

CORE Group Cholera Module

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Lessons, stories, and activities in the *Cholera Lesson Plans* complement the information provided in *Cholera Flipchart*.

Understanding the Lesson Plan



Each lesson begins with **objectives**. These are the behavior, knowledge and belief objectives that are covered in the lesson. There are four types of objectives. Each is described below.

Behavior objectives: Most objectives are behavioral objectives written as action statements. These are the practices that we expect the caregivers to adopt and maintain based on the key messages in the flipchart.

Knowledge objectives: These are facts around the topic/lesson that we want the caregivers to understand. (Something we want them to know.)

Belief objectives: These are what we want them to believe and are related to attitudes, feelings, or values held by the target audience.

Under the objectives, all of the **materials** needed for the lesson are listed. Materials with an asterisk (*) should be brought by one of the participants (who we are calling the "Activity Leader") or by the facilitator. See below for more information.

Each exercise (section of the lesson plan) is identified by a **small picture**. Pictures are used to remind non-literate peer educators (hereafter referred to as “Leader Mothers” for simplicity)¹ of the order of the activities. For example when it’s time to lead the game, the lesson plan shows a picture of people laughing as if they are enjoying a game (see below). The pictures in the lesson plan cue the Leader Mothers about the next activity. Review the descriptions below for more information.



Game

The first activity in each lesson is a **game** or song. Games and songs help the participants to laugh, relax and prepare for the lesson. Some games review key messages that the participants have already learned or help mothers to learn new messages.



Attendance and Troubleshooting

Following the game, all facilitators will take **attendance**. Following attendance, the facilitator follows up with **troubleshooting**, asking questions about any difficulties that the Leader Mothers have had teaching the previous lessons.²

When Leader Mothers are teaching groups of beneficiaries in their community or neighborhood (e.g., “Neighbor Women Groups” in the Care Group strategy, or MTMSGs), this is a good time for to review key messages from the previous lesson and hear the success and challenges the neighbor mothers had when trying out new practices from the previous lesson.

Next the facilitator reads the **story** printed on the flipchart, using the images to share the story. The story in each lesson is followed by discussion questions.

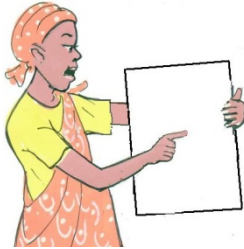
¹ While some modifications may be necessary, these lessons are designed to be used in different types of small group sessions where peer educators are taught to teach others in the community such as Mother-to-mother Support Groups (MTMSGs), Care Groups, and others types of groups. We are using the term “Leader Mother” to refer to a mother who promotes behaviors with her peers, regardless of the health promotion strategy being used.

² In these lesson plans, we refer to paid staff as “facilitators.” They may be called something different in your project (e.g., Promoters). The role of the facilitators is to train Leader Mothers (peer educators) to facilitate lessons with their neighbors.



Ask about Current Practices

Discussion questions are used to discuss the problems faced by the main character in the module (Fatima, in this module). Use the story and discussion questions to **ask about the current practices** of the women in the group.



Share the Meaning of Each Picture

After turning to a new flipchart page ask, “What do you think these pictures mean?” After the participants respond, **share the meaning of each picture** by explaining the captions and key messages written on the back of the flipchart (or that the Leader Mother learns from the facilitator if they do not read).

The lesson plan also contains **additional information** for the trainer. The additional information does not need to be discussed during the lesson unless it relates to questions asked by the participants.



Activity

Next is an **Activity**. Activities are “hands-on” exercises to help the participants understand and apply what they have learned. Most of these activities require specific materials and preparations.

The Activity Leader is responsible to organize materials for each lesson’s Activity. The **Activity Leader** meets with the facilitator ten minutes before **each lesson** to discuss the needed materials for the next lesson’s activity. The Activity Leader is responsible for talking with the others (Leader Mothers or neighbors) during the “Attendance and Troubleshooting” to organize the materials needed for the next meeting, asking them to volunteer to bring the items needed for the activity. The facilitator will lead the activity, but the Activity Leader will support him or her by organizing the participants and aiding the facilitator as needed during the activity.



Discuss Barriers

Next is **Discussing Barriers**. The facilitator asks if there are any obstacles that prevent the caregivers from trying the new practices. Together with the other mothers in the group, the facilitator helps to solve problems and obstacles mentioned. The group may offer information, skills or tips to help mothers overcome obstacles.



Practice and Coaching

Next is **Practice and Coaching**. We want to make sure that each Leader Mother understands the material and can present it to her neighbors. The facilitator observes and coaches the Leader Mothers as they practice teaching in pairs using the flipcharts.

When Leader Mothers teach their neighbors, they will repeat this activity asking each woman to share the key messages (and practices) that she has learned with the woman next to her. The Leader Mother will go around and listen to each pair, making sure they understood the key messages correctly.



Request Commitments

Finally, the facilitator **requests a commitment** from each of the women in the group. It is up to each woman to make a choice. Do not force anyone to make a commitment if they are not ready.

All lessons follow the pattern described above. Lessons can be adapted as needed to fit the needs of your group. Lessons should not exceed two hours in length although some lessons may take longer than others. The suggested time for each section is listed on the following page.

Section name	Time needed for this section
Game or Song	5 - 15 minutes
Attendance and Troubleshooting	5 - 15 minutes
Story	5 minutes
Ask about Current Practices (Picture 1)	10 minutes
Share the Meaning of additional pictures	40 minutes
Activity	15-30 minutes
Discuss Barriers	15 minutes
Practice and Coaching	20 minutes
Request Commitments	10 minutes
	2 – 2 ½ hours

Acknowledgements

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Field Testing

The following people/organizations field tested the module and flipcharts:

- **Adugna Kebede, World Vision International, Zambia** (tested lessons #1 and #2 with Mother-to-Mother Support Groups.)
- **Seintje Veldhuis, Feed the Children, Kenya** (tested all four lessons in an urban Care Group project).
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In addition to an extensive literature search on cholera prevention methods conducted by the consultants who informed much of the content of the lesson plans, the following resources were used in the development of this module:

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2. Bowles, B.C., Gibson, M., Jansen, L. "Exclusive Breastfeeding in the Prevention and Treatment of Cholera in Haiti." *Clinical Lactation*, 2012, Vol. 3-2, 51-57.
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<http://www.washplus.org/sites/default/files/Essential%20WASH%20Actions.pdf>
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http://caregroups.info/?page_id=916
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http://www.sodis.ch/methode/anwendung/ausbildungsmaterial/dokument_e_material/sodismanual_2016.pdf
14. STOP Cholera: <https://www.stopcholera.org/>
15. WHO Fact Sheet: <http://www.who.int/mediacentre/factsheets/fs107/en/>
16. WHO Global Task Force on Cholera Control, "First steps for managing an outbreak of acute diarrhea"
http://apps.who.int/iris/bitstream/10665/70538/1/WHO_CDS_CSR_NCS_2003.7_Rev.2_eng.pdf
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<http://www.who.int/cholera/technical/prevention/control/en/index.html>.
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Lesson 1: What is Cholera?



1. Caregivers will understand the importance of the following and act accordingly:
 - a. What cholera is and where is it found;
 - b. How cholera is transmitted;
 - c. How to recognize cholera (signs and symptoms);
 - i. Be able to define diarrhea as watery feces³ that comes three or more times in one day.
 - ii. Be able to recognize other signs and symptoms of cholera and to recognize that not everyone that gets – and who can transmit – cholera has signs and symptoms.
 - d. What risks cholera poses to households and communities (e.g., as many as one in ten case fatality, other problems associated with cholera illness); and
 - e. What caregivers and their family members can do in advance to prevent transmission of cholera.
2. Caregivers will adopt two or more new behaviors (which they are not already doing) to prevent cholera in the next two weeks among the list below. Caregivers should be urged to adopt the first three if they have not adopted these already:
 - a. Consistently putting all adult and child feces in a latrine or burying them (no open defecation) at least 30 paces away from rivers or other water sources.
 - b. Purifying all drinking water by a recommended and effective method.
 - c. Washing hands with soap (or ash) and water at the following critical times: after defecating or cleaning a child's bottom, before preparing foods, before eating or feeding young children, after handling animals or dung or working in the field.
 - d. Storing drinking water in a narrow-neck container that is covered and raised off the floor.
 - e. Covering prepared foods to keep flies away.
 - f. Washing all vegetables, greens and fruits before eating or cooking.
 - g. Clean household compound daily to keep animal and human feces out of the yard using a broom or rake that is not used indoors.
 - h. Do not let your children play near water sources during a cholera epidemic.
3. Caregivers will install dedicated hand-washing stations with flowing water (e.g., Tippy Taps⁴) and soap within 10 paces of the cooking area and toilet.

³ It may be more appropriate to refer to feces as poo or whatever word is most commonly known and understood by adults in your area.


⁴ Adapt as necessary. For example, if your program is in an urban area, instead of a "tippy tap" you may want to create an "Improved Leaky Tin."

Materials:

1. Attendance Registers
2. Leader Mother Flipchart
3. Materials for creating a Tippy Tap: 5-liter jug, pliers, a candle, a match, a nail, string, and a stick. Other local materials can be substituted for these items as needed.

