



Nutrition and Hygiene for Orphans and Vulnerable Children in Nigeria A Training Guide for Community-Based Organisations Handouts and Job Aids



About SPRING

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a six-year USAID-funded cooperative agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

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Disclaimer

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SPRING

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To learn from other projects and contexts, the training package has drawn upon a number of existing training materials and communication tools. SPRING acknowledges the adaptation of content from the *Community Infant and Young Child Feeding (C-IYCF) Counselling Package*, Government of Nigeria; *Community Workers' Training Guide and Handbook*, SPRING; *Designing for Behavior Change Curriculum*, CORE Group and USAID; *Nutrition Education Curriculum for the Adolescent Girls Empowerment*, Population Council; *Go Grow Glow Nutrition Curriculum*, University of California Cooperative Extension; and *Grow.Glow.Go: Healthy Child Feeding for GoodLife Flip Chart*, Johns Hopkins University Center for Communication Programs (see References List for full citations).

SPRING recognizes the following individuals as the lead authors in the development of this training package: Anne Mburu-de wagt (consultant); Bridget Rogers, Kristina Granger, Andrew Cunningham, and Peggy Koniz-Booher (SPRING).

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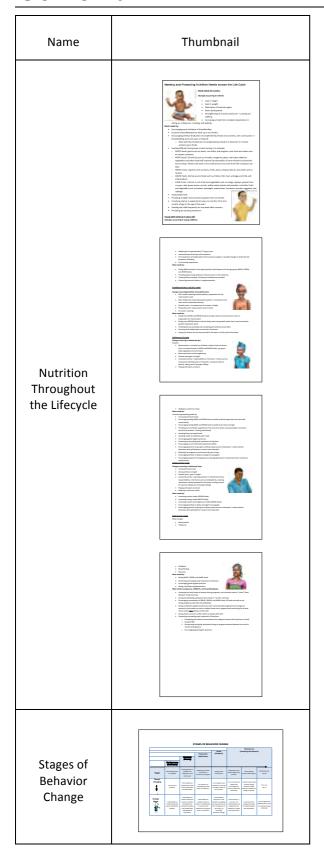
We would also like to acknowledge all the children, community volunteers, teachers, and civil society organizations (CSO) who participated in and contributed to our concept testing of the draft curriculum in the communities of Tunga Ashere, Jiwa, Gwagwa, and Bassan Jiwa in Federal Capital Territory, including our partners SMILE, Federal Ministry of Health, and the Universal Basic Education Board, who helped make it possible.

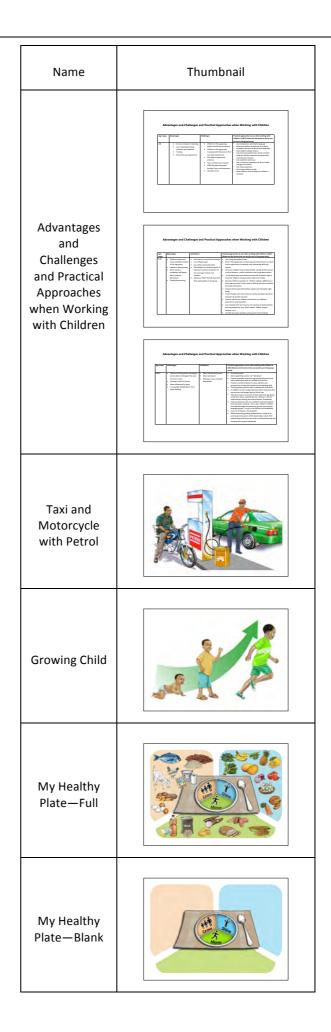
We have created what we hope is a useful curriculum for projects, CSOs, and community volunteers working with orphans and vulnerable children in Nigeria. We hope this will serve as a guide for further adaptations to different national, state, and community contexts in the future.

Although these materials have been created for the context of Nigeria, any part of this package may be printed, copied, or adapted for related projects to meet local needs with the express written permission of SPRING. Please direct any requests to reproduce or adapt these materials to info@spring-nutrition.org, with the understanding that the source of the materials will be fully acknowledged and the materials will be distributed at no cost.

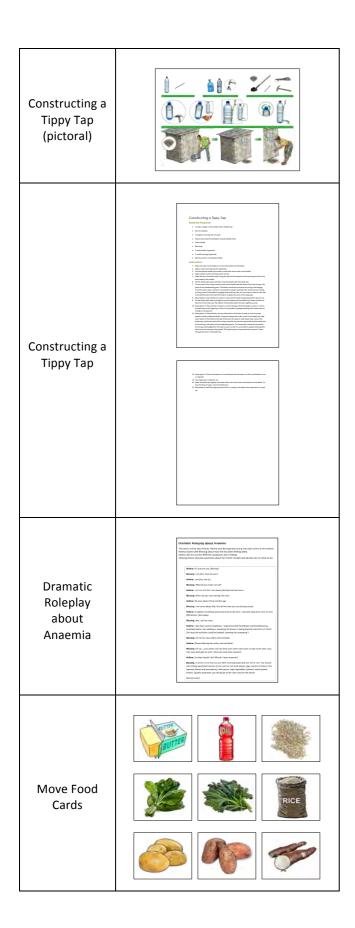
All components of the Nutrition and Hygiene for Orphans and Vulnerable Children Training Package can be found on the Nigeria page of the SPRING website: https://www.spring-nutrition.org/countries/nigeria.

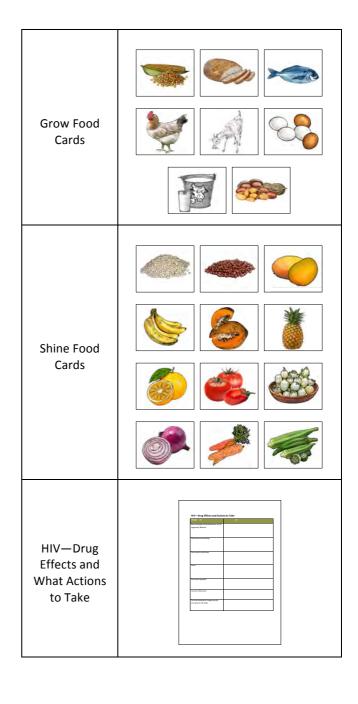
Contents





Move Foods	* Move Foods		Wetting Hands	
Grow Foods	## Grow Foods	Soa	ping Hands	
Shine Foods	Y Shine Foods		athering Hands	
Faecal Oral Route			crubbing Fingers	
Handwashing Times		So Fil	crubbing ngernails	
Handwashing Steps		Rins	sing Hands	
Latrine	TOILET			
		Во	oy Eating Food	





Meeting and Protecting Nutrition Needs across the Life Cycle



Infant needs (0-2 years)

Changes occurring in infants:

- Gain in height
- Gain in weight
- Maturation of internal organs
- Brain development
- Strengthening of muscles and bones—crawling and walking
- Increasing activity from complete dependence to

sitting up, rolling over, crawling, and walking

Meet needs by:

- Encouraging early initiation of breastfeeding
- Exclusive breastfeeding from birth up to six months
- Encouraging timely introduction of complementary foods at six months, with continuation of breastfeeding up to two years or beyond
 - Note with the introduction of complementary foods it is important to include animal-source foods
- Feeding different food groups at each serving. For example:
 - MOVE foods: grains such as maize, rice millet, and sorghum, and roots and tubers such as cassava, potatoes
 - MOVE foods: Oil and fat such as oil seeds, margarine, ghee, and butter added to vegetables and other foods will improve the absorption of some vitamins and provide extra energy. Infants only need a very small amount (no more than half a teaspoon per day).
 - GROW foods: Legumes such as beans, lentils, peas, and groundnuts, and seeds such as
 - GROW foods: Animal-source foods such as chicken, fish, liver, and eggs and milk, and milk products
 - SHINE foods: Vitamin A-rich fruits and vegetables such as mango, papaya, passion fruit, oranges, dark-green leaves, carrots, yellow sweet potato and pumpkin, and other fruits and vegetables such as banana, pineapple, watermelon, tomatoes, avocado, eggplant, and cabbage
- Using iodised salt
- Providing multiple micronutrient powders from six months
- Providing vitamin A supplements every six months, from nine months of age to the age of five years
- Feeding sick child frequently for one week after recovery
- Providing de-worming treatment

Young child needs (2–5 years old)
Changes occurring in young children:



- Weight gain of approximately 2.5 kg per year
- Increased physical activity and movement
- First experience of independence from primary caregiver—possible changes in foods fed and frequency of feeding
- First learning experiences

Meet needs by:

- Giving different foods in the right quantities and frequency for the age group (MOVE, GROW, and SHINE foods)
- Providing deworming medicine to kill any worms in the intestines
- Treating illness promptly, finishing all medication prescribed
- Continuing biannual vitamin A supplementation

Preadolescent boy's and girl's needs

Changes occurring/activities of preadolescents:

- Girls' bodies maturing toward puberty: preparation for the menstruation cycle
- Boys' bodies also maturing towards puberty—increased muscle mass and increased bone density
- Growth spurts—increased rate of increase in height
- Physically active—play at home and at school
- At school—learning

Meet needs by:

- Eating more SHINE and GROW foods to provide vitamins and minerals to store in preparation for menstruation
- Eating more GROW foods to help the body meet new growth needs; boys' muscle and bone growth and growth spurts
- Treating illnesses promptly and completing all medicines prescribed.
- Ensuring clean boiled water consumed in the home
- Using a pit latrine; do not ease yourself in the open or in the yard of the house

Adolescent girl needs

Changes occurring in adolescent girl:

Puberty:

- Menstruation—monthly loss of blood—leads to low iron stores (iron is a mineral found in SHINE and GROW foods; e.g. green leafy vegetables and red meats)
- Bone maturation and strengthening
- Growth spurt/gain in height
- Increased activity—responsibilities in the home—chores such as housework, fetching water or firewood, running errands for parents, taking care of younger siblings
- Playing with peers at school





Walking to and from school

Meet needs by:

Promote appropriate growth by:

- Increasing the food intake
- Encouraging eating SHINE and GROW foods to build up blood supply that she loses with menstruation
- Encouraging eating SHINE and GROW foods to build up her bone strength
- Providing iron and folate supplements from the clinic where necessary (if girl is tired and found to be anaemic—having weak blood)
- Avoiding fatty and sweet foods
- Avoiding intake of coffee/tea with meals
- Encouraging good hygiene practices
- Preventing and seeking early treatment of infections
- Encouraging use of Insecticide-treated nets (ITNs)
- Encouraging parents to give girls and boys equal access to education—undernutrition decreases when girls/women receive more education
- Delaying first pregnancy until at least 18 years of age
- Encouraging families to delay marriage for young girls
- Encouraging support of teenage boys to teenage girls/sisters to help meet their nutritional requirements

Adolescent boy needs

Changes occurring in adolescent boys:

- Increased muscle mass
- Increased bone strength
- Growth spurt—gain in height
- Increased activity—sporting activities in school/community, responsibilities in the home such as tending flocks, cleaning compound, cutting firewood for the home, running errands for parents, taking care of younger siblings
- Playing with peers at school
- Walking to and from school

Meet needs by:

- Increasing protein intake (GROW foods)
- Increasing energy intake (MOVE foods)
- Increasing calcium and magnesium intake (GROW foods)
- Encouraging families to delay marriage for young girls
- Encouraging parents to give girls and boys equal access to education—undernutrition decreases when girls/women receive more education

Adult woman needs

Body changes:

- Menstruation
- Pregnancy



- Childbirth
- Breastfeeding
- Bone loss

Meet needs by:

- Eating MOVE, GROW, and SHINE foods
- Preventing and seeking early treatment of infections
- Encouraging good hygiene practices
- Giving iron/folate supplementation

Meet needs in pregnancy, childbirth, and breastfeeding by:

- Increasing the food intake of women during pregnancy: eat one extra meal or "snack" (food between meals) each day
- During breastfeeding eating two extra meals or "snacks" each day
- Encouraging consumption of MOVE, GROW, and SHINE foods. All foods are safe to eat during pregnancy and while breastfeeding.
- Giving iron/folate supplementation (or other recommended supplements for pregnant women) to the mother as soon as mother knows she is pregnant and continuing for at least three months <u>after</u> delivery of the child
- Giving vitamin A to the mother within six weeks after birth
- Preventing and seeking early treatment of infections:
 - Completing anti-tetanus immunizations for pregnant women (five injections in total)
 - Using of ITNs
 - De-worming and giving antimalarial drugs to pregnant women between four and six months of pregnancy
 - o Encouraging good hygiene practices



STAGES OF BEHAVIOR CHANGE

						Maintenance	
				Action	s)	(Sustaining the behavior)	or)
			Preparation	(Adoption)			
		Awareness (Knowing)	(Motivation)				
	Pre-Aware-ness (Not knowing)						
Stages	Not knowing there is a problem	Knowing there is a problem and looking for more information	Obtaining new skills and access to resources and support	Trying out the new practice	Reflecting on and reinforcing the new practice	Continuing the practice with support	Celebrating your success
Person Changing	l do not see a problem.	There might be a problem but I need more information and alternatives.	I am ready to try something new but there are obstacles.	l am trying the new practice but I am still not 100% certain of the outcome.	I can succeed with support and encouragement from my family and community.	I need to keep trying until the change becomes a habit because I believe the change is positive.	Yes! I can do it!
Change Agent	I will facilitate an activity to help the person identify the problem.	I will facilitate an activity to help the person to identify alternatives for solving the problem and provide them with additional information.	I will facilitate an activity to help the person to identify how to overcome the obstacles and organize access to resources.	I will facilitate a discussion on the benefits of adopting the new practice and the consequences of not using it, to encourage permanent change.	I will continue to provide the reinforcement and support that are needed for change to be permanent.	I will monitor the change to provide the needed support and information.	I will recognize and celebrate the success of a positive change in behavior

Advantages and Challenges and Practical Approaches when Working with Children

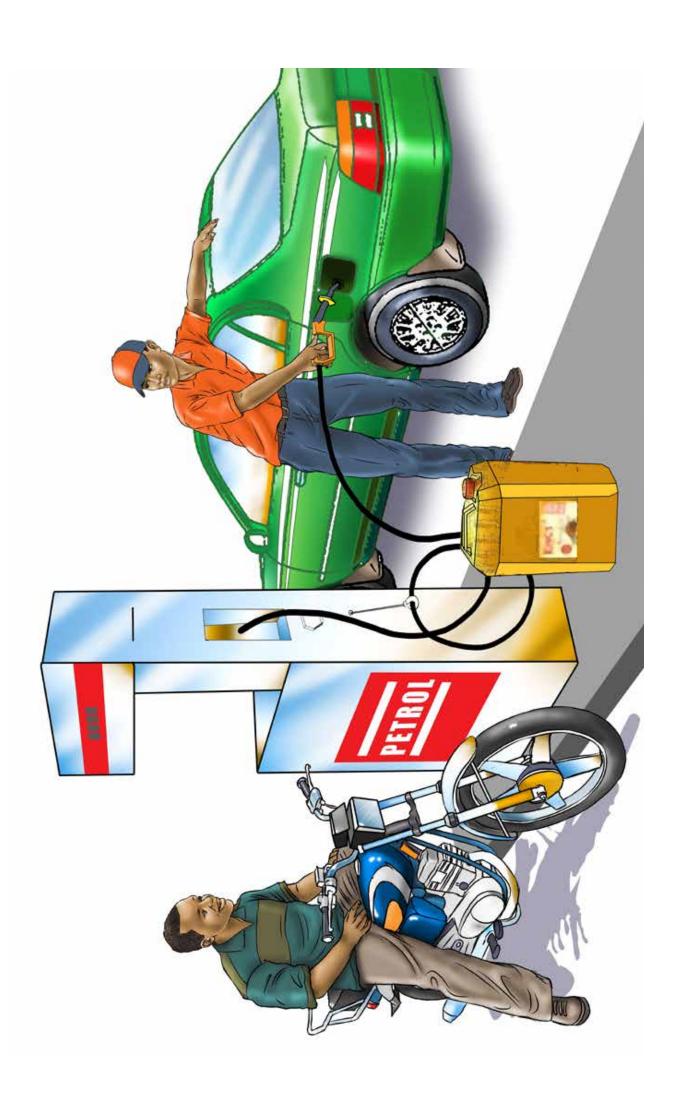
Age range	Advantages	Challenges	Practical approaches to use when working with
			children in SBCC (these are the terms to be cut out
			for use in the group work)
2-5	Curious and open to learning	 Children in this age group, 	 Use loving tones and simple language
	 Learn by playing, doing, 	believe what they see directly	 Show the children an attitude of curiosity
	imitation and repetition	 Children in this age group 	 Be playful and portray learning through play
	 Trusting 	translate what they see to their	Give children simple choices Itse every device everience: stories of other
	 Excited by new experiences 	own daily experiences	children, families animals and typical daily
		 Not able to understand 	activities and routines
		pretense.	 Use repetition and music
		 Have a limited use of words 	 Use a variety of examples but do not make
		 Difficulty expressing their 	changes too quickly
		feelings, fears and excitement	Ask simple questions
		Attention short	 Encourage children to talk Keep sessions short to keep the children's
			attention

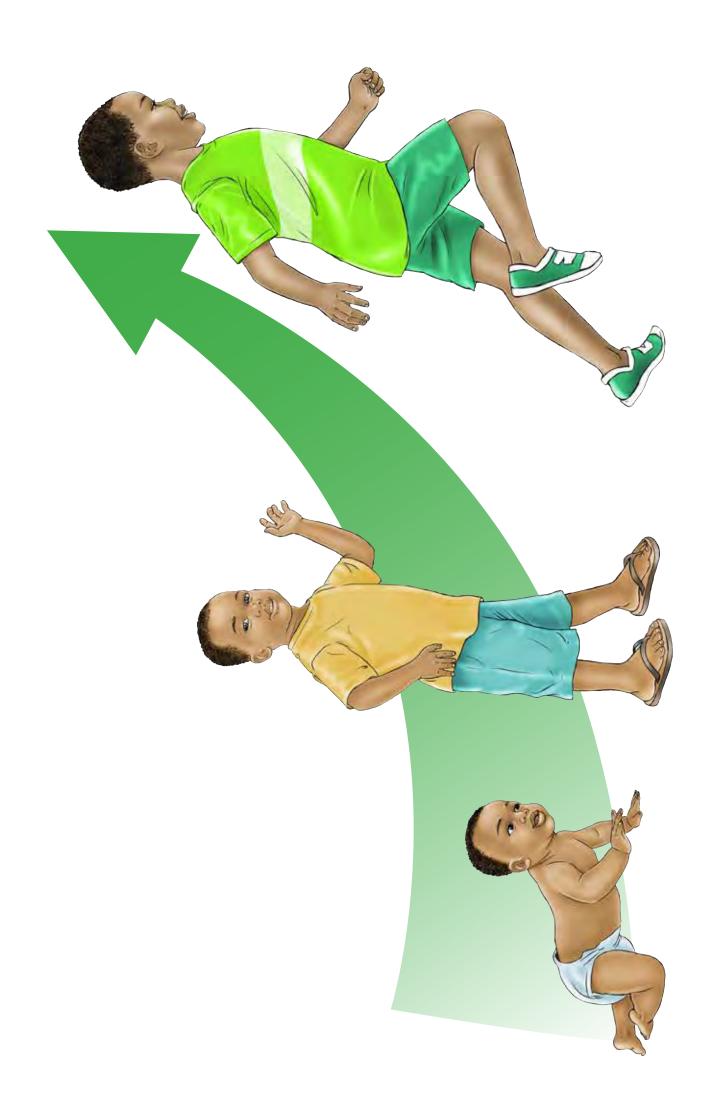
Advantages and Challenges and Practical Approaches when Working with Children

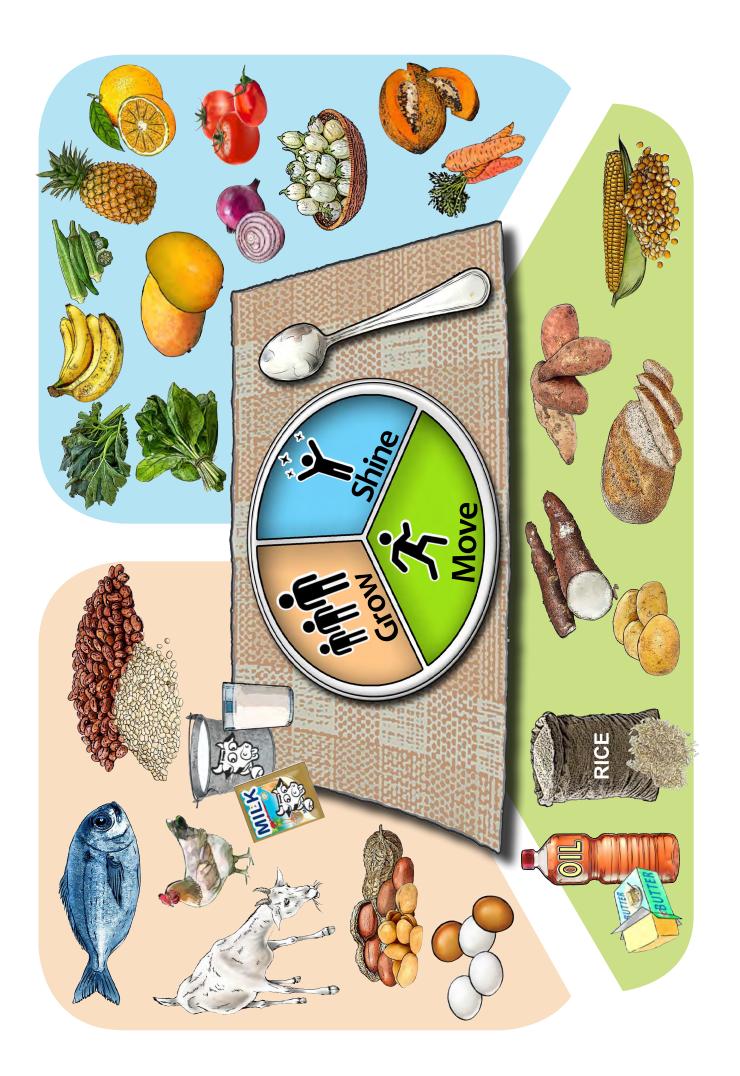
Age	Ac	Advantages	Limitations	Pra	Practical approaches to use when working with children in SBCC
range				(the	(these are the terms to be cut out for use in the group work)
6-11	•	Children understand	 More able to control their feelings 	•	Use loving and patient tones
		cause and effects better	 Can still get upset 	•	Show that experiences of learning and achievements in school
		in this age group	 Can still be easily distracted 		are an opportunity to develop new, interesting skills and
	•	Attention span growing	 The children can be bored easily if 		talents
	•	More words in	they don't see the connection of	•	Show the children how to demonstrate socially positive action
		vocabulary and better	the new topic to their own		such as kindness, conflict resolution and caring about others
		able to express	situation	•	As the adult keep your personal and moral standards high to
		themselves	 Opinions of their friends may limit 		show the children strong, positive adult role models
	•	Friendships growing	their participation in the group	•	Give the children examples of children making a difference in
					their own and other's lives, even in difficult situations (realistic
					heroines and heroes)
				•	Present stories about friendship, loyalty and "doing the right
					thing"
				•	Present longer and more dramatic stories (varying in duration
					between 30 and 45 minutes)
				•	 Stories told to the children should focus on children's
					experiences and characters
				•	Use examples that are funny to see and hear to help build the
					learning experience (e.g., brain teasers, riddles, tongue
					twisters, etc.)
				•	Include interactive problem-solving and critical thinking

