leftover cooked food can be dangerous. Raw food should be washed or cooked. Cooked food should be eaten without delay or thoroughly reheated before eating.
✓ Food, utensils and preparation surfaces should be kept clean and away from animals. Food should be stored in covered containers.
✓ Safe disposal of all household refuse helps to keep the living environment clean and healthy. This helps prevent illness.
✓ Hygiene is very important during menstruation. Clean and dry feminine hygiene products should be available to girls and women. Disposable sanitary napkins need to be disposed of carefully with other refuse or burned.

Session 2: True or False Game

**Purpose**

✓ To familiarize with bad and good hygiene practices.
✓ To determine the consequences of good and bad hygiene practices.

**Time**

20 minutes

**Materials**

Red and Green Cards.

**Methods**

Game

**What to do**

✓ Inform the children that they will have a mind game about hygiene practices.
✓ Give the children with 2 cards preferably 2 colors for instance GREEN and RED.
✓ Green represents TRUE while Red represents FALSE.
✓ The facilitator will read or present a situation. If the contestants feel that it is True then raise the GREEN card. If it is False, raise the RED card.
✓ The raising of the cards must be simultaneous when the facilitator says “Raise your cards please”.
✓ Let the cards raised until the correct answers are recognized.
The facilitator can ask one pupil who got a correct answer to explain briefly the reason.
The facilitator must emphasize why the statement is True or False to prevent confusion among the children.
Every pupil caught with wrong answer will be eliminated. The last three remaining children will win the game as First, Second and Third based on the chronology of who will be eliminated last.
They can be awarded with tokens like candies (they can also share the candies to their co-participants).
Congratulations everyone and highlight the three who were last eliminated.

Important Notes

This game can be exciting and can further be developed to have Quiz Bee competition among children in different schools.
In case that nobody or only few is/are eliminated, congratulate them and give also the token candies.

### Suggested Questions & Answers

<table>
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<tr>
<th>No</th>
<th>Questions</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Washing of hands is done only every morning.</td>
<td>False</td>
</tr>
<tr>
<td>2.</td>
<td>Open defecation is good as long as nobody can see you doing it.</td>
<td>False</td>
</tr>
<tr>
<td>3.</td>
<td>Hand washing can prevent diarrhea.</td>
<td>True</td>
</tr>
<tr>
<td>4.</td>
<td>Water is safe for drinking as long as it is clear.</td>
<td>False</td>
</tr>
<tr>
<td>5.</td>
<td>Small children can be permitted to defecate everywhere because they are still small.</td>
<td>False</td>
</tr>
<tr>
<td>6.</td>
<td>The flies can spread diseases only among children.</td>
<td>False</td>
</tr>
<tr>
<td>7.</td>
<td>Covering of food can prevent diseases.</td>
<td>True</td>
</tr>
<tr>
<td>8.</td>
<td>Only adults can get diseases because of not washing hands before eating.</td>
<td>False</td>
</tr>
<tr>
<td>9.</td>
<td>Water containers must be kept open always to see if the water is clean.</td>
<td>False</td>
</tr>
<tr>
<td>10.</td>
<td>Only girls must clean the house and its surrounding.</td>
<td>False</td>
</tr>
</tbody>
</table>

### Learning Activity 3: The Disease Transmission Routes

**Session 1: How Diseases Spread**

**Purpose**

To help participants discover and analyse how diarrheal disease can be spread through the environment.

**Time**

30 minutes to 1 hour (depending on the pace of the participants)
Materials
✓ Tool: Transmission Routes (pictures from the F-Diagram/2-Pile Sorting)
✓ Flip chart paper
✓ Sticky tape & marker pens

What to Do
✓ Give group the set of material and the task using these statements:
“One drawing shows a person defecating openly (use local term). Another shows a
person/person’s mouth. Please use the rest of the drawings to try and create a diagram
showing the different ways in which faecal matter (used an appropriate local description)
might come in contact with the person. You can draw arrows between the different
drawings to show the ways that this might happen.”