Summary:

- Game: Germ in the Circle
- Attendance and troubleshooting
- Share the story: Fatima's daughter gets sick
- Ask about current practices
- Share the meaning of each picture on flipchart pages 3-19.
- Activity: Building a hand-washing station that includes a Tippy Tap.
- Discuss barriers
- Practice and coaching in pairs
- Request commitments



1. Game: Germ in the Circle — 10 minutes

- a. Play the game (NOTE: This game works well when all the women know each other as would happen in existing Care Groups or MTMSGs. If there are new women or the women do not know each other well be sure to allow time for introductions.)
 - i. *Ask the participants to stand in a circle. Choose a volunteer to stand in the middle of the circle.*
 - ii. *Cover the volunteer's eyes with a piece of cloth (blindfold). After the volunteer's eyes are covered, ask everyone in the circle to move to a new place.*
 - iii. *Explain: The circle is a compound. The volunteer in the middle is cholera. Those in the circle must try to walk through the compound without touching the cholera germ.*
 - iv. *The game begins when "the germ" calls out the names of two people in the circle around them. Give one of the two people who were called a "shield" (e.g., a blanket) that they can hold up to avoid being touched by the germ.*
 - v. *These two people must quietly change places with each other while staying in the circle of remaining people and while keeping away from "the cholera germ." "The germ" tries to touch the players' head or shoulders as they pass by listening and reaching out for them. All of the other players must try to remain quiet and not help out the germ or the two people avoiding the germ.*
 - vi. *If someone is tagged, they become "the germ," and the game is repeated.*

- vii. *Repeat the game so that most people have a chance to be the germ or the two people avoiding the germ.*
- b. What is a germ?
 - i. (Explain:) A germ is a tiny bacterium (like typhoid and cholera) or a virus (like Hepatitis and Rotavirus) that can cause diarrhea and other illnesses.
- c. What do you think we were trying to teach you about germs from this game? *After they have had a chance to give their ideas, add any of the following not mentioned by the participants*
 - i. Germs are all around us – it can be very difficult to avoid them!
 - ii. Germs cannot be seen!
 - iii. The “shield” (e.g., blanket) represents ways that we can avoid getting the bacteria, which we will discuss later.
 - iv. The germ tried to touch people’s heads or shoulders since it wants to get into people’s mouths where it can make its way inside a person.
- d. In today’s lesson we are discussing sickness caused by eating or drinking a specific germ that causes cholera. Now that we are energized, let’s begin our lesson.



2. Attendance and Troubleshooting – 15 minutes

When teaching Mother Leaders:

1. *The Facilitator fills out attendance sheets for each Leader Mother and neighbor group (beneficiary group).*
2. *If part of the project protocol, the facilitator fills out vital events mentioned by each Leader Mother (new births, new pregnancies, and mother and child deaths).*
3. *Facilitator asks if any of the Leader Mothers had problems meeting with their neighbors.*
4. *The Facilitator helps to solve the problems mentioned.*
5. *The Facilitator asks the Leader Mothers to review the key practices from the last lesson.*
6. *If there was a meeting prior to this one where commitments were made, the Facilitator asks the Leader Mothers about their commitments from the last meeting and follows up with those who had difficulty trying out new practices using the questions in the box below.*

- ? What was your commitment at the last lesson? Have you kept that commitment?
- ? How – what did you do?

- Did anyone (spouse, grandmother or children) interfere or tell you not to follow your commitments? Tell the story of what happened?
- What factors (people, events or chores) in your life made it difficult to keep your commitments?
- How were you able to overcome these problems?

7. *Facilitator thanks all of the Leader Mothers for their hard work and encourages them to continue.*
8. *Facilitator asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers.*

When Leader Mothers teach their Neighbors:

1. *If part of the project protocol, Leader Mothers will take attendance.*
2. *If part of the project protocol, Leader Mothers will ask about new births, pregnancies or illnesses in the families of the mothers attending and help refer those with severe illness to the local health facility.*
3. *Leader Mothers will ask the mothers to review the key practices promoted in the last lesson.*
4. *Leader Mothers will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.*
5. *Leader Mother asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers.*

Story: Fatima's daughter gets sick (Picture 1.1) – 10 minutes


3. Story

- Read the story on page 3 of the flipchart⁵ while showing the pictures on page 4.

Fatima and her family live in a rural village in the northern part of Tanzania. She lives with her husband and two children, Asad who is three years old and Afya who just turned one. Afya is not quite walking but crawling everywhere! Fatima loves her family and works hard to take care of them. Every day Fatima walks with both children about thirty minutes each way to the river to fetch water for the household. Last week there were extreme rains causing widespread flooding along the river and in the fields of Fatima's village and the surrounding villages. Yesterday was the first day Fatima was able to make it to the river with her children since the flooding. While she gathered water, Afya played on the shore of the river, putting her hands in the water and then in her mouth. Early the next day, Fatima noticed her youngest child was not feeling well at all. Afya was having very frequent, watery, and abundant diarrhea like rice water. She was also vomiting and very thirsty. By late that afternoon, Afya had stopped peeing and her eyes were sunken. Both Fatima and Asad felt okay. That night Fatima was very worried about Afya. She heard about cholera on the radio from local community health workers last year when there were heavy rains and flooding up north. The health workers said that cholera is a very serious disease and can be deadly especially in small children. She remembered that contaminated water can often be the source. As Fatima continued to care for Afya, she thought that it could just be common diarrhea. No one was talking about cholera in her village but Fatima was very worried about Afya and unsure what to do.

4. Ask about Current Practices

- Read the questions on page 5 of the flipchart.

	<ul style="list-style-type: none">? What has Fatima heard about cholera?? What are some of the symptoms of cholera? What symptoms did Afya have?? What have you heard about how cholera is spread?? What things have you heard that we can do to prevent cholera spreading in our households and communities?
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- Ask the first question to reinforce the different things Fatima has heard about Cholera
 - We hope the women respond in this way: She knows it is a serious disease and can be deadly if not treated properly.
 - It can be spread through contaminated water.
 - It often occurs after heavy rains and flooding.


⁵ Change country name, people's names, etc., for your context.

- Ask the second and third question to hear the women's thoughts on what the symptoms of cholera are and how it is spread.
- Ask the last question to hear what the women have heard about how to prevent cholera from spreading.

Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This page is for discussion, not for teaching.

- After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your ideas with the messages on the following pages."

Where is cholera found and how is it spread? (Picture 1.2) - 5 minutes

	5. Share the Meaning of Each Picture
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- Ask the caregivers to describe what they see in the pictures on page 6.
- Share the meaning of each picture using flipchart pages 5 and 6.

? What do you think these pictures mean?

Cholera is a diarrheal disease caused by consuming water or food that is contaminated with cholera bacteria.

1. Cholera often spreads following flooding or the rainy season, particularly during hot, rainy months. In some places, cholera epidemics start at the end of the dry season or the beginning of the rainy season, when water sources are limited and become brackish and/or highly polluted.⁶
2. Cholera bacteria are usually found in food and water sources that have been contaminated by feces from an infected person.
3. Cholera is easily spread in places where people do not bury their feces or use covered latrines, where people do not wash their hands at proper times with soap or ash and water, and where people do not treat (disinfect) their drinking water.

? Where do you get your water now? Do your children come with you? What are some things you can do to keep your children safe while you fetch water?

? What is the latrine situation in your household/community? Do you have a covered latrine to use? What do you do with your children's feces?

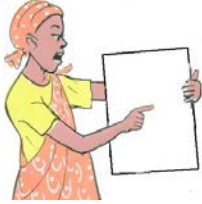
Additional Information for the Trainer

- Cholera is caused by the bacteria *Vibrio cholera*.
- Exclusively breastfeeding infants have soft, loose feces. This is not diarrhea. However, if a breastfeeding child has soft feces more than once after each feeding, this is most likely diarrhea. Children with diarrhea who are breastfeeding should be breastfed more often to replenish all the liquids that are lost. Breastfeeding is protective. More information on caring for the sick child is provided in lesson 3.

⁶

https://www.unicef.org/cholera_toolkit/Annexes/Supporting_Resources/Annex_6B/OXFAM_Cholera_guidelines.pdf

The 5 F's of transmission (Fluids, Fingers, Flies, Food, and Field) (Picture 1.3) - 5 minutes

	<h3>6. Share the Meaning of Each Picture</h3>
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- Ask the caregivers to describe what they see in the pictures on page 8
- Share the meaning of each picture using flipchart pages 7 and 8.

? What do you think these pictures mean?

Cholera is spread the way many diarrheal diseases are spread, through the five "Fs":⁷

1. **Fluid/Water:** By drinking water that has been contaminated by feces and has not been treated (disinfected).
2. **Fingers:** By getting hands in one's mouth, when hands are not washed after using the toilet or after contact with feces on the ground (which is especially common for young children who are crawling)
3. **Flies:** Because flies sit on feces and then land on food.
4. **Food:** By eating food that has been contaminated (made dirty) by fingers, flies, or water that have come in contact with feces.
5. **Fields/Floors:** The soil where food is grown can contain feces when cholera-infected people or animals defecate on the ground or near water sources instead of using covered latrines or burying the feces. Hands that have been working in the soil can pass germs like cholera on when handwashing is not done afterwards. Floors that get contaminated with animal or human feces can also end up contaminating fingers that end up in mouths.

It can also be spread from other contaminated things including buckets, cups, ladles, shoes, soiled clothing, etc., that has touched feces or touched by something that has touched feces (e.g., fingers).

People can have cholera without knowing it and without having any symptoms.

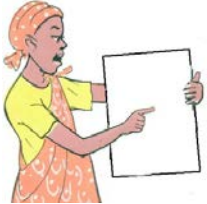
- Those people's hands, bodies and feces can then be a source of infection to others. All feces should be treated as if it is infectious, even children's feces!

? Why do you think it is so easy for children to get sick from cholera?

? How can you protect yourself from spreading cholera through the five Fs?

⁷ If there is a way to use the same letter for these five elements in the language used for the lesson (other than English), change the wording accordingly. Otherwise, do not mention the "five Fs" and just describe these as the five ways that cholera and diarrhea are spread.

Signs and symptoms of cholera, incubation period and who it affects. (Picture 1.4) – 5 minutes

	<p>7. Share the Meaning of Each Picture</p>
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- Ask the caregivers to describe what they see in the pictures on pages 10 and 12.
- Share the meaning of each picture using flipchart pages 9, 10, 11 and 12.

? What do you think these pictures mean?

1. Cholera can cause very frequent, watery, and abundant diarrhea, looking like rice water.

- Diarrhea is three or more watery feces in one day and night (24-hour period).
- Other symptoms of cholera include vomiting and leg cramps. If diarrhea and vomiting are not treated, severe dehydration and shock can occur, and without treatment, death can occur.⁸
- People who have dehydration often become very thirsty and have less pee, dry mucous membranes, sunken eyes, and skin that is less elastic.

2. It takes between 12 hours and 5 days for a person to show symptoms of cholera, and most people who get cholera have mild or no symptoms at first.⁹ These people are still able to infect other people with it.