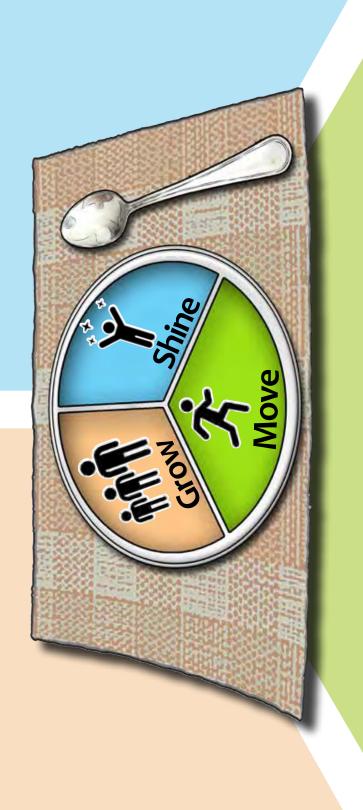
Advantages and Challenges and Practical Approaches when Working with Children

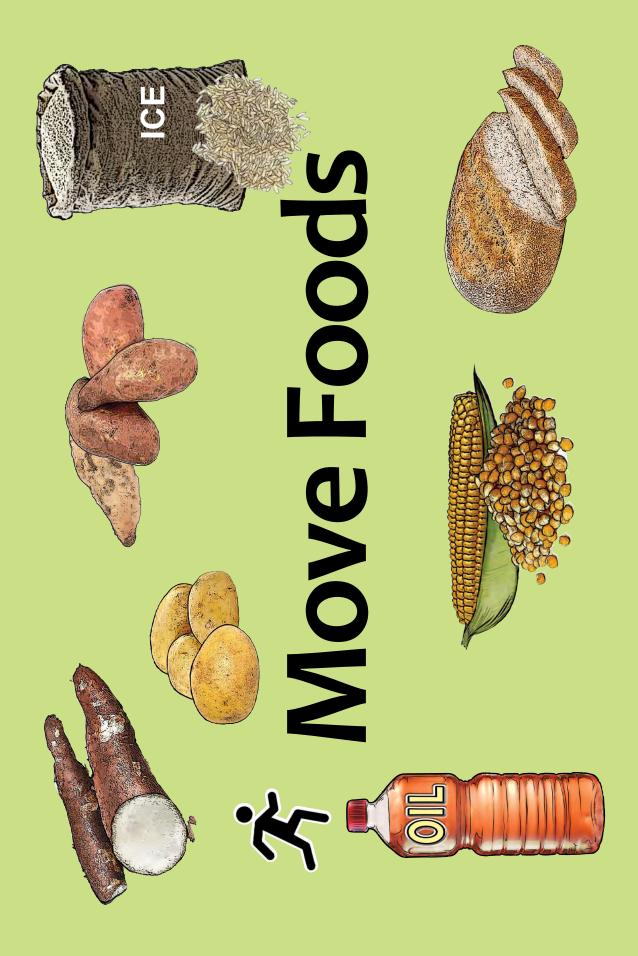
Age range	Advantages	Limitations	Practical approaches to use when working with children in
			SBCC (these are the terms to be cut out for use in the group
12-17	 Abstract thinking better developed, 	More influenced by peers	Use loving tones
	better able to distinguish the real	More self-aware	 Talk respectfully and do not "talk down"
	from the unreal.	 Behaviour may contradict 	 Present examples of positive age-group behaviours and
	• Starting to plan for future	hald haliafs	other adolescents who are resilient and positive
			 Present a variety of points of view, opinions and
	indeficed by peers		perspectives to help with analytical and debating skills
	 Increasingly independent, more 		 Portray gender-positive roles in adolescents and adults
	adult thinking		 In addition to the training materials, add in materials that
			use pictures and images and not full of text
			 Talk about issues of concern to their particular age group
			(substance abuse, unprotected sex, violence, romantic
			relationships, bullying and discrimination, friendships)
			 Portray characters who are confident and excited about
			their situations and lives, this is very useful for children
			from disadvantage circumstances, groups and minority
			language groups, for girls, and children with disabilities
			 Use a lot of humour and creativity
			 While presenting growing independence, continue to
			portray positive parent-child relationships/ adult-child
			relationships that foster the child's continued learning and
			development towards adulthood.