✓ When the groups have made their diagrams, ask each group to show and explain
its diagram. Let each group respond to the questions raised by the other
participants.
✓ Discuss the similarities and differences between the various diagrams.
✓ Now facilitate a discussion to help the group use this new knowledge to examine
its own situation.
Discuss and identity:
  o The transmission routes in the community.
  o The problem areas and hygiene behaviours that are putting people at risk
of infection. If possible, ask a participant to record the problem areas in
the group’s community as they are discussed.
✓ Facilitate a discussion with the group on what it has learned during the activity,
what it liked and what it did not like about this activity.

Important Notes
✓ Some participants may at first be shocked at the content of this activity. There
may be some disbelief that faeces can be transmitted to the mouth. Participants
who are more receptive than others will help the disbelievers to become more
involved.

✓ Do not be concerned if the groups do not identify all the faecal-oral routes of if
diagram do not look like the F-Diagram. It is enough that it has identified some of
the routes. The routes must nevertheless be clearly clarified in order to be useful
in the future activities.

✓ Do not prompt or direct the groups when they are trying to create diagrams.

✓ Be keen to guide the children to the right ideas when you feel that they
misinterpret good behaviours as bad behaviours. Young and inexperienced
children may present wrong ideas.
Learning Activity 4: Barriers of the Transmission Routes

Session 1: Blocking the Spread of Disease

Purpose
✓ To identify the actions that can be taken to block the disease transmission routes.

Time
30 minutes to 1 hour

Materials
✓ Tool: Blocking the Routes (pictures can be taken from the 2-Pile Sorting & F-Diagram excess photos)
✓ Transmission Diagram made during the previous activity in Step 2.
✓ Paper, Sticky tape, Marker pens

What to do
✓ Ask the participants to continue the groupings they made during the previous activity (transmission route), and give the task by using the following statements: “Now that we know the ways in which faeces (use appropriate local word) can spread, we need to think about what can be done to stop this from happening. Each group should take a set of drawings and agree as a group where to put them on its transmission routes.”
✓ After finishing their work, ask each group to present its diagrams which now includes the blocks or barriers. Let each group to respond to questions raised by other participants.
✓ Facilitate a discussion with the group on what it has learned during the activity, what it liked and what it did not like about this activity.

Important Notes
✓ The group may want to change or modify their diagrams they made before (transmission route) as a result of the new discussions. These changes are productive.
✓ Again, there is no one right answer as to which barrier should be put on the transmission route. The minimum requirement is that the group has tried to block all the routes it has identified.
✓ It is useful to have blank papers and pens/markers so that the group can create its own block if the existing drawings do not cover all situations.
Session 2: Who is Who?

Objectives
✓ To realize the importance of using latrines when defecation.

Time
30 minutes

Methods
Game

Materials
Chairs or any marker

What to do
✓ Inform the children that they will do a fun game.
✓ Provide chairs and form into a large circle. All children when seated are facing each others. If chair are not available, the ground can be marked and each child will stand on the mark. One child, who will act as Interrogator owns no chair or marked place.
✓ Explain to them the mechanics such as:
  o Position yourself (either standing or sitting, depending on the availability of the chair).
  o All chairs/marked places must be occupied.
  o One volunteer, who acts as Interrogator owns no chair/place.
  o The question to be asked is “Who does not use latrine?”
  o The interrogator will ask the question to anybody within the group. Any answer is valid so long that it pertains to many participants in the group like:
    ▪ those who wear slippers
    ▪ all the boys/all the girls
    ▪ all those who are wearing school uniform
  o Participants being described in the answers must stand and find another chair/place. The Interrogator must find also a place/chair.
  o If the answer for the question is “Me”, all the participants will stand and change his/her chair/place.
  o Once caught 3 times, such participants will render a song or dance.
✓ Synthesize the game by explaining the importance of latrine use and the dangers of open defecation.

Important Notes:
✓ Observe safety and precautions when doing any game. Tell the children to avoid pushing or pulling other children.
✓ This game is noisy, be sure not to disturb other classes by doing it under the trees not too close to any classroom.
Inform the children to be creative in making answers, the more persons being described the better.