- This is because the cholera bacteria can be living in their feces even if they have no symptoms.

3. Cholera affects both children and adults and can sometimes kill a person through dehydration within hours if it is untreated.

- Pregnant women and children under 5 years of age are at increased risk of getting and dying from cholera.
- Being malnourished or HIV+, or having TB and other chronic diseases, can increase a person's risk of getting and dying from cholera.
- The elderly and other persons who are immune-suppressed are also particularly susceptible to cholera.

⁸ Some of these terms (e.g., leg cramp, dehydration, shock) may be difficult to interpret into a local language, and also to understand for community volunteers. We suggest users of this lesson plan find local terms for these technical terms.

⁹ Around 75% have no symptoms, around 29% have mild or moderate (diarrhea which can produce dehydration) and around 5% have severe diarrhea, vomiting and severe dehydration.


? What are the symptoms of cholera?

? Can people with no symptoms transmit cholera? Why?

Additional Information for the trainer:

- In a society with strict gender roles, cholera transmission is affected by gender and age. Women and girls are on the “frontline” of water, food and hygiene issues of the family. Women are more at risk of getting cholera in comparison to men since they are usually the caregivers for children and sick family members, and may not be aware of necessary precautions. There is a higher prevalence of cholera cases among females in rural areas. This is probably due to the fact that they provide care for sick people. There is a higher prevalence of cholera in males in cities. This is probably due to where they work and how they socialize with others.

What are the main things that you can do to avoid getting cholera and other diarrheal diseases? (Picture 1.5) – 5 minutes

	<h3>8. Share the Meaning of Each Picture</h3>
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- Ask the caregivers to describe what they see in the pictures on pages 14, 16, and 18.
- Share the meaning of each picture using flipchart pages 13, 14, 15, 16, 17, and 18.

The spread of cholera can be prevented through washing hands with soap/ash and water; careful treatment, storage and use of water before and during drinking or cooking; clean/safe handling of food; proper disposal of feces (in a covered latrine or burying); and proper caring for people who have cholera. We will talk about most of these today.

Wash your hands with soap (or ash) and water:

1. After defecating or cleaning a child's bottom or a sick family member's bottom.
2. After disposing of children's feces.
3. Before preparing food.
4. Before eating food or feeding young children.
5. After handling animals or dung, or working in the field.
6. After caring for a sick person.

Carefully treat, store and use water:

1. Drink only filtered (strained) and treated water!¹⁰ There are several ways to filter and treat your water.
 - a. First, filter the water through fabric, sand or other material that removes any particles in the water.
 - b. Then you can add two drops of household bleach or ½ of an iodine tablet per liter of water, or boil the water until large bubbles appear. Be sure to let the water sit for at least 20 minutes after adding bleach as it helps to kill off bacteria and also to reduce the chlorine smell. (*More details will be provided in lesson 2.*)
 - c. Avoid getting untreated water in children's (and adults') mouths during bathing, or bathe with treated water.
2. Only use narrow-neck containers for storing water since they help keep hands out of the water, and keep the storage container clean and covered!

¹⁰ According to the WASHplus program, the current EWA recommendation is not to drink boiled water after it has been stored for 24 hours or more due to risk of recontamination.

- a. Do not put dirty ladles, cups or anything else in the water container.
- b. When possible, pour water into clean cups or pots for use rather than dipping anything into the container.

Handle food in a clean and safe manner:

1. Cook food thoroughly and eat it while it is hot! Improperly-cooked fish and shellfish are a major source of cholera, so only eat them if they are very well cooked.
2. Do not let cooked foods touch raw foods or surfaces that have touched raw foods or have not been cleaned with soap and water.
3. Cover and properly store food after cooking it.
4. Do not allow sick people to prepare or handle food eaten by others.
5. Wash all vegetables and fruit in treated water before cooking or eating them. Peel them if there is no water to wash them.

Properly dispose of feces:

1. Use latrines and keep them clean, or bury all feces!
2. For children too young to use a latrine, use a potty or diapers. Bury their feces or throw it in a latrine.
3. Regularly clean latrines and then clean your hands.

? When are the five critical times you should wash your hands with soap and water?

? How do you store your water? Do you think it is safe? What can you do to ensure the water in your household is safe?

Additional Information for Trainer

- To prevent the spread of cholera, it is important to ensure the health of infants and young children by regularly disinfecting any object that the infant regularly puts in their mouth such as toys.
- With children who are crawling pay extra attention to washing their hands on a regular basis and especially before eating.



9. Activity: Building a hand washing station that includes a Tippy Tap.– 30 minutes

- Every time this lesson is taught a Tippy Tap is made. Mother leaders should also make Tippy Taps when teaching Mother Beneficiaries.
- It is best if all Tippy Taps are made from free, locally available materials (like gourds or discarded plastic containers) but can also be made from purchased 5L plastic jugs.
- Use flipchart page 19 for guidance.
- While you are sharing, demonstrate each step.

- Use the captions to remind you which images represent each point.

1. Use a clean, plastic, five-liter container. Warm the end of the handle over a candle.
2. Pinch the warm handle with pliers until it seals tight.
3. Make a small hole with a hot nail above the sealed area and two holes on the back of the container.
 - a. Heat the point of a nail over a candle.
 - b. Put the holes just over half way up the bottle.
 - c. Leave a thumbs-width space between the holes.
 - d. Thread string through the two holes at the back.
4. Tie the string to a stick. Add two more strings: one around the lid and one for the soap.
5. Make a hole through the tin and soap with a nail. Hang them on the string with a knot under each one.
 - a. Fill the Tippy Tap with water up to the holes in the back.
6. Hang the Tippy Tap near your latrine.
7. Add gravel and rocks below the Tippy Tap.
 - a. Remove the top layer of soil in a circle under the spout.
 - b. Fill the circle with rocks or gravel so the water will not become muddy after each hand washing.
 - c. A Tippy Tap makes hand washing easy. It also saves water.

Additional Information for the Trainer:

Water Conservation

- Tippy Taps use less water than traditional basin hand washing methods. Tippy Taps also make it easier for an individual to wash hands in a sanitary way.

Tippy Tap Adaptations

- Hand washing stations can be adapted based on locally available materials. For more ideas, visit the following website
<http://www.schoolsanitation.org/BasicPrinciples/HandwashingFacilities.html>



9. Discuss Barriers – 15 minutes

? Is there anything that might prevent you from trying these new practices?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share barriers and concerns they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the women to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.

Possible Concerns: [To be added by those using the module]



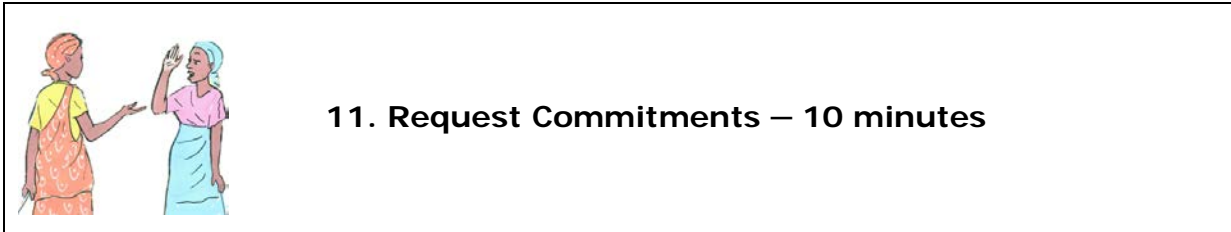
10. Practice and Coaching – 20 minutes

For Leader Mother Groups:

1. Ask each Leader Mother to share the teachings she has learned with the person sitting next to her. She will use the first two flipchart pages of today's lesson.
2. Each Leader Mother will teach the person next to her in the same way that the Facilitator taught her.
3. After ten minutes, ask the women to switch roles. The other Leader Mother will share the teachings from the third and fourth pages of the flipchart lesson.
4. The Facilitator watches, corrects, and helps Leader Mothers who are having trouble.
5. When everyone is finished, answer any questions that the Leader Mothers have about today's lesson.

For Neighbor Groups:

1. Ask each woman to review the key messages she has learned from today's teaching with the person sitting next to her. Ask them to share what new things they will do in their home based on this new teaching.



? Based on today's teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:

- I commit to consistently putting all adult and child feces in a latrine or burying them (no open defecation) at least 30 paces away from rivers or other water sources.
- I commit to washing hands with soap (or ash) and water at an additional critical time: after defecating or cleaning a child's bottom, before preparing foods, before eating or feeding young children, after handling animals or dung or working in the field.
- I will store drinking water in a narrow-neck container that is covered and raised off the floor.
- I will build and install a handwashing station that includes a tippy tap.

Lesson 2: What to do during a declared epidemic to protect yourself and your family from getting cholera



1. Caregivers will understand the importance of the following and act accordingly:
 - a. Where to get correct and up-to-date information on a cholera outbreak, and how to share cholera prevention and treatment information with family and friends;
 - b. Continuing hand washing with soap/ash and water, careful treatment, storage and use of water, clean/safe cooking practices, and proper disposal of feces (promoted in the previous lesson).
 - c. How to properly treat water by filtering and choosing a treatment method that works for you and your family:
 - i. Settle and filter the water first before treating it with any method then:
 - ii. Using commercial chlorine products if available; or
 - iii. Boiling for one minute after water reaches rapid boil¹¹ (lots of continuous bubbles); or
 - iv. Adding 5% Chlorine bleach at point of use (POU); 2 drops for 1 liter, 8 drops for one gallon (or 4 liters); or
 - v. Using Solar Disinfection (SODIS), but you need to put bottles in the sun for at least 6 hours (to kill all of the cholera bacteria) on a sunny day and 12 hours on a cloudy day.
 - d. How to create a simple trench for defecation (emergency pit latrine); and
 - e. Having the tools, information, and ability to care for and protect the health of their child and their family from cholera.