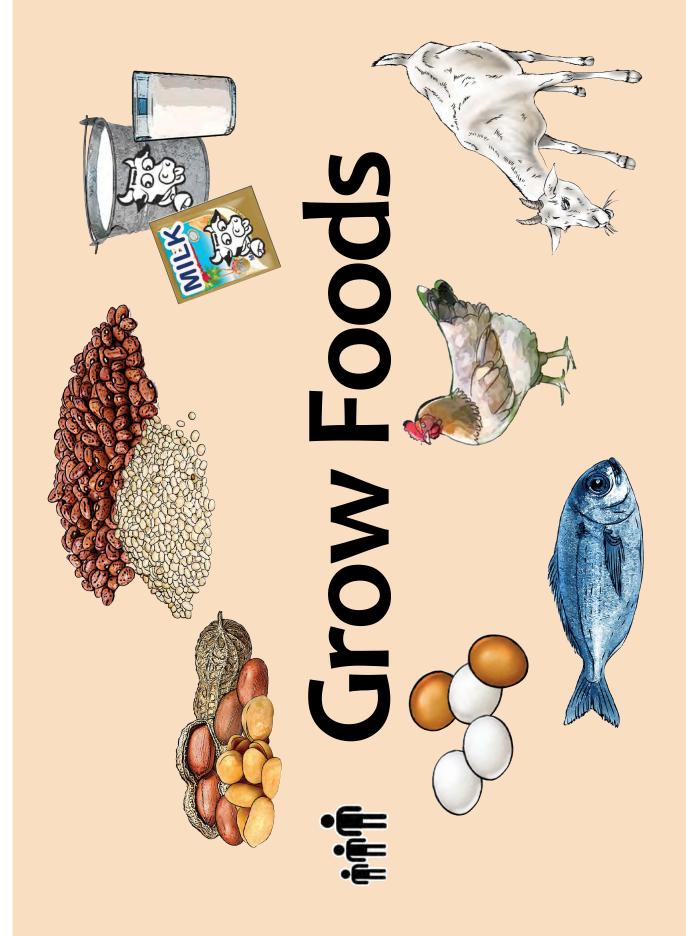


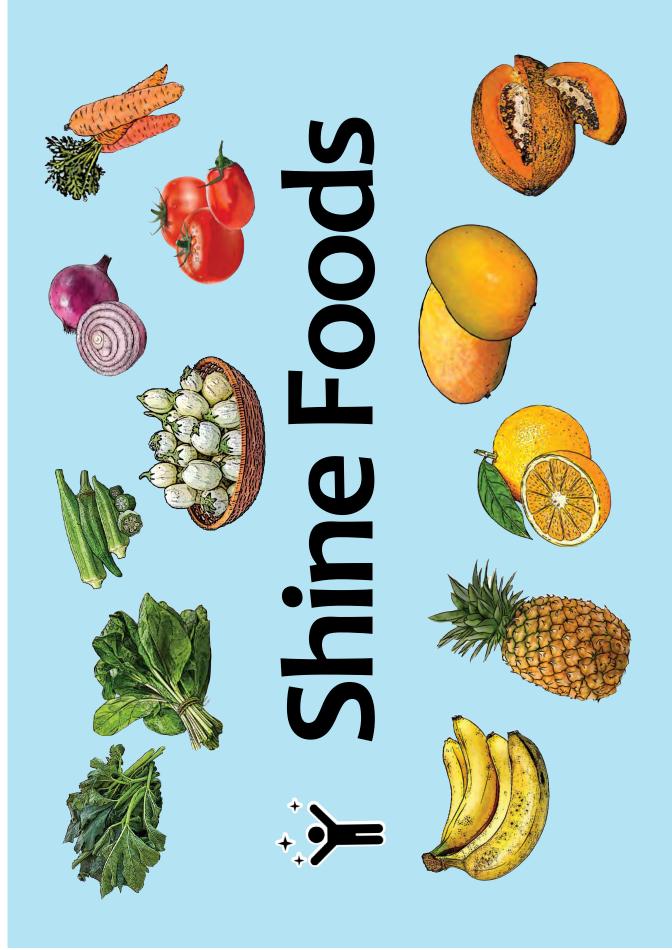


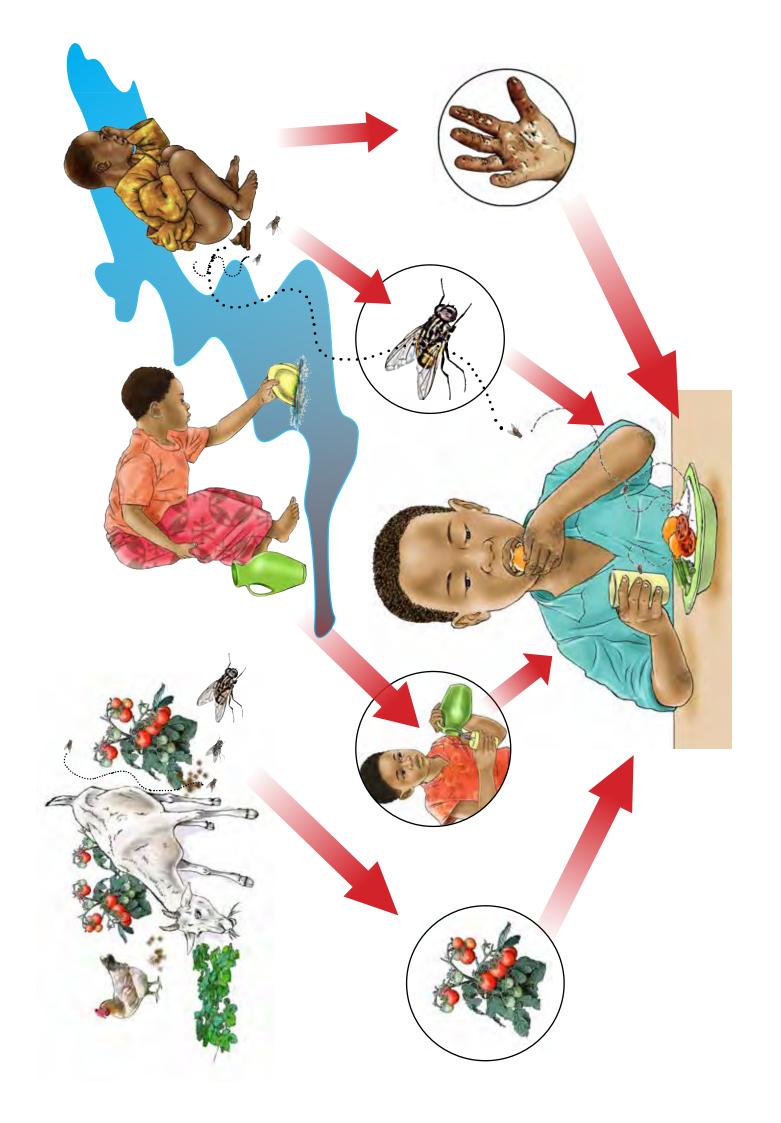


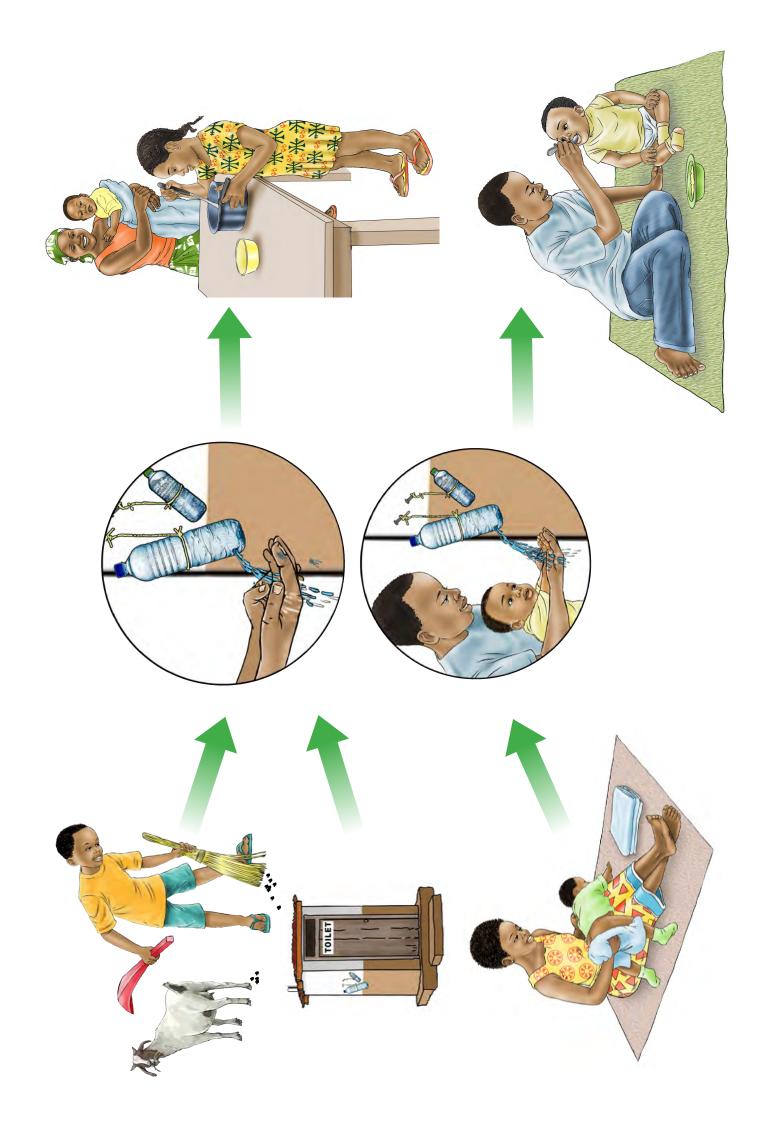










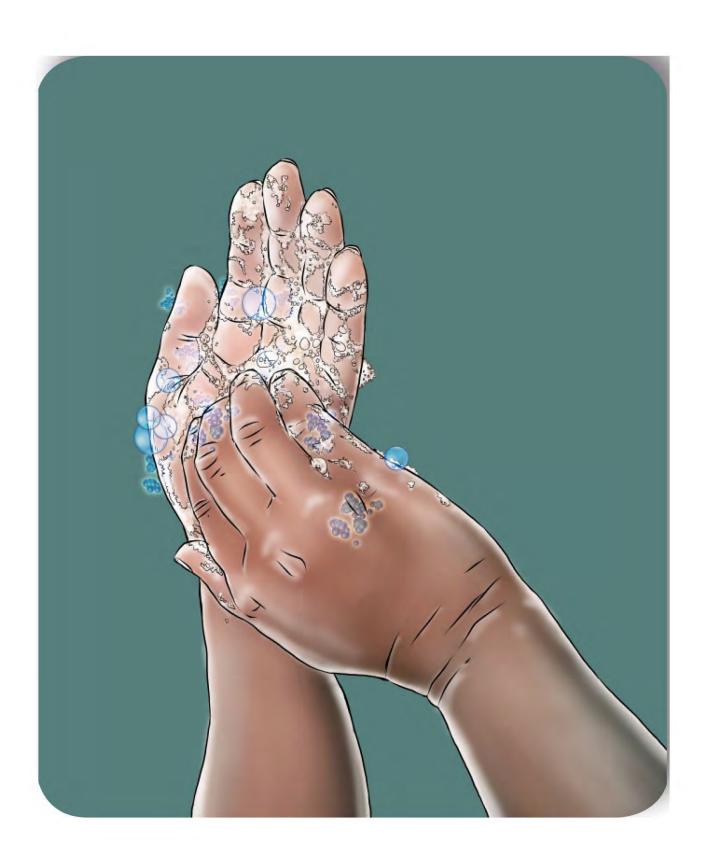


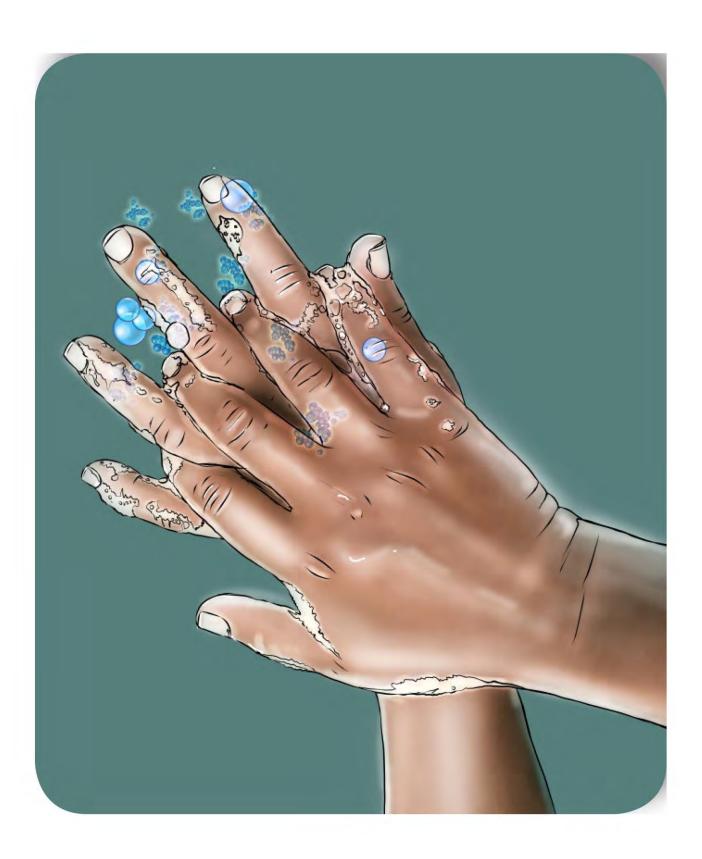


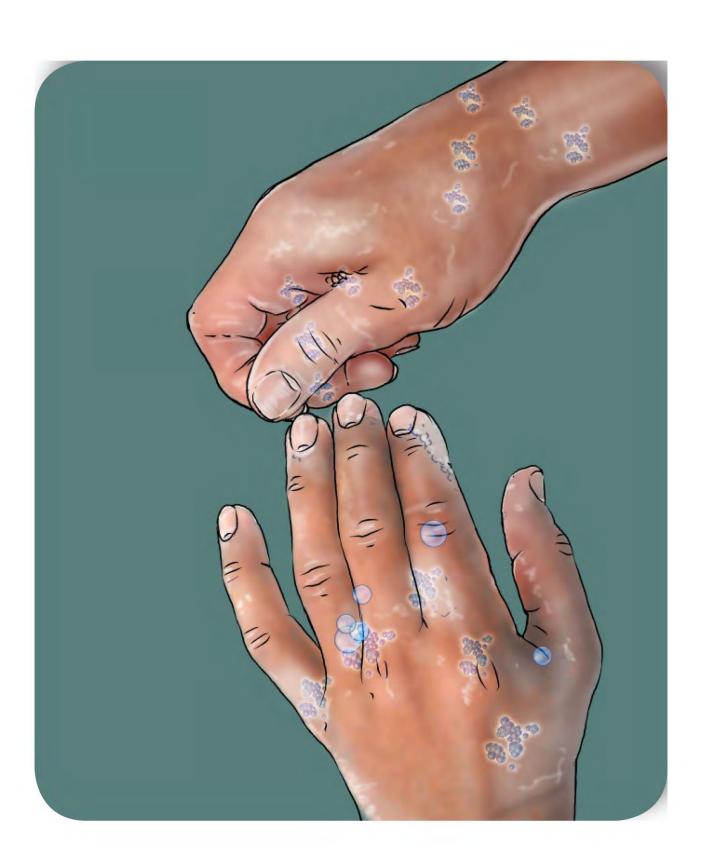


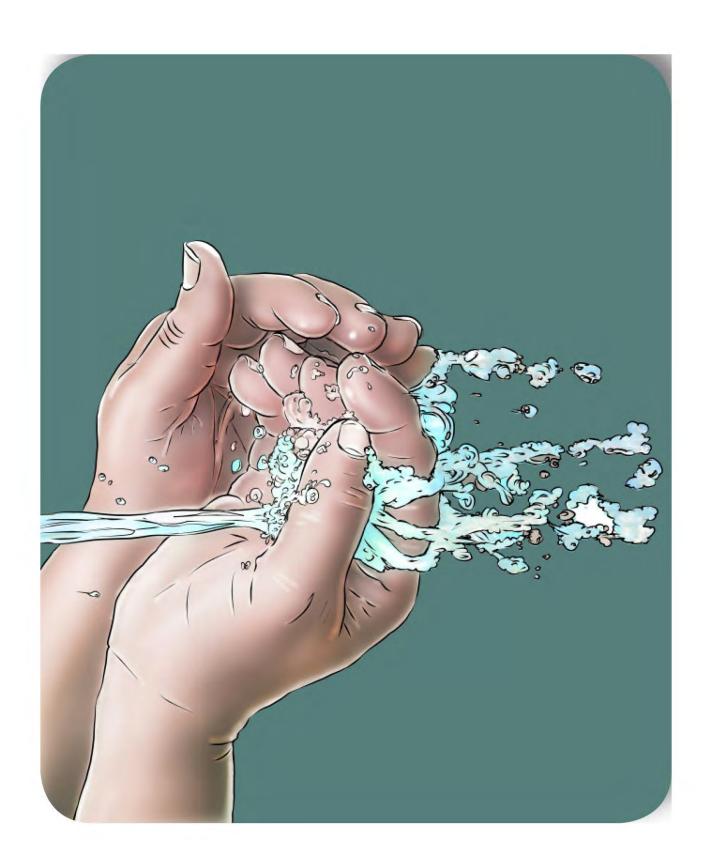




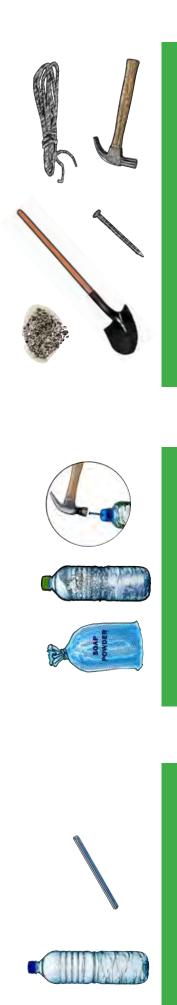


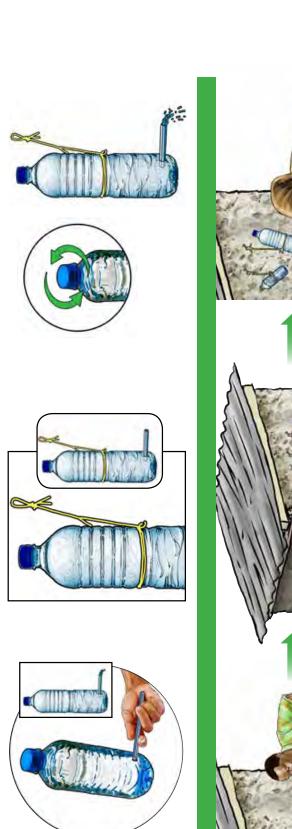
















Constructing a Tippy Tap

Materials Required

- 1 clean, empty 1-litre bottle with a bottle top
- Set of matches
- 3 lengths of string, 30 cm each
- Clean nail (only the facilitator should handle this)
- Clean needle
- Bar soap
- 1 extra bottle (optional)
- 1 small net bag (optional)
- Bottom end of a small plastic bottle.

Instructions

- 1. Mark the clean 1-litre bottle 2 cm from the bottom of the bottle.
- 2. Light a match and heat up the needle tip,
- 3. Use the heated needle tip to make a small hole at the mark on the bottle.
- 4. Light another match and heat up the nail tip.
- 5. Make the first small hole wider using the head of the heated nail by inserting the nail in the hole made by the needle.
- 6. Fill the bottle with water and then close the bottle with the bottle top.
- 7. Tie one end of the string round the neck of the bottle and the other end of the string to the place of the handwashing point. The bottle should be secured by the string, and hanging from the wall or post, so that it is accessible to people washing their hands and not resting on the ground. If the bottle is hanging loose and may spin, be sure to put a mark on the side of the bottle where the hole of the tap is to guide the users of the tippy tap.
- 8. Alternatively, tie the bottle to a wall or a post with the hole facing outward for ease of use.
- 9. Fill the bottle with water and tightly close the bottle with the bottle top. Water should not flow out of the hole near the bottom of the bottle when the top is tightly secured.
- 10. Soap option 1: Place the bar of soap in a small net bag, and tie the bag to a post or a nail in the wall next to the tippy tap, so that it is accessible to people washing their hands and not resting on the ground.
- 11. Soap option 2: Alternatively, you can place pieces of the bar of soap (or even use soap powder) inside a different bottle. Using the heated nail, make a hole in the bottle top. Add some water to the bottle and shake to dissolve the soap to make liquid soap. Secure the bottle top, and tie one end of the string round the neck of the soap bottle and the other end of the string to the place of the handwashing point. The soap bottle should be secured by the string, and hanging from the wall or post, so that it is accessible to people washing their hands and not resting on the ground. The liquid soap can be poured into a person's hand through the hole in the bottle top.