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**Learning Activity 5: Diarrhea & Dehydration Versus ORS & SSS**

### Session 1: Preventing Dehydration

**Objectives**
- The participants will be able to:
  - Describe the definition and causes of diarrhea.
  - Describe the danger signs of dehydration in children.
  - Correctly demonstrate how to prepare and administer ORS and SSS.
  - Describe ways of preventing diarrhea.

**Time**
- 1 hour (be flexible to consider the pace of the participants)

**Methods**
- Q & A, Brainstorming & Demonstration

**Materials**
- Picture of dehydrated baby or Wilted and not wilted plants
- F-Diagram
- Items for making up ORS (ORS sachets, clean water, measuring utensils, bowls)
- Items for making up SSS (Sugar, salt, clean water, teaspoon/teaspoon, utensils)

**What to Do**
- Introduce the session with the objectives.
- Ask participants to provide definition of diarrhea and to list its causes.
- Discuss with them their experience on diarrhea and how they have dealt with it. (10 minutes)
- Ask participants to define dehydration (DHN) and to list the signs of DHN in babies/children and why this is dangerous. Ask one question at a time.
- Use the picture of a dehydrated child to explain DHN. It is also useful to use a wilted plant to demonstrate that water is necessary for life and how fluid is lost through episodes of diarrhea. If there is a risk of cholera, explain that this type of diarrhea can cause very rapid DHN even in adults. (10 minutes for 4 & 5).
- Explain why ORS is so useful in the management of diarrhea but ensure that participants know that it does not provide a “sudden cure”.
- Demonstrate how to prepare ORS and how to make SSS when ORS is not available.
- Let the participants demonstrate the preparation of ORS and SSS.
- Discuss how to administer ORS/SSS and how diarrhea should be managed.
Important Notes

Diarrhoea is defined as the passage of three or more watery stools in 24 hours. Dysentery is indicated by the passage of blood or mucus in the stools.

Diarrhoea and dysentery are spread through the faecal oral route as shown in the ‘F’ diagram.

Diarrhoea can cause dehydration, which can be especially serious in children, the elderly and those who are malnourished and it is useful to know the symptoms of dehydration.

It is important to understand that Oral Rehydration Therapy (ORS & SSS) will not necessarily stop the diarrhoea straight away but will replace the lost fluid and prevent serious complications of dehydration.

The signs of dehydration are thirst, little or no urine, which may be dark yellow, sudden weight loss, dry mouth, sunken tearless eyes, sagging of the fontanels (soft spot on the child’s head, loss of elasticity/stretchiness of the skin (poor skin turgor).

For a child, administer the solution in small amounts (a teaspoon at a time) if a baby or small child is vomiting. They will still keep down some of the fluid. An adult needs to drink 3 or more litres of water per day and a child needs at least 1 litre per day (this can be vary according to climate, exercise, sickness, etc.)

Demonstrate how to correctly make up ORS sachets (1 ORS sachet is mixed with 1 litre clean/boiled water) and a home made oral rehydration solution using clean boiled water, salt and sugar (ensure that you promote the locally accepted quantities and measuring materials for home made solution e.g. the use of a clean soda bottle). The actual amount of salt and sugar may vary according to country, and it is important to refer to the national country guidelines. Some countries do not recommend promoting home made rehydration solution.

It is also important to give other fluids and to continue feeding – including breast milk for babies.

Hygiene Promoters/community workers should encourage attendance at a health clinic if there are any signs of dehydration, if there is blood or mucus in the diarrhoea, or if diarrhoea continues for longer than 7 days.

Diarrhoea can be prevented by the safe disposal of excreta, hand washing with soap after defecation & before eating, by reducing flies, by drinking safe water, keeping the compound clean from animals and faeces, eating well cooked and clean food and breastfeeding babies and small children.
✓ Songs about making oral rehydration fluid using oral rehydration salts from packets and salt & sugar can help people to remember how to make it and administer it.

✓ Use the boxes below as your guides.