Materials:


1. Attendance Registers
2. Leader Mother Flipchart
3. Materials for treating water with one of the suggested methods.

Summary:

- Game: Germs and Soap
- Attendance and Troubleshooting
- Share the story: Fatima protects her family from cholera
- Ask about current practices
- Share the meaning of each picture on flipchart pages 21-32


¹¹ This amount of time may need to be adjusted based on MOH guidelines in your country.

- Activity: Demonstrate water purification using chlorine
- Discuss barriers
- Practice and coaching in pairs
- Request commitments



1. Game: Germs and Soap — 10 minutes

1. Play the game
 - a. *Ask the women to stand in a circle.*
 - b. *Tell each woman to look around and silently (secretly) choose another woman in the group. After a few seconds, ask each woman to raise her hand when she has chosen someone. Explain that the person each of them chose represents the cholera germ. They should try to stay as far away as possible from the person that they chose.*
 - c. *Now ask each woman to look around and silently choose a different woman in the group. After a few seconds, ask each woman to raise her hand when she has chosen someone else. Explain that this person represents a bar of soap. As they move around the room, they should try to stand as close as possible to this person that they chose as the soap. As we learned last week, soap can help protect you from germs like cholera.*
 - d. *Start the game. Tell the women to move quickly towards their “soap” but also at the same time try to move away from their “cholera germ”.*
 - e. *(Optional) After a few minutes, reverse the game. Tell them that the first person they chose is now the “soap” and they should try to stand by them while the second person is now the “germ”.*
2. (Ask:) What do you think we were trying to teach you about germs like the cholera germ from this game?
3. You need to both stay away from germs and use soap more often to avoid cholera. You can use ash if you cannot get soap.
4. In today's lesson, we are discussing continuing healthy practices and the additional things we need to do during a cholera epidemic. Now that we are energized, let's begin our lesson.



2. Attendance and Troubleshooting – 15 minutes

When teaching Leader Mothers:

1. *Facilitator fills out attendance sheets for each Leader Mother and neighbor group (beneficiary group).*
2. *If part of the project protocol, the facilitator fills out vital events mentioned by each Leader Mother (new births, new pregnancies, and mother and child deaths).*
3. *Facilitator asks if any of the Leader Mothers had problems meeting with their neighbors.*
4. *The Facilitator helps to solve the problems mentioned.*
5. *The Facilitator asks the Leader Mothers to review the key practices from the last lesson.*
6. *The Facilitator asks the Leader Mothers about their commitments from the last meeting and follows up with those who had difficulty trying out new practices.*

? What was your commitment at the last lesson? Have you kept that commitment?

? How – what did you do?

- o Did anyone (spouse, grandmother or children) interfere or tell you not to follow your commitments? Tell the story of what happened.
- o What factors (people, events or chores) in your life made it difficult to keep your commitments?
- o How were you able to overcome these problems?

7. *Facilitator thanks all of the Leader Mothers for their hard work and encourages them to continue.*
8. *Facilitator asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers.*

When Leader Mothers teach their Neighbors:

1. *If part of the project protocol, Leader Mothers will take attendance.*
2. *If part of the project protocol, Leader Mothers will ask about new births, pregnancies or illnesses in the families of the mothers attending and help refer those with severe illness to the local health facility.*
3. *Leader Mothers will ask the mothers to review the key practices from the last lesson.*
4. *Leader Mothers will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.*
5. *Leader Mother asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers.*

Story: Fatima protects her family from cholera (Picture 2.1) – 10 minutes


3. Story

- Read the story on page 21 of the flipchart while showing the pictures on page 22.

When we last visited with Fatima, we learned her daughter Afya was very sick and Fatima was worried she might have cholera. In the past few days it became clear from radio messages and community health workers that a cholera outbreak is occurring in Fatima's village and the surrounding communities. Thankfully, Fatima was able to care for Afya and she is fully healthy now. However, two of her neighbor's children have severe diarrhea and vomiting. The Care Group Volunteer that counsels Fatima came over and complimented her on some of the things that she is already doing to protect her family from cholera like using a latrine and burying her child's feces, and using safe/clean cooking practices. However, the CGV notices that there are things that Fatima needs to do that she is not yet doing around her house to prevent the spread of cholera to her household, especially treating and storing her drinking water in a narrow-neck container. She offers to share some of her chlorine bleach solution to treat Fatima's drinking water until Fatima can buy some herself. Fatima gladly accepts her offer and after her CGV left, she first filtered the water using a folded-up clean cloth, pouring the water from one jerry can into another one, adding ½ teaspoon of chlorine bleach into the second jerry can where the family stores their water. Asad, her son, came over to see what she was doing. After 20 minutes, she poured him water from the jerry can, filling a small cup of water for him.

4. Ask about Current Practices

- Read the questions on page 23 of the flipchart.

	<ul style="list-style-type: none">? When was the last time there was someone with cholera in your community?? What are all the things that people can do to protect themselves and their households from cholera and other diarrhea diseases?? What did Fatima's neighbor offer to do? How is this helpful during a cholera epidemic?
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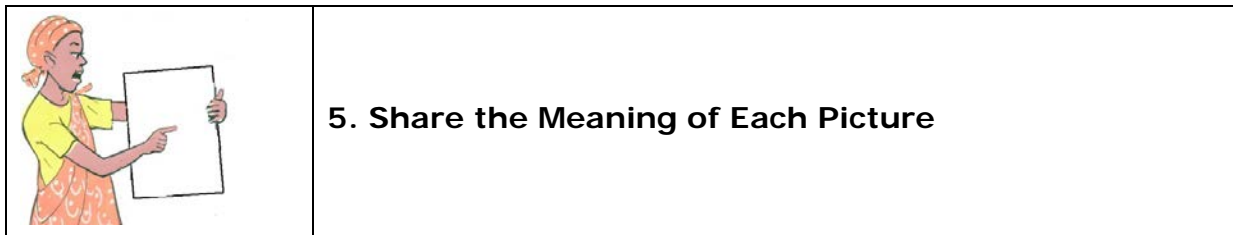
- Ask the first question to understand from the women how familiar they are with cholera in terms of having experienced an outbreak personally.
- Ask the second and third question to hear the women's thoughts on what they can do to protect themselves. We hope they answer with some of the following:
 - a. Only drink treated water (water which has been boiled or chlorinated or left in the sun for several hours)
 - b. Store water in a clean, narrow-necked container with a lid and use only clean utensils to serve it

- c. Wash hands at the five critical times
- d. Always use a latrine and bury children's feces.
- Ask the last question to hear what the women have heard about treating water with chlorine.

Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This flipchart page is for discussion, not for teaching.

- After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your ideas with the messages on the following pages."

How to protect your community during a cholera outbreak (Picture 2.2) - 5 minutes



- Ask the caregivers to describe what they see in the pictures on page 24.
- Share the meaning of each picture using flipchart pages 23 and 24.

? What do you think these pictures mean?

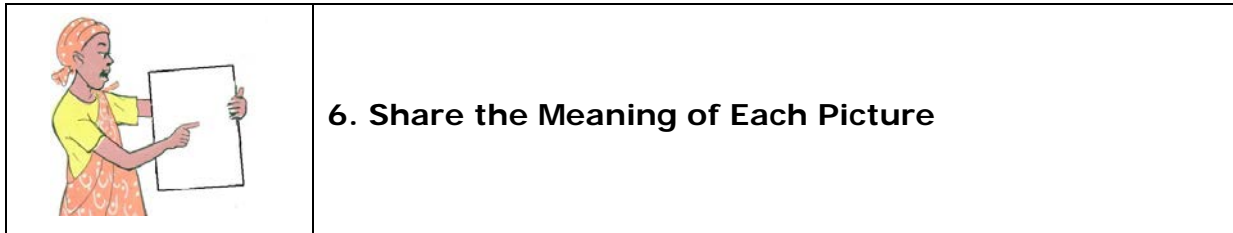
- 1. Health officials and others working in the community (e.g., NGOs, CBOs) will identify, isolate and refer the severe cases of cholera.**
- 2. Community Health Workers (CHWs) and others like Leader Mothers will provide correct, up-to-date information on the cholera outbreak and how to prevent cholera's spread.**
 - Leader Mothers will promote water treatment at home using chlorine products, and teach people other methods if they do not want to use chlorine products or they are not available.
- 3. Avoid non-essential public gatherings during an outbreak, since it is easy for people to come into contact with feces and vomit from sick people when a lot of people are sick with cholera. Feces and vomit easily spread cholera. If you must hold a large public gathering, people should stand further apart and avoid touching.**

? Are there cholera isolation tents in your community? Do you know of anyone in your community who has been treated at one? What are some things you can do to support your neighbor if you know someone from their household is being treated for severe cholera?

Additional Information for the Trainer

[Additional information can be added here by each program depending on the country context.]

Making water safe for drinking and cooking (Picture 2.3) - 5 minutes



- Ask the caregivers to describe what they see in the pictures on page 26.
- Share the meaning of each picture using flipchart pages 25 and 26.

? What do you think these pictures mean?

When drinking water comes from surface water (such as ponds, lakes, rivers and streams), unsealed wells, or other water that may be contaminated with germs, there are different ways we should treat it to remove germs: boiling, bleaching, using a high-quality filter, and using sunlight.

Settle and use simple filtering of the water first before treating it!

1. Let water sit in a container until the solids have settled out and the water is clearer.
2. Pour the water through several folds of a clean piece of cloth, or a sand and charcoal filter. Leave the residue that settled at the bottom rather than passing it through the cloth or filter. To use a fabric filter: fold a clean cloth (e.g., a wrap-around skirt) 4 times, and stretch or tie it over the mouth of a treated water jar. Pour water slowly into the jar through the cloth. After using the cloth, wash it and leave it in the sun to dry or disinfect the cloth with chlorine bleach to kill the germs.
3. If you cannot filter the water, use twice as much chlorine bleach to treat it.
4. After filtering the water, you must treat it using one of the recommended methods. Filtering it alone does not remove cholera and other germs.