- 12. Soap option 3: Pierce the bottom of a small bottle that has been cut off a small bottle to use a soap dish.
- 13. Your tippy tap is ready for use.
- 14. Open the bottle top slightly until water flows out of the hole in the bottom of the bottle. To stop the flow of water, close the bottle top.
- 15. Remember to refill the tippy tap each time it is empty, and replace the soap when it is used up.

Dramatic Roleplay about Anaemia

The scene will be two friends; Halima and Blessing who bump into each other at the market. Halima shares with Blessing about how she has been feeling lately.

Halima will act out the different symptoms she is feeling.

Blessing listens and asks questions about her friend's health and advises her on what to do.

Halima: Hi, how are you, Blessing?

Blessing: I am fine. How are you?

Halima: I am fine, sort of...

Blessing: What do you mean sort of?

Halima: I am not sick but I am always feeling tired and weak.

Blessing: When did you start feeling like that?

Halima: Oh since about three months ago.

Blessing: I am sorry about that. But tell me how you are feeling exactly.

Halima: In addition to feeling weak and tired all the time, I also feel dizzy from time to time. Oftentimes I feel sleepy.

Blessing: Aah...tell me more.

Halima: I also have severe headaches. I experience fast heartbeats and breathlessness, especially when I am walking or sweeping the house or doing physical education at school. (For boys the activities could be football, cleaning the compound.)

Blessing: Let me see your palms and nail beds.

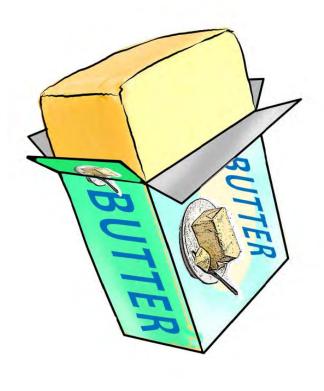
Halima: [Shows Blessing her palms and nail beds]

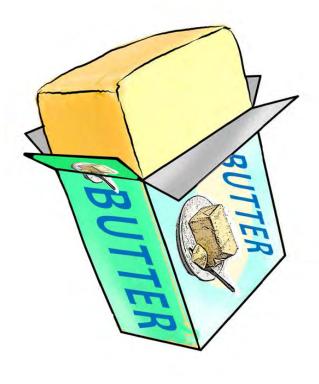
Blessing: Oh my....your palms and nail beds look rather pale [asks to look at the eyes, too]. Your eyes look pale as well. I think you may have anaemia.

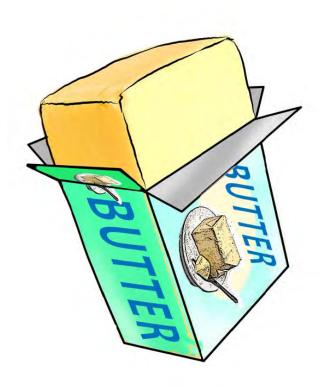
Halima: So what should I do? Why do I have anaemia?

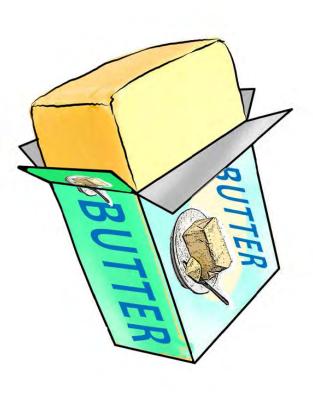
Blessing: It seems to me that you are NOT receiving foods that are rich in iron. You should start eating good food sources of iron such as red meat (beef), eggs, poultry (chicken), fish, legumes (beans and groundnuts), dark green, leafy vegetables (spinach, sweet potato leaves). Equally important, you should go to the clinic and see the doctor.

[End of scene]