How to Prepare Salt Sugar Solution (SSS)

1. Wash your hands with soap and water before preparing solution.
2. In a clean container mix:
   ✓ Half a level teaspoon of salt
   ✓ 8 level teaspoons brown sugar
   ✓ 1 litre of clean water/boiled(or 5 cupfuls – each cup should be 200mls)
   ✓ Stir the salt and the sugar until they are dissolved in the water
   ✓ Give the sick child as much of the solution as it needs, in small amounts frequently either using a cup or a spoon.
   ✓ Give child alternately other fluids - such as breast milk and juices.
   ✓ Continue to give solids if child is four months or older
   ✓ If the child still needs ORS after 24 hours, make a fresh solution.
   ✓ If child vomits, wait ten minutes and give it ORS again. Usually vomiting will stop.
   ✓ Banana or other non-sweetened mashed fruit can help provide potassium.
   ✓ If diarrhoea increases and /or vomiting persist, take child over to a health clinic.

Notes:
✓ SSS is only given to cases of diarrhea where ORS sachets are unavailable and while they have not reached the hospital.
✓ Home-made solution and ORS do not stop the diarrhoea. They prevent the body from drying up. The diarrhoea will stop by itself.
**Diarrhea**

**Key Messages**

- Diarrhea kills children by draining liquid from the body, which dehydrates the child. As soon as diarrhea starts, it is essential to give the child extra fluids along with regular foods and fluids.
- A child’s life is in danger if she or he has several watery stools within an hour or if there is blood in the stool. Immediate help from a trained health worker is needed.
- Exclusive breastfeeding for the first six months of life and continued breastfeeding after six months can reduce the risks associated with diarrhoea. Immunization against rotavirus (where recommended and available) reduces deaths from diarrhoea caused by this virus. Vitamin A and zinc supplementation can reduce the risk of diarrhoea.
- A child with diarrhoea needs to continue eating regularly. While recovering, she or he needs to be offered more food than usual to replenish the energy and nourishment lost due to the illness.
- A child with diarrhoea should receive oral rehydration salts (ORS) solution and a daily zinc supplement for 10–14 days. Diarrhoea medicines are generally ineffective and can be harmful. When ORS is not available, SSS (Salt Sugar Solution) is an alternative. CHC and other health workers can demonstrate how to make SSS.
- To prevent diarrhoea, all faeces, including those of infants and young children, should be disposed of in a latrine or toilet or buried.
- Good hygiene practices and use of safe drinking water protect against diarrhoea. Hands should be thoroughly washed with soap and water or a substitute, such as ash and water, after defecating and after contact with faeces, and before touching or preparing food or feeding children.

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**Session 2: Diarrhea and ORT game**

**Objective:**

- Familiarise on diarrhea and dehydration.
- Develop mastery on the preparation of ORS & SSS.

**Time**

30 minutes

**Methods**

Q & A Game

**Materials**

Cards with numbers

**What to do**

- Group the children into 4.
- Handover the materials to the groups. There must be 4 sets of cards marked with $\frac{1}{2}$, 1, 3, 4, 5, 8, 10, 12, 24. The numbers must be big enough to be seen at 10 meters distance.
It is preferable that each group must face the facilitator.
Instruct the children to raise the correct card based on the question and when they hear the facilitator says Cards Up!
The cards must not be put down until the facilitator checked already each group’s answer.
Each correct entitles for 2 points. The highest points at the end of the game will win.
Synthesize the game by correcting the confusions. Congratulate the groups for their efforts.

Important Notes
- The winning group can be awarded with tokens such as candies.
- Be sure that before starting the game, the groups understood well the mechanics.
- Questions can be repeated especially the ones with confusion until the children can memorise the measurements or numbers.