Treat water by boiling:

1. Bring water to a rapid boil for a least 1 minute.
2. Pour water into a clean container to cool before drinking it.

Disinfect water using 5% chlorine bleach

1. If a commercial chlorine product is available in your community (e.g., *DloLavi*, *WaterGuard*, *Pureza*, *Certeza*), use one of those products according to the instructions on the bottle. When commercial products are not available, you can use chlorine bleach available locally that does not have perfumes or dyes and that has at least 5% chlorine in them. Ask the Leader Mother if the bleach in your area is acceptable.
2. For small amounts (1 liter), add 2 drops of household bleach (5% chlorine) to a clean container to kill all germs.

3. For larger amounts (5 gallons or 20 liters), add ½ teaspoon of household bleach to a clean container.
4. If a very large container (e.g., a covered barrel) is used to store water, treat the water in a smaller container first, and let it sit for 20 minutes¹² before pouring the treated water into the larger treated water storage container.
5. Mix the chlorine well with the water and allow it to stand for at least 20 minutes, or preferably overnight before use. Store it in a clean container.

Note: Some programs may wish to also promote other types of effective filters in use locally. Water can be passed through certain filters that remove the cholera bacteria. These filters include hollow-fiber filters, “candle” stacked filters, and others. Check with your local MOH or WHO office to see what is available, and which filters they consider to be effective for use in cholera epidemics and to prevent the spread of cholera.

Using Sunlight (Solar Disinfection or SODIS)^{13,14}: This works best in countries and during seasons when you can get at least six hours of sunlight in a day.

1. Fill a clean plastic bottle half full with water, then shake for 20 seconds. This adds air bubbles which help treat the water faster.
2. Then fill the bottle to the top and replace the cap.
3. Place the bottle where it is very sunny (often a roof works well) and where people and animals will leave it alone. The water does not need to get hot to treat it – the sunlight treats it.
4. Leave the bottle there for at least six hours in full sun or for 2 days (12 hours) if the weather is cloudy. After that, you can drink it.

? Have you purified your water using any of these methods in the past? Which ones? Which method can you do today to keep your family safe from cholera?

Additional Information for the Trainer

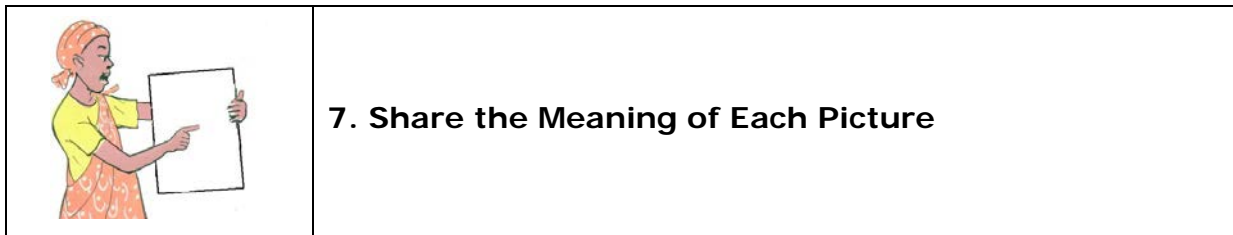
[Additional information can be added here by each program depending on the country context.]

¹² This amount of time may need to be adjusted based on MOH guidelines in your country.

¹³ Berney, M., Weilenmann, H.U., Simonetti, A., and Egli, T. “Efficacy of solar disinfection of *Escherichia coli*, *Shigella flexneri*, *Salmonella Typhimurium* and *Vibrio cholera*.” *Journal of Applied Microbiology*. February 2006.

¹⁴ Conroy, R.M., Meegan, M.E., Joyce, T., McGuigan, K., and Barnes, J. “Solar disinfection of drinking water protects against cholera in children under 6 years of age.” *Archives of Disease in Childhood*. 2001; 85:293-295.

Proper Additional Hygiene and Sanitation Behaviors (Picture 2.4) – 5 minutes



- Ask the caregivers to describe what they see in the pictures on page 28.
- Share the meaning of each picture using flipchart pages 27 and 28.

? What do you think these pictures mean?

- 1. The household member in charge should clean latrines and surfaces contaminated with feces using a solution of 1-part household bleach to 9 parts water at least once every two days¹⁵.**
 - a. Clean all surfaces touched by flood water with this bleach solution after waters subside.
- 2. Each household member should always defecate at least 30 paces away from streams, rivers, ponds, or other bodies of water that may be used by others for drinking water, using a latrine or burying your feces.**
- 3. Do not wash people, cooking pots, utensils, diapers or clothes directly in any body of water, especially during a cholera epidemic.**
 - a. Bathe at least 30 paces away from any body of water.
- 4. Family members who do cooking should always clean food preparation areas with soap and safe water and allow to dry completely after each meal.¹⁶**
- 5. Every day, family members in charge of water should treat water according to the previous instructions, and use treated water for drinking, washing clothes and hands, and to disinfect buckets/utensils.**
- 6. Cloths used for household cleaning should be washed daily with soap and air dried before reuse.**
- 7. Once dishes have been washed, they should be dried on a dish rack.**

? Where do you bathe now? Where do you get your water to bathe?

¹⁵ Frequency of cleaning latrine should be increased as necessary depending on use.

¹⁶ The message is more applicable too urban and semi urban areas where the floor is cement not mud or where food is prepared on a table. Program staff should replace this message, if necessary, with a more suitable message.

? Who in your household is responsible for cleaning the latrine? What about cooking? Who is in charge of water? Can you share these responsibilities during the cholera epidemic so one person is not responsible for it all?

Additional Information for the trainer:

[Additional information can be added here by each program depending on the country context.]

Preparing a Trench to be used as an Emergency Pit Latrine (Picture 2.5) – 5 minutes

	<h3>8. Share the Meaning of Each Picture</h3>
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- Ask the caregivers to describe what they see in the pictures on page 30.
- Share the meaning of each picture using flipchart pages 29 and 30.

These pictures are about how to use a simple trench to dispose of feces.

? From what you see in the pictures, what should you keep in mind when building that trench?

1. If you do not have a latrine, a simple trench can be dug as a temporary solution for the disposal of human feces.

- It should measure 0.3 meters across – so users can squat with a leg on each side – have a depth of 0.5-0.75 meters, and can be as long as necessary.
- One meter of trench can serve 4 users.

2. Dig the trench at least 30 paces (meters) from a well or other source of drinking water, and at least 6 meters from the nearest house.

- It should not be located uphill from the water source or dug in marshy soil.
- The bottom of the trench should never reach the groundwater.
- Close the trench when it is within 0.25 meters of ground level. Cover it over with earth and pack it down tightly.

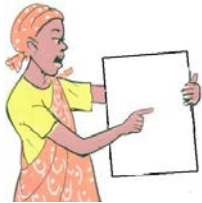
3. After each use, a covering of soil should be put over the waste to bury it in the trench.

- In an area affected by cholera, a layer of lime should also be put in the trench every day.

Additional Information for the trainer:

[Additional information can be added here by each program depending on the country context.]

Other Cholera Prevention Methods (Picture 2.6) – 5 minutes

	<h3>9. Share the Meaning of Each Picture</h3>
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- Ask the caregivers to describe what they see in the pictures on page 32.
- Share the meaning of each picture using flipchart pages 31 and 32.

? What do you think these pictures mean?

1. If cholera vaccines are offered in your area, be sure to get everyone vaccinated with it that is eligible.

- The cholera vaccine is safe and requires two doses given two weeks apart, for adults and children over 1 years old.
- The cholera vaccine is 43-65% effective so it does not completely protect you – you still need to do the other things we are recommending. *[Program Manager: Add local information here on cholera vaccine availability and where to access it. Remind them of the importance of WASH even where vaccines are available.]*

2. Discourage people from eating out of a shared bowl, plate, leaf or food container so they avoid sharing germs during a cholera epidemic.

[Program Manager: If PEEFECES bags (single-use, biodegradable self-sanitizing double-plastic bag toilet) is available in your area, consider including information on those in the lesson plan.]



10. Activity: Demonstrate water purification using chlorine. – 30 minutes

- Demonstrate how to treat (purify) water using one of the methods discussed on page 26.
- Ask participants to name each step in the process from settling the water, filtering it with a cloth, treating it (with one of the three methods), and then pouring into a clean and safe storage container, and pouring to drink (rather than using hands or a ladle).
- Have different participants help with each step in the process.



11. Discuss Barriers – 15 minutes

? Is there anything that might prevent you from trying these new practices?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share barriers and concerns they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the women to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.

Possible Concerns:

- Inability to find materials needed to adopt the behavior.
- Resistance from family members.
- Labor for digging latrines/trench, especially for disabled people.
- Getting other people who help with food prep to follow this advice.



12. Practice and Coaching – 20 minutes

For Leader Mother Groups:

1. Ask each Leader Mother to share the teachings she has learned with the person sitting next to her. She will use the first two flipchart pages of today's lesson.
2. Each Leader Mother will teach the person next to her in the same way that the Facilitator taught her.
3. After ten minutes, ask the women to switch roles. The other Leader Mother will share the teachings from the third and fourth pages of the flipchart lesson.
4. The Facilitator watches, corrects, and helps Leader Mothers who are having trouble.
5. When everyone is finished, answer any questions that the Leader Mothers have about today's lesson.

For Neighbor Groups:

1. Ask each woman to review the key messages she has learned from today's teaching with the person sitting next to her. Ask them to share what new things they will do in their home based on this new teaching.



13. Request Commitments – 10 minutes

- Based on today's teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:

- I commit to building a trench with my neighbor so that we can be sure all feces have a safe place to be disposed.
- I commit to consistently putting all adult and child feces in a latrine or burying them (no open defecation) at least 30 paces away from rivers or other water sources.
- I commit to treating water by boiling water for one minute and then letting it cool.
- I commit to using only treated water for cooking, washing clothes, washing pots and pans, and bathing.