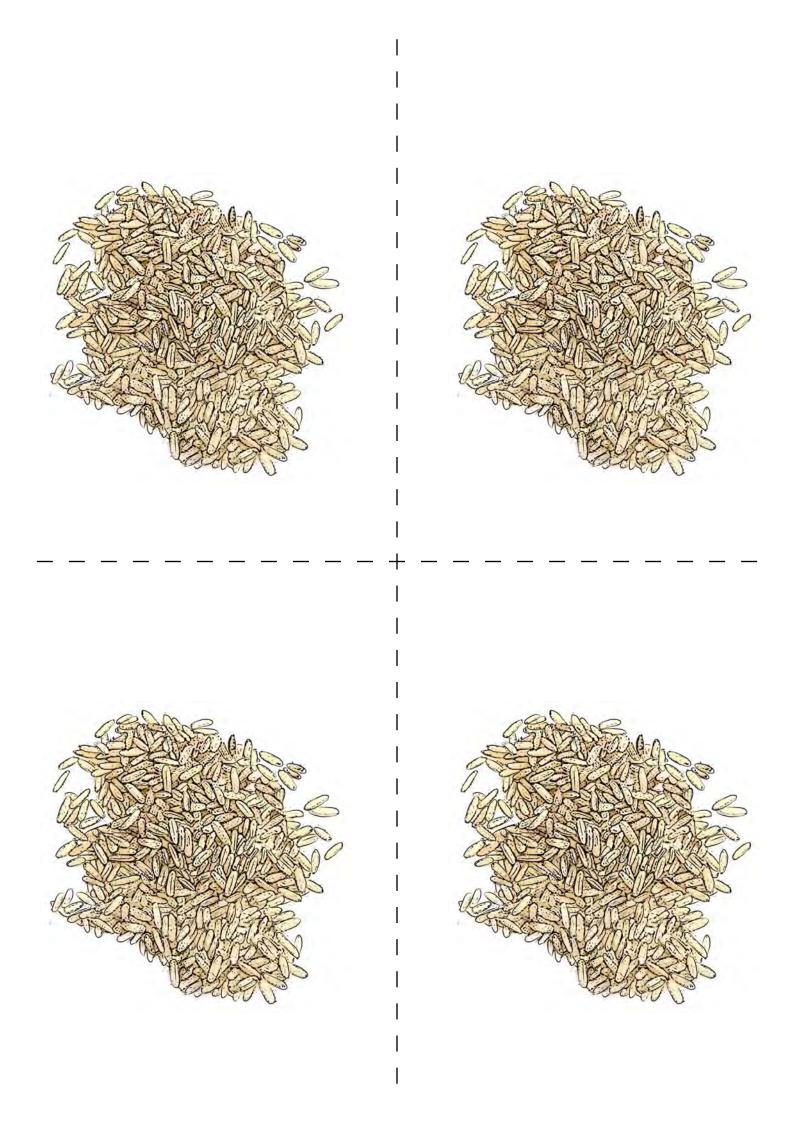


























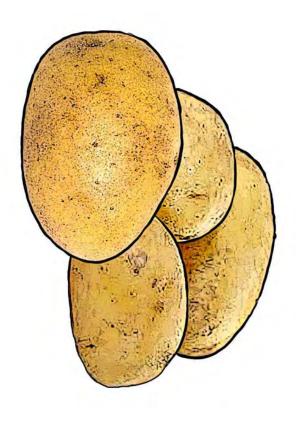


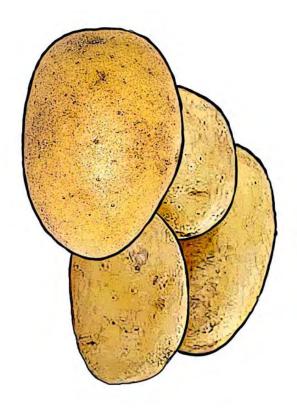


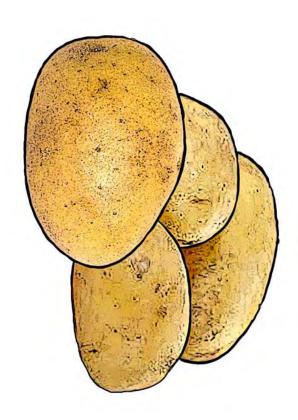


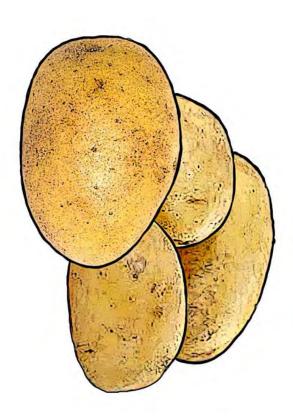


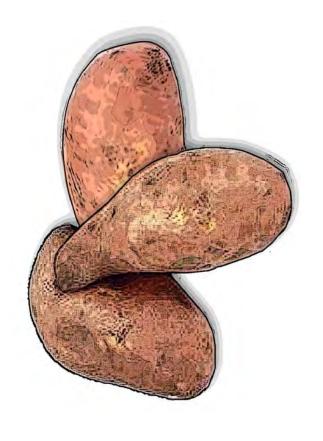


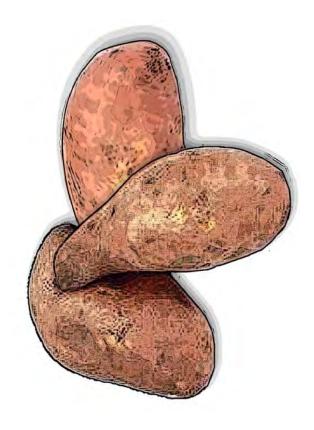


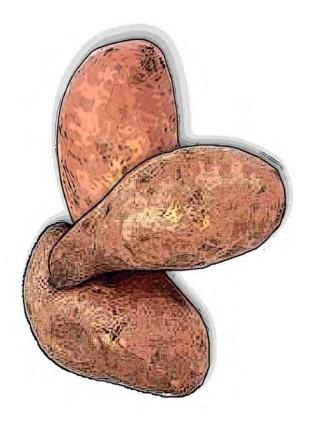


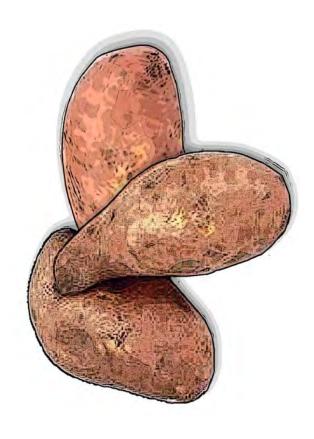


















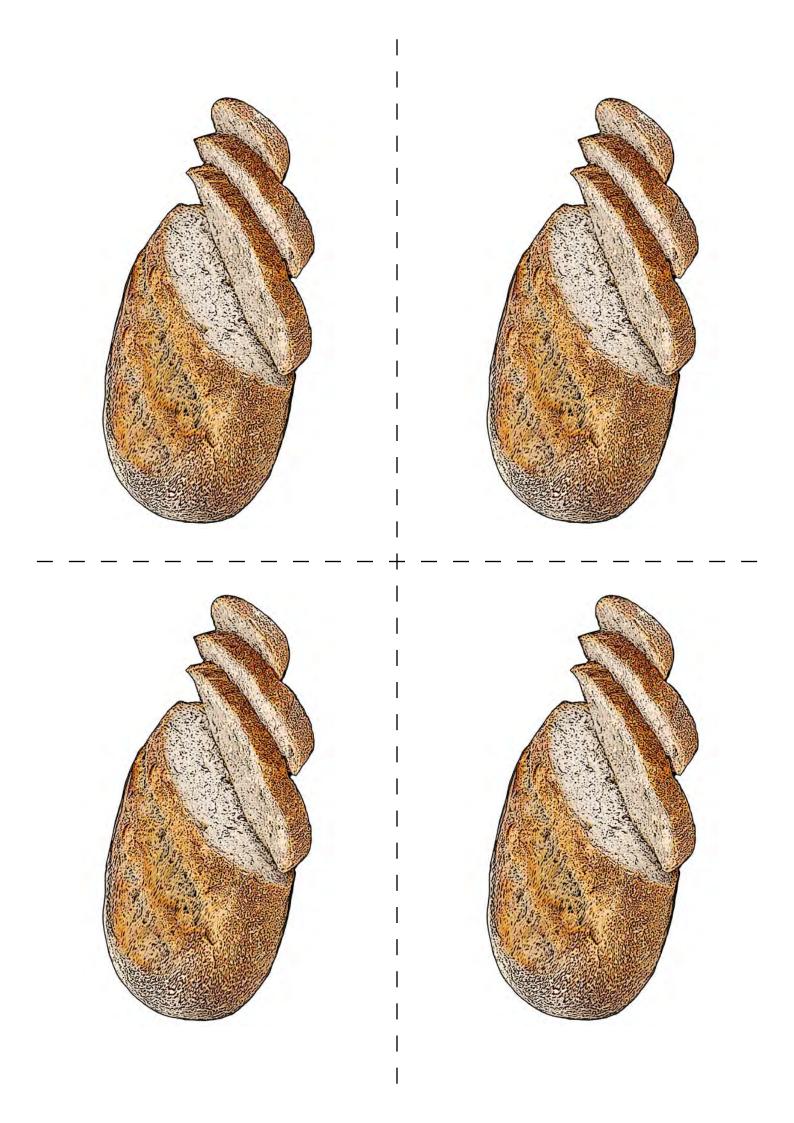


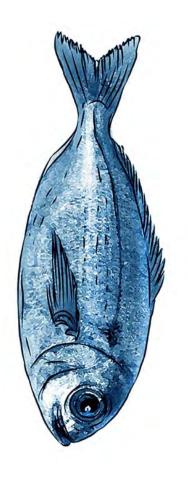


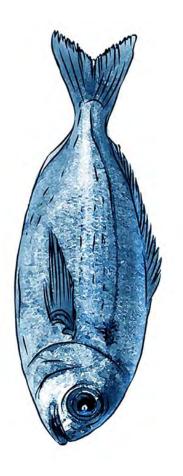


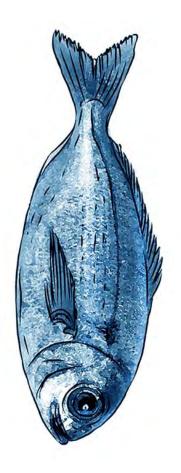


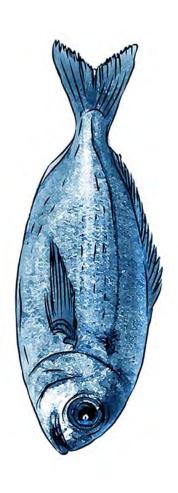


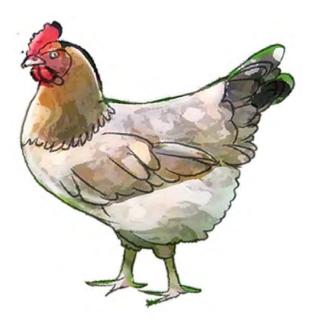


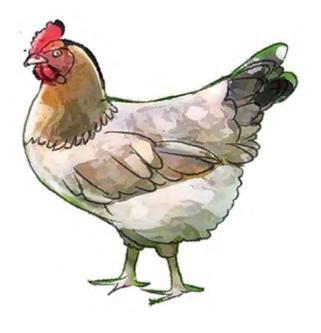


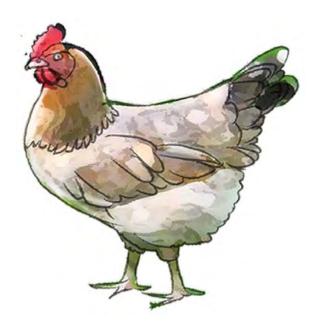


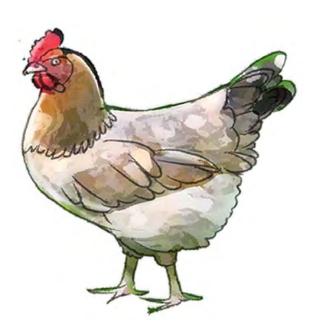


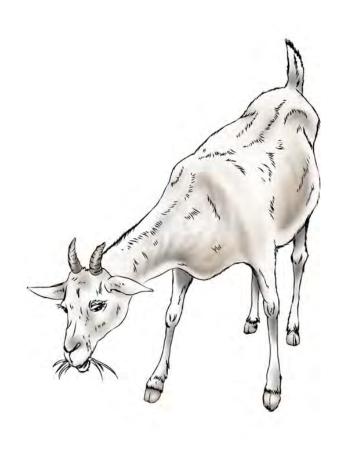


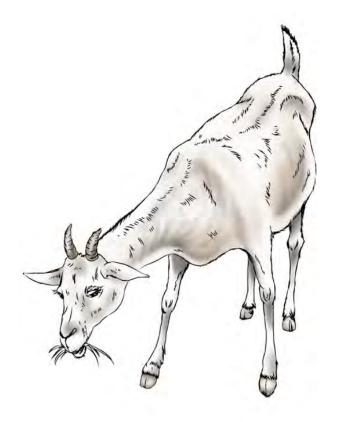


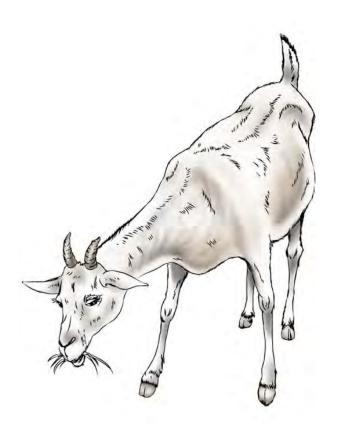


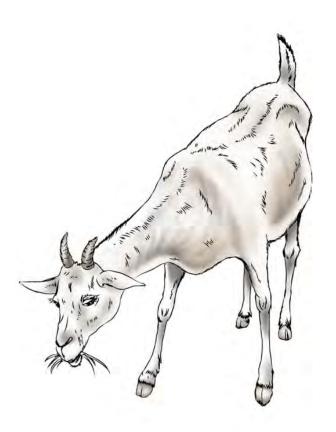


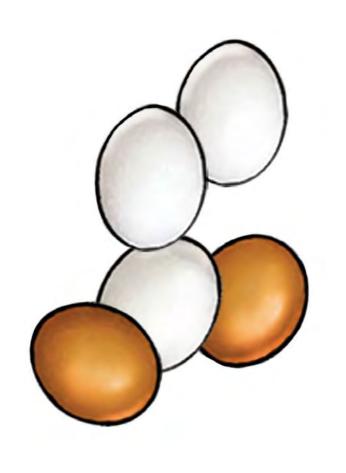


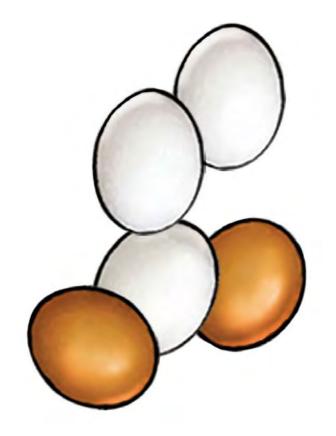


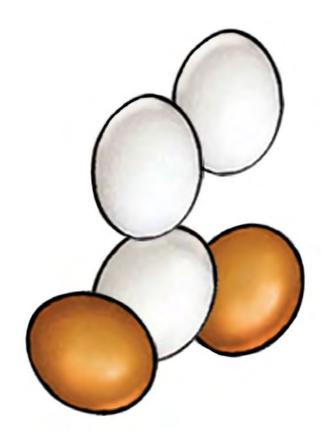


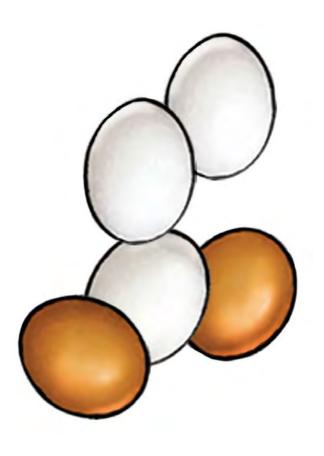






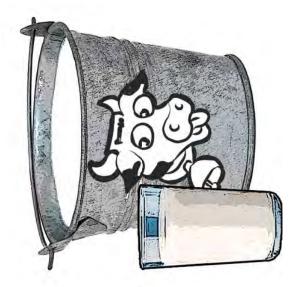


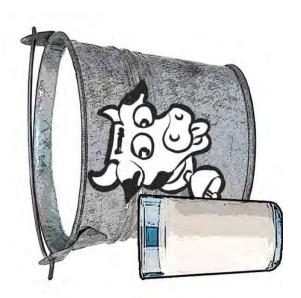


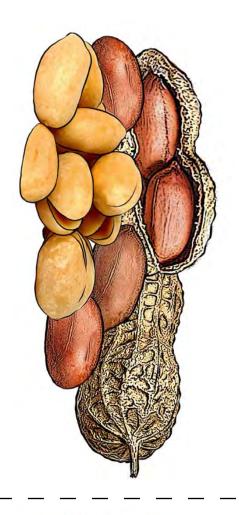


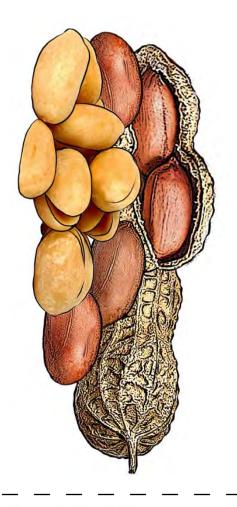


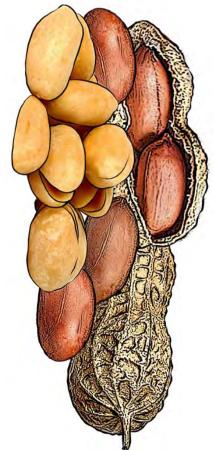


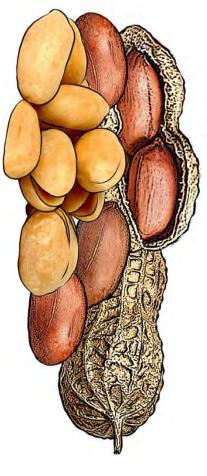


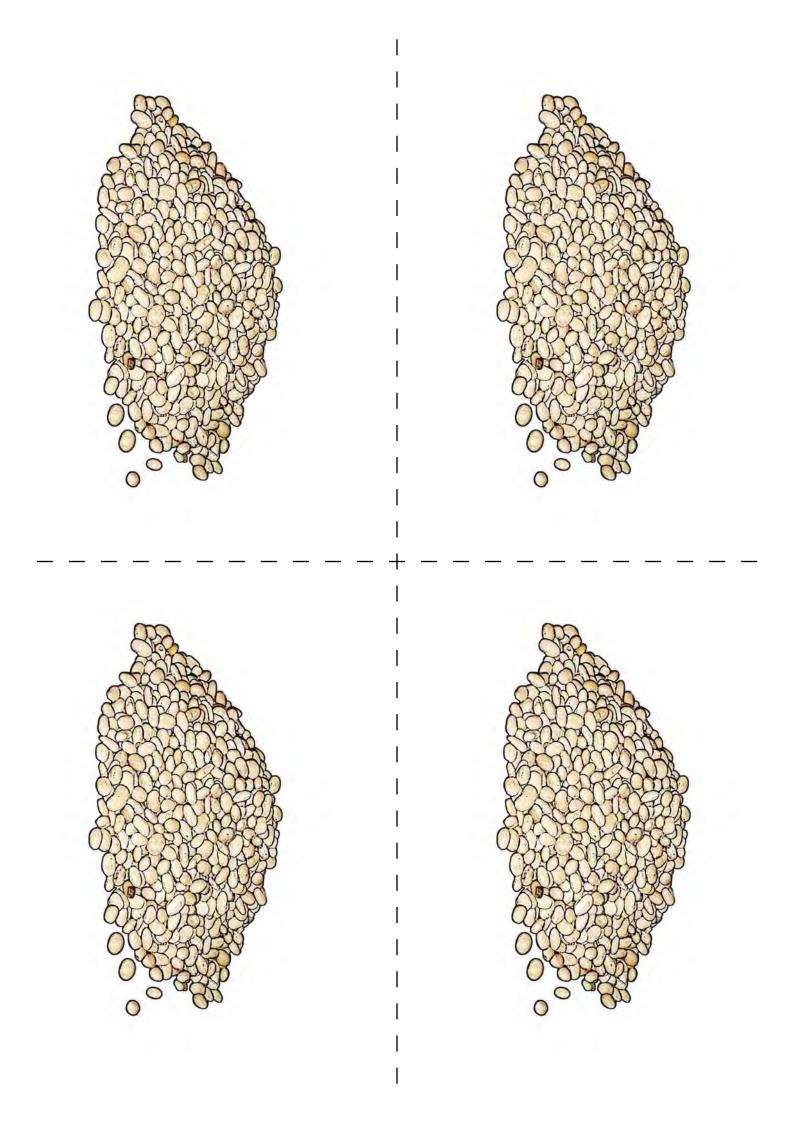