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<tr>
<th>No.</th>
<th>Questions</th>
<th>Answer</th>
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<tbody>
<tr>
<td>1.</td>
<td>How many times must a diarrhea patient pass abnormally watery stools in a day?</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>How many liter of water is used per single sachet of ORS?</td>
<td>1</td>
</tr>
<tr>
<td>3.</td>
<td>How many spoonfuls using teaspoon of brown sugar to be used in making SSS?</td>
<td>8</td>
</tr>
<tr>
<td>4.</td>
<td>How many teaspoon of iodized salt to be used in making SSS?</td>
<td>½</td>
</tr>
<tr>
<td>5.</td>
<td>How many liter of water to be used in making SSS?</td>
<td>1</td>
</tr>
<tr>
<td>6.</td>
<td>If no other measuring container is available, how many cups of water to be used in making SSS?</td>
<td>5</td>
</tr>
<tr>
<td>7.</td>
<td>When a person with diarrhea vomits, how many minutes you wait before giving ORS/SSS?</td>
<td>10</td>
</tr>
<tr>
<td>8.</td>
<td>How many hours a prepared ORS or SSS be consumed to maintain its freshness? Beyond this time, unconsumed solutions will not be used anymore.</td>
<td>24</td>
</tr>
<tr>
<td>9.</td>
<td>If teaspoon is not available, how many tablespoon of brown sugar to be used in making SSS?</td>
<td>4</td>
</tr>
<tr>
<td>10.</td>
<td>How many liter of liquid per day an adult must consume to prevent dehydration?</td>
<td>3</td>
</tr>
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Learning Activity 6: Simple & Effective Personal Protection

Session 1: Hand Washing Practices

Objectives

✓ The participants will be able to:
  o Explain the importance of hand washing.
  o Enumerate the key times for hand washing.
  o Demonstrate the proper way of hand washing using soap or alternatives.

Time

✓ 1 hour (be flexible to consider the pace of the participants)

Methods

✓ Q & A, Workshop, Group Discussion & Demonstration

Materials

✓ Items for hand washing like water, basin, water scoop, soap and ash.

What to do

✓ Group the participants into two.
✓ Group 1 will brainstorm on the importance of hand washing.
✓ Group 2 will brainstorm on the key time hand washing is required.
✓ After the groups finished in their brainstorm activities, ask them to present their outputs in plenary. Let the group answer the questions ask by other participants.
✓ Synthesize the groups’ outputs and presentation.
✓ After the synthesis, ask 2 volunteers. Instruct them to wash their hands one after the other using the hand washing items. The rest of the participants will observe.
✓ After the demonstration of the 2 volunteers, ask the participants of what they have observed.
✓ Synthesize the demonstration and observations.

Important Notes

✓ Hand washing is the single most important measure to prevent the spread of infectious diseases.
✓ All family members, including children, need to wash their hands thoroughly with soap and water after any contact with faeces, before touching or preparing food, and before feeding children. Where soap is not available, a substitute, such as ash and water, can be used.
✓ Washing the hands with soap and water removes germs. Rinsing the fingers with water is not enough – both hands need to be rubbed together with soap and water, and then rinsed with water. This helps to stop germs and dirt from getting onto food or into the mouth. Washing hands can also prevent infection with worms.
✓ Soap and water should be placed conveniently near the latrine or toilet. Where soap is not available, ash and water can be used.
✓ Hands should always be washed before preparing, serving or eating food, and before feeding children. Children should be taught to wash both hands rubbed together with soap after defecating and before eating to help protect them from illness.
Children often put their hands into their mouths, so it is important to wash their hands often, especially after they have been playing in dirt or with animals. Washing a child’s body regularly is also important to avoid skin infections. Hand washing is recommended at key times: Before eating, after latrine/toilet use, before handling and preparing food, before feeding baby, after handling baby’s diaper and wastes, after handling rubbish and animal waste.

5 Steps to Proper Hand-Washing

1. Wet your hands with clean water — warm, if available — and apply soap.
2. Lather by rubbing hands together; be sure to cover all surfaces
3. Scrub all surfaces of hands, including palms, back, between the fingers and especially under the fingernails, for at least 20 seconds;
4. Thoroughly rinse hands under running water to ensure removal of residual germs
5. Use paper towels or an air dryer to dry hands and then

Session 2: One Defeats Another (Diarrhea, Child & Handwashing Game)

Purpose
To determine the importance of handwashing in preventing diarrhea.