Lesson 3: Proper Care Seeking and Management of Cholera



1. Caregivers will understand the importance of the following and act accordingly:
2. Caregivers will offer ORS to their child after every episode of diarrhea.
 - a. Mix one liter of boiled or chlorinated water with one packet of ORS. Stir until ORS dissolves.
 - b. If ORS packet is not available, make it at home using salt and sugar (following directions in this lesson).¹⁷
 - c. Offer children 6 months and older *at least* 1/3 cup every time they have diarrhea (50-100ml). Liquids going in should equal or surpass liquids going out. Give them as much as they want.
 - d. If the child vomits the ORS, wait 10 minutes and then give it more slowly, in teaspoonfuls. If vomiting continues, take to a health facility urgently.
 - e. For children less than 6 months, breastfeed more often than usual. If signs of dehydration are observed, take the child to a health facility immediately.
3. Caregivers will take a child immediately to a health facility for IV fluids and other treatment when they have danger signs:
 - a. The family will have a plan for transporting the person to a health facility.
 - b. A family member will take the person to a health facility if he or she:
 - i. shows signs of dehydration: child stops urinating or urinates very little, child is very thirsty, baby's top of the head (fontanel) is sunken, person's eyes are sunken, or person's pinched skin stays pinched for more than a few seconds;
 - ii. if diarrhea lasts more than seven days;
 - iii. if blood is seen in the feces; or
 - iv. if a child has one of the seven other danger signs during illness.
4. Caregivers will continue to feed the sick person properly during diarrhea episodes.
5. Caregivers will know how to avoid the spread of cholera while caring for a person with cholera.
6. Caregivers will believe that cholera is a serious illness that can quickly result in dehydration, malnutrition and death for infants, children and adults.


¹⁷ In some countries, like Kenya, the MOH does not recommend making your own ORS at home. Please double check with your MOH on what their guidelines are regarding this.

Materials:

1. Attendance Registers
2. Leader Mother Flipchart
3. Materials for Dehydration Activity:
 - A plastic bag with a small hole near the bottom of the bag.¹⁸
 - A cup and basin of water to fill the bag and to catch the falling water.

Summary:

- Game: Memory Game-Danger signs during illness and dehydration
- Attendance and Troubleshooting
- Share the story: Fatima's Son Asad Gets Cholera
- Ask about current practices
- Share the meaning of each picture on flipchart pages 33-46
- Activity: Dehydration Demonstration
- Discuss barriers
- Practice and coaching in pairs
- Request commitments



1. Game: Memory Game, Danger signs during illness and dehydration — 10 minutes

1. Play the game¹⁹

- a. *The Facilitator calls out a danger sign during illness (e.g., baby's fontanel is sunken) or a sign of dehydration, and at the same time does a body/hand movement that helps them remember it (e.g., puts tips of fingers of both hands on top of head). All the Leader Mothers copy the Facilitator by calling out the danger sign and then copying the same body/hand movement.*
- b. *Then the Facilitator calls out a second sign (e.g., person is very thirsty) and at the same time does another body/hand movement (e.g., person simulates drinking water). All the Leader Mothers copy the Facilitator by calling out the sign and then copying the same body/hand movement.*
- c. *Facilitator repeats this for each of the signs. These include (starting from top of body to lower down):*
 - i. *If a baby's **fontanel** (soft spot) **is sunken** (tips of fingers of both hands on top of head)*
 - ii. *If the person experiences **convulsions** (head back, shaking)*

¹⁸ You may find another object, such as a plastic water bottle, works better in your setting. Adapt as necessary.

¹⁹ It may be helpful to refer to the images of the danger signs on the flipchart before beginning the game. You can leave this page of the flipchart open while the women play the game.

- iii. *If the person has a **high fever** (back of hand held to forehead)
If the child is lethargic or difficult to wake (eyes closed, head tilting to either side)*
 - iv. *If the person's **eyes are sunken** into head (index and middle finger together on both hands, covering both eyes)*
 - v. *If the person is **not eating or drinking**, or a baby stops breastfeeding or has decreased breastfeeding (lips inward, shaking head)*
 - vi. *If the person is **very thirsty** (simulates drinking a glass of water)*
 - vii. *If the person **vomits everything** given to them (both hands starting at mouth and shooting outward)*
 - viii. *If the person experiences **fast/difficult breathing** (hands on either side of face, eyes wide, short quick breaths)*
 - ix. *If the person's **skin is not elastic**: pinched and released, it does not return to normal (pinch left forearm with right hand)*
 - x. *If a child **looks unwell or not playing normally** (fold hands at waist in front of body and putting head down sadly)*
 - xi. *If the person **stops urinating or urinates much less than usual** (hands together covering front of pants)*
 - xii. *If **diarrhea lasts more than seven days or more severe diarrhea lasting three or more days** (squatting with one hand behind back and shooting outward; or if that is too embarrassing in the culture, holding up 3 fingers)*
 - xiii. *If there is **blood in the diarrhea** (squatting, eyes wide, looking concerned about something on ground).*
- d. *Then the Facilitator calls out each danger sign (using the shortened phrases bolded above), and asks all Leader Mothers to do the body/hand movement as each one is called.*
- e. *Then the Facilitator asks the first Leader Mother to name a sign that requires going to the health facility (preferably the first in the list, and using the shortened phrases) and the associated body/hand movement. Then the second Leader Mother has to name another sign with its body/hand movement. The game proceeds this way until the last person names the last danger sign or time runs out. (This game can be added to future lessons until everyone knows all of the signs. Leader Mothers can be encouraged to learn all of them and be able to name all of them in succession quickly with their associated hand/body movements.)*
2. (Ask:) What do you think we were trying to teach you with the signs in this game?
- a. You need to be able to recognize and remember what the danger signs are during illness, and what the signs of dehydration are, so you can know when to take a family member – especially a child – immediately to the health facility. These signs mean that someone is probably very, very sick and needs a doctor or nurse.
3. In today's lesson we are discussing proper care seeking during a cholera outbreak and management of the disease. This includes knowing what the

danger signs are and how to recognize them. Now that we are energized, let's begin our lesson.



When teaching Leader Mothers:

1. *Facilitator fills out attendance sheets for each Leader Mother and neighbor group (beneficiary group).*
2. *Facilitator fills out vital events mentioned by each Leader Mother (new births, new pregnancies, and mother and child deaths).*
3. *Facilitator asks if any of the Leader Mothers had problems meeting with their neighbors.*
4. *The Facilitator helps to solve the problems mentioned.*
5. *The Facilitator asks the Leader Mothers to review the key practices from the last lesson.*
6. *The Facilitator asks the Leader Mothers about their commitments from the last meeting and follows up with those who had difficulty trying out new practices.*

? What was your commitment at the last lesson? Have you kept that commitment?

? How – what did you do?

- o Did anyone (spouse, grandmother or children) interfere or tell you not to follow your commitments? Tell the story of what happened?
- o What factors (people, events or chores) in your life made it difficult to keep your commitments?
- o How were you able to overcome these problems?

7. *Facilitator thanks all of the Leader Mothers for their hard work and encourages them to continue.*
8. *Facilitator asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers.*

When Leader Mothers teach their Neighbors:

1. *If part of the project protocol, Leader Mothers will take attendance.*
2. *If part of the project protocol, Leader Mothers will ask about new births, pregnancies or illnesses in the families of the mothers attending and help refer those with severe illness to the local health facility.*
3. *Leader Mothers will ask the mothers to review the key practices from the last lesson.*

4. *Leader Mothers will ask the neighbor mothers about their commitments from the last meeting (using the questions in the box above) and follow up with those who had difficulty trying out new practices.*
5. *Leader Mother asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers.*

Story: Fatima's Son Asad Gets Cholera (Picture 3.1) – 10 minutes


3. Story

- Read the story on page 34 of the flipchart while showing the pictures on page 35.

Fatima's community continues to be affected by the cholera outbreak. Despite learning to purify her water with chlorine and committing to protective practices such as burying her children's feces, always using and drinking only purified water, and having installed a hand-washing station, her son Asad became sick with cholera. Fatima's Leader Mother stops by for a visit. In addition to the practices already mentioned, the Leader Mother counsels Fatima to wash her and Asad's clothes every day in treated water and to leave them to dry in the sun. She also counsels her to clean the latrine daily. Next, she also explains to Fatima how to make and administer ORS. Using 1 liter of **treated** water, she adds ½ teaspoon of salt and 8 teaspoons of sugar and mixes well. Every time Asad has diarrhea, Fatima gives him at least 1/3 cup of ORS to assure he has the same amount of liquid "going in" as "going out". On the second day, Fatima and the Leader Mother decide that it is time to take Asad to the health facility. He has stopped urinating but is always thirsty, his skin remains up when pinched, and the diarrhea has continued. Fatima and her husband together take Asad to the nearest health facility. The nurses at the health facility promptly admit Asad and start giving him IV fluids immediately. He also receives antibiotics to help reduce the duration and severity of the diarrhea. Slowly the signs of dehydration start to lessen and in three days he becomes well enough to be discharged. Fatima and her family are very grateful that they took Asad to the health facility.

4. Ask about Current Practices

- Read the questions on page 36 of the flipchart.

	<ul style="list-style-type: none">• What protective actions was the Leader Mother doing to help Fatima?• What danger signs did Asad have that made her decide to take him to a health facility?• What do you do when someone in your household is sick with diarrhea?
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- Ask the first question to hear what the women remember about how to protect their household from cholera. We hope they answer with some of the following:
 - a. Dumping the children's feces in a latrine
 - b. Using only treated water for drinking and cleaning
 - c. Installing a hand-washing station for guests
 - d. Cleaning the latrine
 - e. Washing clothes with treated water and hanging them to dry in the sun

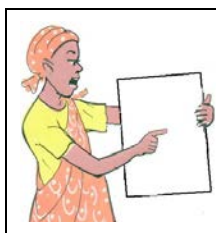
- Ask the second question to hear what the women know about danger signs. We hope they answer with some of the following:
 - a. Not urinating
 - b. Always thirsty
 - c. Skin remains pinched
 - d. Not getting better: diarrhea continued for third day
 - e. Other danger signs they could list: vomiting everything, difficulty breathing, convulsions, high fever and sunken eyes.When Fatima saw the signs, she took Asad to the health facility.

- Ask the last question to hear what the women's current practices are when someone in their household has diarrhea.

Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This page is for discussion, not for teaching.

- After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your ideas with the messages on the following pages."

How do you make ORS? (Picture 3.2) - 5 minutes



5. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the pictures on pages 37 and 39.
- Share the meaning of each picture using flipchart pages 36, 37, 38 and 39.