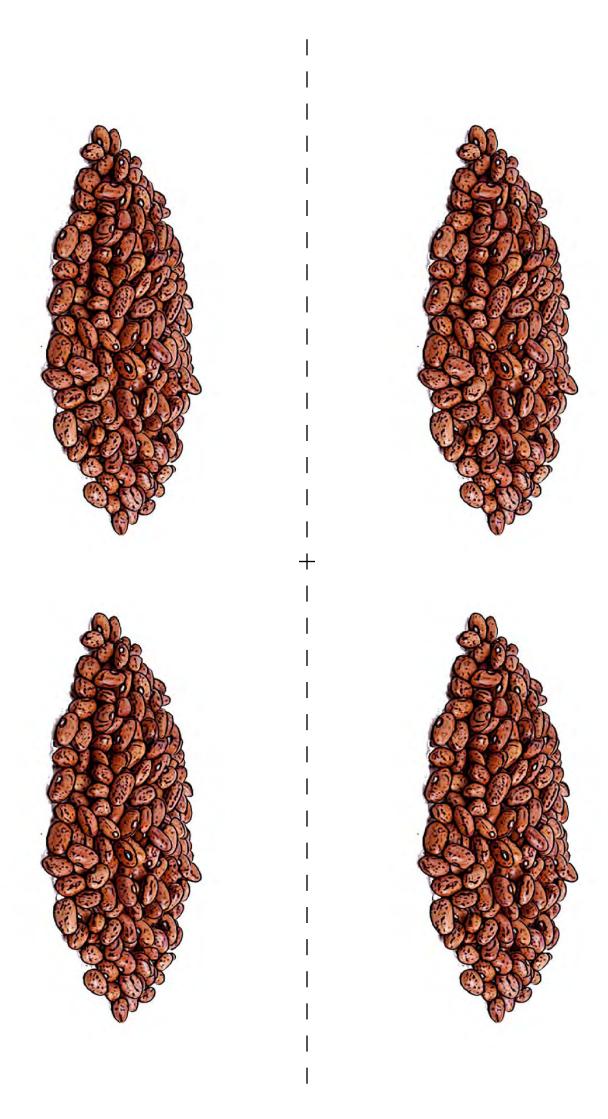


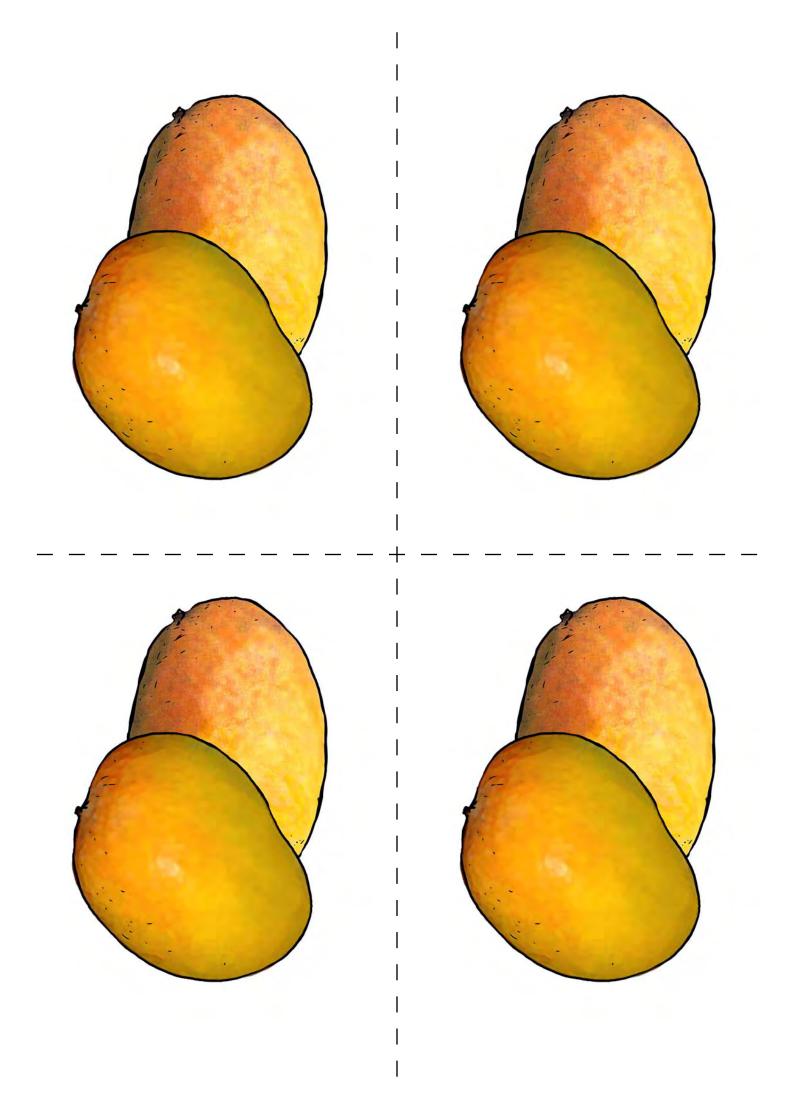


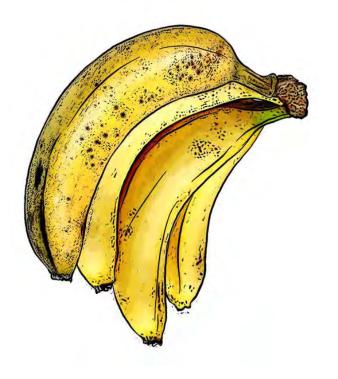


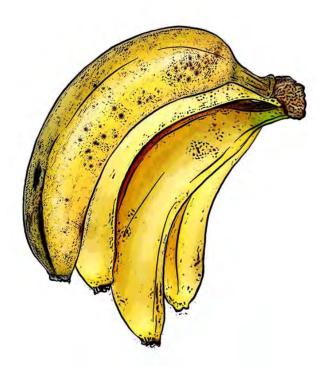


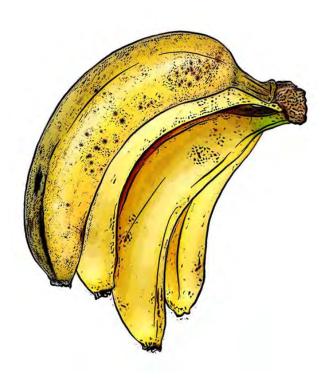


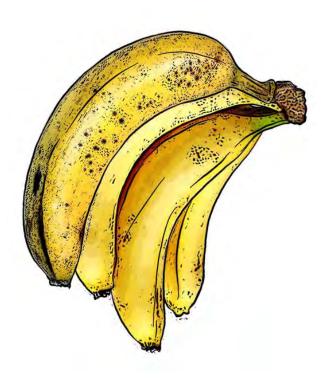










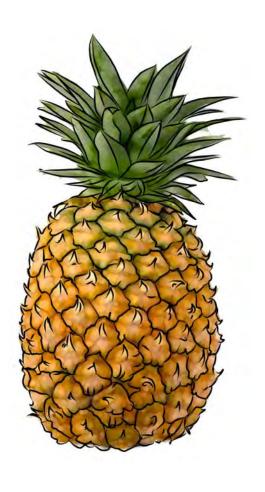


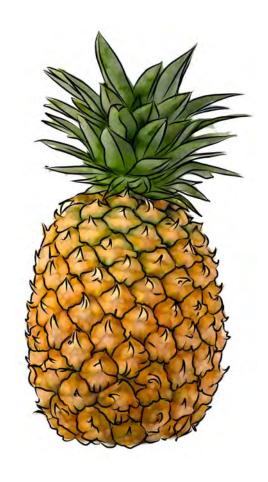




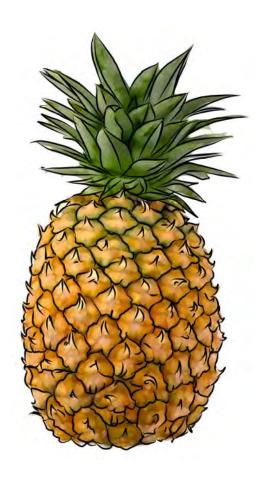


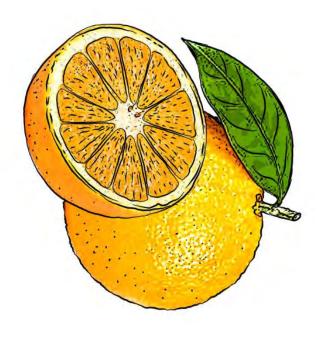


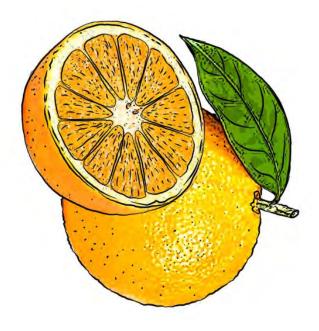


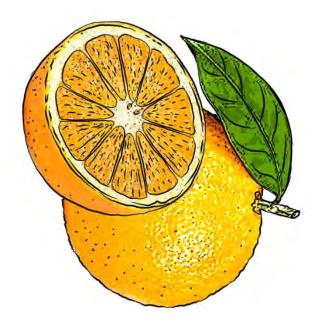


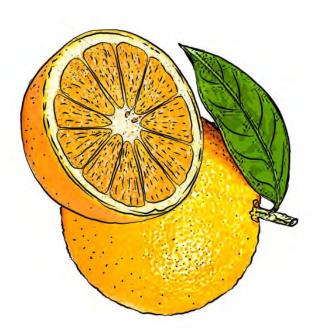




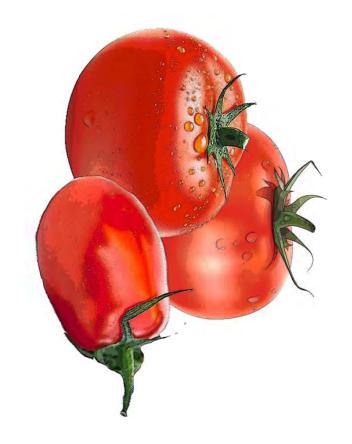






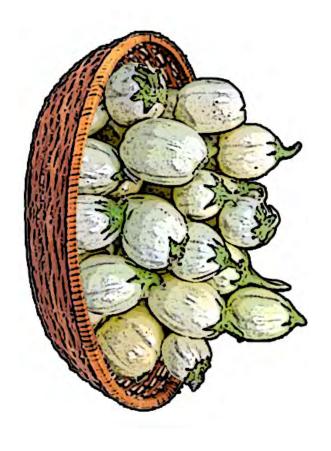


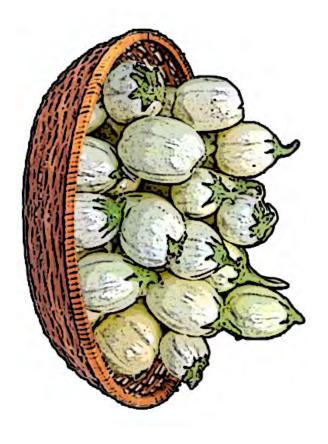


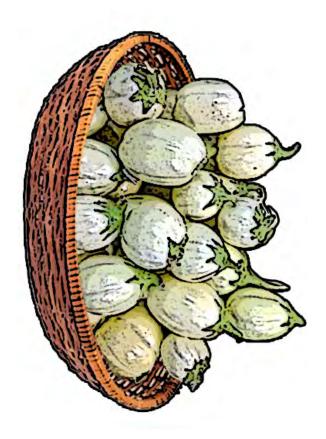


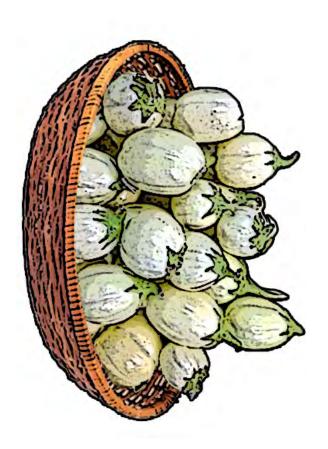


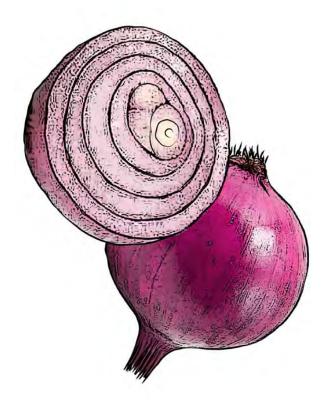


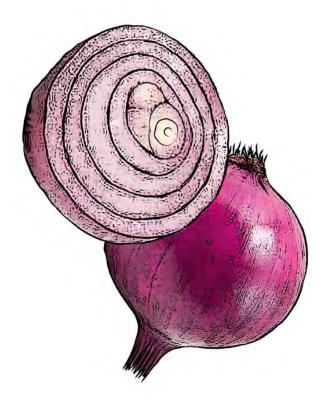






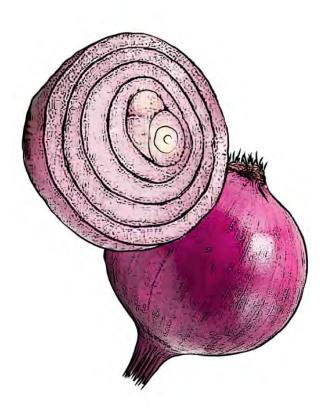








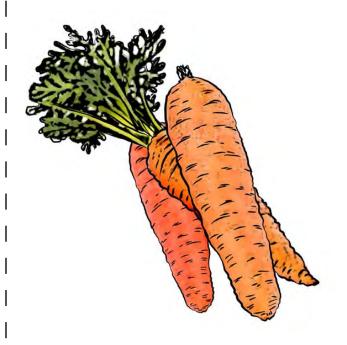
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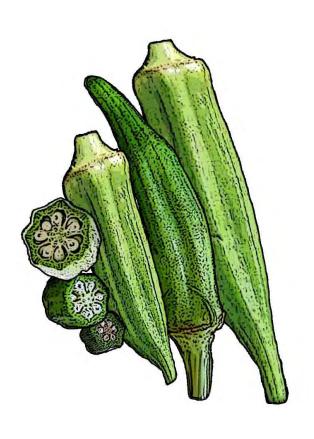


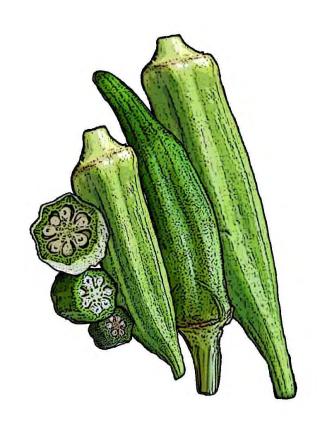


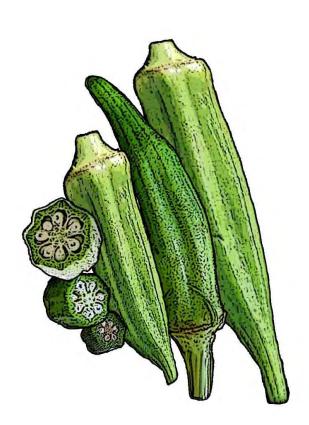


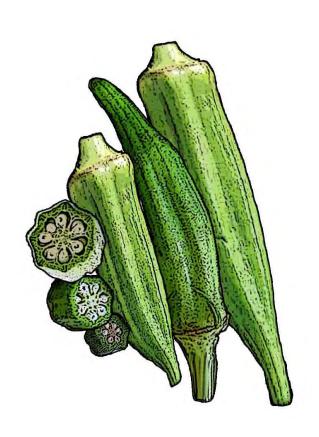


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HIV—Drug Effects and Actions to Take

HIV/Drug Effects	Actions to Take
Bone strength and development can be negatively affected.	
Diarrhoea and vomiting:	
Sore mouth and throat:	