Time:
30 minutes

Methods
Game

Materials
None, the children will do a game

What to do
✓ Inform the children that they are going to have a happy game.
✓ Group the children into two.
✓ Explain the mechanics such as:
  o There are three characters in the game namely diarrhea, child and handwashing.
  o Each character has unique sound and action. (Be creative to make sounds and actions but be close to reality). NB: Everyone must agree with the sound and action attributed to each character.
  o The trick is this, Diarrhea defeats the Child, Child defeats Handwashing, and Handwashing defeats Diarrhea.
Each group forms a straight line (members are standing side by side). Groups face opposite direction (back against the back of other group).

- The distance must be 2-3 meters between 2 groups.
- Let the children practice first the actions and sounds correctly and simultaneously.
- Do the game in trial first for them to familiarize.
- The team who reaches 5 points will be declared winner.
- Synthesize the game by explaining how diarrhea spreads and the importance of hand washing in preventing diarrhea.

Important Notes
- If the defeated team wants another round, do it if time permits. If there is time constraint, inform them that they can do another game later or during break time.

Learning Activity 7: The Pandemic Malaria

Session 1: Exposing Malaria

Objectives
- The participants will be able to:
  - Explain how malaria is transmitted.
  - Explain how malaria can be prevented.

Time
1 hour (be flexible to consider the pace of the participants)

Methods
Q & A, Group Discussion, Story Telling & Workshop

Materials
Flip chart, pens & papers, sticky tape

What to Do
- Ask participants if they have experience having malaria in the past. What were the symptoms they had? What did they do?
- Ask the participants to group themselves into two.
- Group 1 will brainstorm on how malaria is acquired.
- Group 2 will brainstorm on how to prevent malaria.
- After they brainstorm, each group will share in a plenary their outputs. Let each group respond to the questions raise by other participants.
- Synthesize the group outputs and discussions. Use the Key Messages on Malaria to wrap up the discussion.

Important Notes
- Hygiene promoters must co-ordinate with the MoH and health sector to ensure an effective malaria control intervention
- Early diagnosis and treatment is vital especially in children under five years and those with cerebral malaria
If children aged between 0-59 months get malaria, they must be treated the same day that they begin feeling ill. Patients are advised to seek medical attention from the nearest health facility.

Once the child no longer has malaria the mother must give the child good wholesome food for the next two weeks.

Take all the treatment prescribed and do not stop mid course if symptoms improve.

If bed nets (Insecticide treated nets - ITNs or preferably long lasting insecticide treated nets – LLINs) are to be used then families must be mobilised to use them correctly.

Where priorities need to be defined, those usually most at risk are pregnant women and children under five years.

For the prevention, highlight the use of mosquito nets especially the ITN/LLINs.

Discuss only the most important points. The table below is just a guide and reference.

<table>
<thead>
<tr>
<th>Malaria Key Messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Malaria is transmitted through the bites of some mosquitoes. Sleeping under an insecticide-treated mosquito net is the best way to prevent mosquito bites.</td>
</tr>
<tr>
<td>2. Wherever malaria is present, children are in danger. A child with a fever should be examined immediately by a trained health worker and receive an appropriate antimalarial treatment as soon as possible if diagnosed with malaria. Plasmodium falciparum malaria is the most serious type of malaria and causes nearly all malaria deaths.</td>
</tr>
<tr>
<td>3. Malaria is very dangerous for pregnant women. Wherever malaria is common, they should prevent malaria by taking antimalarial tablets recommended by a trained health worker and by sleeping under an insecticide-treated mosquito net.</td>
</tr>
<tr>
<td>4. A child suffering or recovering from malaria needs plenty of liquids and foods.</td>
</tr>
</tbody>
</table>

Source: Facts for Life, Unicef

Acknowledgment:

1. Somalia Caritas PHAST and CHAST guideline
2. Global WASH cluster Visual Aid
3. Oxfam Intermon CHAST guideline
4. ACF south sudan PHAST guideline