? What do you think these pictures mean?

The most important part of treatment of cholera is to give the person enough oral rehydration serum (ORS) that they do not become dehydrated (dried out)!

- Cholera can usually be simply and successfully treated by immediate replacement of the fluids and minerals lost through diarrhea.

You should start giving oral rehydration solution as soon as the person has diarrhea, even if you plan to take the person to a health facility.

- If ORS sachets are available, put one sachet of ORS in one liter of clean, safe (e.g., treated) water. Stir it well, and taste it before giving to the person. *It should be no saltier than tears* – if it is, you have not used enough water – add a bit more water and taste it again.
- If you do not have ORS sachets or cannot get them quickly, add to one liter of clean, safe water:
 1. ½ teaspoon (3.5 grams) of salt
 2. 8 teaspoons (40 grams) of sugar
 3. Mix well with a long s teaspoon or another utensil!
 4. Taste to assure it is no saltier than tears. If it is, add more water and taste again.
 5. The Leader Mother can show you which spoon is a teaspoon.

How do you administer ORS?

1. Give a child with diarrhea sips of the drink every 5 minutes, day and night until he/she begins to urinate normally.
2. A child who is 6 months and older should get at least 1/3 to ½ cup every time they have a liquid feces. An older child should get ½ to 1 large cup every time they have a liquid feces. A small child usually needs at least 1 liter of ORS drink a day. Remember: You are replacing the liquids the child is losing through diarrhea.
3. Adults need 2 glasses of ORS after each liquid feces, and usually 3 or more liters a day. Keep giving the ORS drink to them often and encourage them to drink.

4. If a person receiving ORS vomits, wait 10 minutes and give the ORS to the person more slowly in small sips or teaspoonfuls.

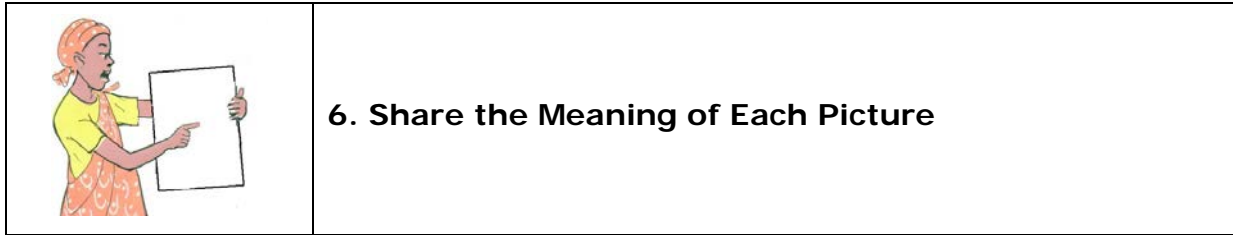
Go to a health facility if the person has any danger sign during illness or signs of dehydration, and give ORS along the way.

? How familiar are you with ORS? Have you made it before? Can you share an example of when and why?

Additional Information for the Trainer

[Additional information can be added here by each program depending on the country context.]

Fatima shows her neighbor how to continue feeding her child during cholera. (Picture 3.3) - 5 minutes



- Ask the caregivers to describe what they see in the pictures on page 41.
- Share the meaning of each picture using flipchart pages 40 and 42.

? What do you think these pictures mean?

Children can lose weight rapidly and become malnourished during diarrhea, including the diarrhea from cholera, so providing nutritious food helps in early recovery. For children who are 6m and older and for adults:

- Provide frequent small meals with familiar and favorite soft foods and increased breast feeding during the first two days rather than infrequent large meals.
- Good foods to give include bananas, white rice, local porridge, toast, meat, and fish.
- Avoid giving very high-fiber foods such as beans, lentils, mangos, guava, brown rice, cornmeal, and fruit or vegetable peels during diarrhea.
- Avoid giving food or drinks with a lot of sugar, such as fruit juices or cola, which can increase diarrhea.

Give lots of liquids to the person to drink such as ORS, thin cereal-based ORS, or water.

- ORS is much better than water during diarrhea.
- Give other solid and semi-solid food along with these drinks.
- For children 6 months and older, give breastmilk before giving any other drinks, and *breastfeed more than usual*.
- For children less than 6 months, only give breastmilk, and breastfeed more often than normal.

Do not serve food or drinks to visitors when someone in the household has cholera, and do not let the infected person help with cooking or handle others' food.

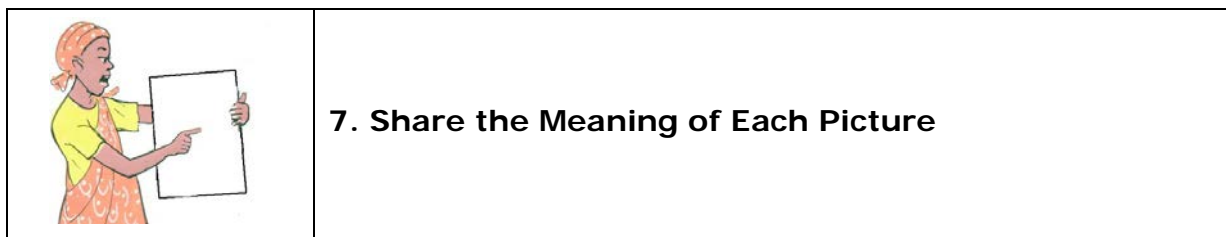
Remember, if signs of dehydration are seen, take the child to a health facility immediately.

? Why is it important to breastfeed more than usual when a child has diarrhea? Is this hard for you to do? Why or why not?

Additional Information for the Trainer

[Additional information can be added here by each program depending on the country context.]

Danger Signs (Picture 3.4) – 5 minutes



- Ask the caregivers to describe what they see in the pictures on page 43.
- Share the meaning of each picture using flipchart pages 42 and 43.

? What do you think these pictures mean?

Review the danger signs during child illness and signs of dehydration taught in the opening game. At the health facility, they may receive IV fluids or other treatment.

1. **fontanel** (soft spot) **is sunken**;
2. **having convulsions**;
3. **having a high fever**;
4. **having eyes that are sunken**;
5. **not eating or drinking**, or **baby stops breastfeeding or has decreased breastfeeding**;
6. **being very thirsty**;
7. **vomiting everything** given;
8. **having fast/difficult breathing**
9. if the person's **skin is not elastic**
10. if a child **looks unwell or not playing normally**;
11. if a person **stops urinating or urinates much less than usual**;
12. if **diarrhea lasts more than seven days or more severe diarrhea lasting 3 or more days**; or
13. if there is **blood in the diarrhea**.

Remember: Every family should develop a plan for transporting the person to a health facility if they get sick with cholera or another serious illness.

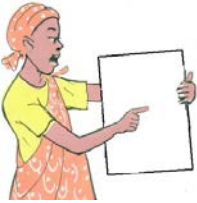
? Why is it important to take your child to the health facility if you see any of these danger signs?

? How will you get your family member to the health facility if they are sick? What if you are the sick one, how will you get there?

Additional Information for the trainer:

At the health facility, children may receive zinc and/or appropriate antibiotics, which help to reduce the duration and severity of the diarrhea.

Caring for a family member who is sick with cholera (Picture 3.5) – 5 minutes

	8. Share the Meaning of Each Picture
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- Ask the caregivers to describe what they see in the pictures on page 45.
- Share the meaning of each picture using flipchart pages 44 and 45.

? What do you think these pictures mean?

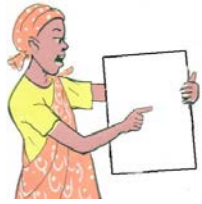
- 1. If a household member develops frequent, watery diarrhea, give the person oral rehydration solution (ORS) right away.**
- 2. Handwashing with soap (or ash) and treated water should be done before and after each time you touch the sick person or have contact with their clothes or bedding.**
 - If no water and soap are available, use an alcohol-based hand cleaner, or ash.
- 3. Continue to breastfeed a baby if he or she has frequent, watery diarrhea even while traveling for treatment.**
 - Breastfeeding should be continued while a child has cholera. Breastfeeding is protective.
- 4. Remove and wash any bedding or clothing that may have had contact with the person's diarrhea or vomit in warm or hot water.**
 - Use the usual detergents that you have.
 - Throw out the wash water in a pit that can be covered with dirt or ash.
 - Disinfect mattresses that are soiled with diarrhea or vomit by drying well in the sun.
- 5. Use a solution of one-part chlorine bleach and nine parts water to clean any surfaces or objects that may have contact with the person's diarrhea or vomit, including the floor, the person's bathroom, and bedpan.**
 - Do this as soon as possible after being soiled.
 - When possible, use rubber gloves when cleaning any room, floor, or surface that may have had contact with the patient's fecal matter.

Additional Information for the trainer:

- Even though cholera is much more dangerous than ordinary diarrhea, treatment of Cholera is not very different from treatment of 'ordinary' diarrhea. The key is oral rehydration therapy to prevent dehydration. Diarrhea usually will go away in a few days if ORS is given.

- For children up to five years, supplementary administration of zinc has a proven effective in reducing duration of diarrhea as well as reduction in successive diarrhea episodes.

What NOT to do (Picture 3.6) – 5 minutes

	<h3>9. Share the Meaning of Each Picture</h3>
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- Ask the caregivers to describe what they see in the pictures on page 47.
- Share the meaning of each picture using flipchart pages 46 and 47.

? What do you think these pictures mean?


1. A child or adult sick with cholera should not be given any antibiotics or other medication at home unless they are provided by a trained health worker.
2. Do not share water from the same drinking cup with a sick person, and do not leave undrunk water in the cup.
3. Try to avoid getting the sick person's feces or vomit on your clothes. If you do, change your clothes promptly.
4. Do not ask a child to clean and care for another sick child with diarrhea without observing their hygiene practices to assure they do not get the disease or spread it to someone else. Try to have another adult care for the sick child.