Fever:	
Decreased appetite:	
Lactose intolerance:	
Fat and cholesterol storage may be increased in the body.	

References List

CORE Group. 2013. *Designing for Behavior Change Curriculum*. Washington, DC: CORE Group and USAID.

Government of Nigeria. 2012. *The Community Infant and Young Child Feeding (C-IYCF) Counselling Package*. Abuja: Government of Nigeria.

Population Council. 2014. *Nutrition Education Curriculum for the Adolescent Girls Empowerment*. New York, NY: Population Council.

SPRING/Bangladesh. 2014. *Community Worker's Training Guide on Essential Nutrition Actions, Essential Hygiene Actions, and Homestead Food Production*. Arlington, VA: USAID/Strengthening Partnerships, Results and Innovations in Nutrition Globally (SPRING) Project.

SPRING/Bangladesh. 2014. *Community Workers Handbook on Essential Nutrition Actions, Essential Hygiene Actions, and Homestead Food Production*. Arlington, VA: USAID/Strengthening Partnerships, Results and Innovations in Nutrition Globally (SPRING) Project.

University of California Cooperative Extension. N.D. *Go Grow Glow: A Nutrition Curriculum for Preschoolers*. Yuba City, CA: University of California Cooperative Extension.

USAID Ghana Behaviour Change Support (BCS) Project. N.D. *Grow. Glow. Go: Healthy Child Feeding for GoodLife Flip Chart*. Baltimore, MD: Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs.

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