10. Activity: Dehydration Demonstration– 30 minutes

1. Ask a volunteer to hold the hole in the bottom of the bag closed so that no water comes out.
2. Fill the bag with water so that it is full and round.
3. Explain:
 - a. This bag represents a child with diarrhea who breastfeeds many times a day or a person who is given ORS during diarrhea. The person has enough water in his/her body. Their body is round and full.
 - b. When I slightly pinch the side of the bag and then release it, what happens?
 - c. Like this bag when your body has enough water, it returns to its normal shape after being pinched.
4. Ask each mother to pinch the skin on the top of her forearm and then release it, and to watch the skin return to where it was. Point out how quickly the skin returns to normal.
5. Now, ask the volunteer to let a small amount of water out of the hole in the bag to represent a person with diarrhea or vomiting. Ask her to continue letting out small amounts of water every few seconds until the bag becomes thin and shriveled.
6. While she is letting the water out, explain:
 - a. Every time a person urinates, some water is lost from the body.
 - b. If a person has diarrhea or is vomiting, the water is lost a lot more quickly.
 - c. When a person loses too much water from diarrhea or vomiting and it is *not* replaced, they become shriveled and thinner like this bag.
 - d. (Pinch the bag.) Notice that the skin doesn't bounce back like it used to when it is pinched.
 - e. When this happens, the person is in great danger. The person needs immediate help or he or she could die. When we do not have enough liquids in our body, the blood cannot move around our bodies well, and the heart has to work a lot harder to keep us alive.
 - f. This is the reason we pinch the skin – as one way to see how much liquid they have lost that has not been replaced.
7. (Ask:) How can a person keep from losing too much water when they have diarrhea?
 - a. For children under six months of age, offer breast milk whenever the child is thirsty and every time the child has a liquid feces. Offer breast milk more often than normal until the child recovers.
 - b. For a child six months and older and adults, offer ORS every time the person has a liquid feces. Breastfeed children more often than usual.
 - c. If the person with diarrhea shows signs of dehydration at any point or any other danger sign during illness, get them to a health facility immediately. The person may need IV fluids to save their life.
8. Ask the volunteer to hold the hole in the bag closed as you refill the bag.

9. Ask the volunteer to let some water out. Then refill the bag. Continue doing this explaining that every time the person loses water from vomiting or diarrhea, the person caring for them must add more water to the person's body using either breastmilk or ORS.
10. To prevent dehydration, every time the person loses water, we must replace it.
11. Answer questions.



11. Discuss Barriers – 15 minutes

? Is there anything that might prevent you from trying these new practices?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share barriers and concerns they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the women to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.

Possible Concerns:

[Additional information can be added here by each program depending on the country context.]



12. Practice and Coaching – 20 minutes

For Leader Mother Groups:

1. Ask each Leader Mother to share the teachings she has learned with the person sitting next to her. She will use the first two flipchart pages of today's lesson.
2. Each Leader Mother will teach the person next to her in the same way that the Facilitator taught her.
3. After ten minutes, ask the women to switch roles. The other Leader Mother will share the teachings from the third and fourth pages of the flipchart lesson.
4. The Facilitator watches, corrects, and helps Leader Mothers who are having trouble.
5. When everyone is finished, answer any questions that the Leader Mothers have about today's lesson.

For Neighbor Groups:

6. Ask each woman to review the key messages she has learned from today's teaching with the person sitting next to her. Ask them to share what new things they will do in their home based on this new teaching.



13. Request Commitments – 10 minutes

- Based on today's teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:

- I commit to providing my child ORS as soon as they have watery feces three or more consecutive times (diarrhea).
- I commit to breastfeeding my child more if they have diarrhea.
- I commit to taking assuring that everyone who helps care for my children knows all of the child danger signs during illness that we discussed today.
- I commit to talking with my husband or parents to create a plan on how we will get family members to a health facility quickly in case we need to go.

Lesson 4: Dealing with the Aftermath of a Cholera Outbreak

Objectives



1. Caregivers will understand the importance of the following and act accordingly:
 - a. What people who have had cholera need to do after the illness to avoid the spread of the disease and to recover properly (e.g., not swimming or bathing in bodies of water for two weeks, eating well).
 - b. How to properly prepare a dead body and deal with a dead person's remains to prevent cholera transmission.
 - c. How to avoid the spread of cholera during funerals (e.g., through handwashing with soap, not offering food/drinks).
 - d. What stigma is and how as a community people can work to avoid it.
 - e. The Leader Mother's role in empowering their community as a whole to care for cholera orphans, survivors and affected family members.

Materials:

1. Attendance Registers
2. Leader Mother Flipchart

Summary:


- Game: Rainstorm
- Attendance and Troubleshooting
- Share the story: Fatima Helps Plan her Uncle's Funeral
- Ask about current practices
- Share the meaning of each picture on flipchart pages 49-59
- Activity: Behavior Review
- Discuss barriers
- Practice and coaching in pairs
- Request commitments



1. Game: Rainstorm — 10 minutes

1. Ask the women to sit quietly in a circle a foot or so apart, with their eyes closed.
2. Each woman should listen to the sounds made by the woman sitting on her right side. She should repeat the sound that she hears from that woman.

3. The Facilitator begins each action, continuing the action until the woman on her right starts the action and the action is repeated by all the women in the circle:
 - a. Rub your palms together quickly to create the sound of rain. Continue rubbing your palms together as the woman on your right rubs her palms and the noise is passed to each woman in the circle. (Get gradually louder in the next four steps.)
 - b. Now, snap your fingers until everyone is snapping their fingers.
 - c. Next clap your hands together quickly until everyone is clapping their hands.
 - d. Next slap your thighs until everyone is slapping their thighs.
 - e. Next stomp your feet until everyone is stomping their feet.
 - f. Now the rain is going away (so get gradually softer for the next four steps): Slap your thighs lightly until everyone is slapping their thighs.
 - g. Clap both hands together quietly until everyone is clapping their hands.
 - h. Snap your fingers quietly.
 - i. Rub your palms together quietly.
 - j. Sit in silence for a moment.
4. Ask the women what that sounded like to them. Explain that it was supposed to sound like a rainstorm. Explain that cholera is like a storm: it comes, it gets worse, and it will someday leave, as all storms do. There are some things that we often need to do after a storm, and things that we need to do after a person has had cholera and after a cholera epidemic, as well.
5. Tell participants, "Now that we are energized, let's begin our lesson."



2. Attendance and Troubleshooting – 15 minutes

When teaching Leader Mothers:

1. *If it is part of the project protocol, the Facilitator fills out attendance sheets for each Leader Mother and neighbor group (beneficiary group).*
2. *If it is part of the project protocol, the Facilitator fills out vital events mentioned by each Leader Mother (new births, new pregnancies, and mother and child deaths).*
3. *The Facilitator asks if any of the Leader Mothers had problems meeting with their neighbors.*
4. *The Facilitator helps to solve the problems mentioned.*
5. *The Facilitator asks the Leader Mothers to review the key practices from the last lesson.*

6. *The Facilitator asks the Leader Mothers about their commitments from the last meeting and follows up with those who had difficulty trying out new practices.*

? What was your commitment at the last lesson? Have you kept that commitment?

? How – what did you do?

- o Did anyone (spouse, grandmother or children) interfere or tell you not to follow your commitments? Tell the story of what happened?
- o What factors (people, events or chores) in your life made it difficult to keep your commitments?
- o How were you able to overcome these problems?

7. *Facilitator thanks all of the Leader Mothers for their hard work and encourages them to continue.*
8. *Facilitator asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers.*

When Leader Mothers teach their Neighbors:

1. *Leader Mothers will take attendance.*
2. *Leader Mothers will ask about new births, pregnancies or illnesses in the families of the mothers attending and help refer those with severe illness to the local health facility.*
3. *Leader Mothers will ask the mothers to review the key practices from the last lesson.*
4. *Leader Mothers will ask the neighbor mothers about their commitments from the last meeting and follow up with those who had difficulty trying out new practices.*
5. *Leader Mother asks the group's Activity Leader to discuss the needed items for next week's activity and solicit volunteers.*

Story: Fatima's Helps Plan her Uncle's Funeral (Picture 4.1) – 10 minutes


3. Story

- Read the story on page 49 of the flipchart while showing the pictures on page 50.

Today Fatima and her family members are all healthy. Fatima and her husband continue to follow all the cholera prevention measures as the outbreak is ongoing and it helps them to stay healthier, in general. Yesterday however, Fatima received the news that her uncle who lives in a nearby village, passed away due to cholera. Her family asked her to help plan his funeral. Fatima remembers what her Leader Mother shared with her last week in terms of funerals and large gatherings. She shares with her aunt that it is important for family members to not handle the body if at all possible to prevent the spread of cholera. She convinces her aunt to call the local health authorities to prepare the body for burial and to bury the body. Together they decide that the family will hold a very small memorial service at the grave site, after the authorities bury the body. Fatima's aunt also shares that her daughter's friends are not playing with her any more for fear of getting cholera and dying like the uncle just did. Fatima offers to visit her aunt's village and talk to the parents of her daughter's friends to share with them that there is no reason to avoid her aunt's family. Fatima reinforces the importance of prevention measures, like washing your hands with soap and water and only drinking purified water.

4. Ask about Current Practices

- Read the questions on page 51 of the flipchart.

	<ul style="list-style-type: none">• What happened to Fatima's uncle and Fatima's niece in the story?• What key information did Fatima share with her aunt about the death and burial of her uncle?• Why were the village children afraid to play with the child of the man who died? How should we treat children who have lost a parent to cholera?
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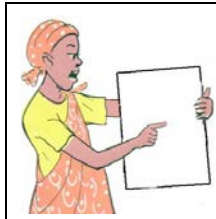
- Ask the first question to review what happened in the story and to introduce the concept of stigma.
- Ask the second question to hear what the women know about death and burial during a cholera outbreak. We hope they answer with some of the following:
 - a. Health officials should be called immediately following someone's death.
 - b. If trained health workers or other authorities are available to do this, the family should not touch the body. This includes preparing the body for burial and burying the body.
 - c. If the family has to touch the body, they should wear gloves and an apron. If those are not available, they should wash their hands thoroughly with soap and water after they are through touching the body, clothing, and bedding of the person who has died.

- d. The family should avoid holding a large funeral as cholera can be spread more easily in places where large numbers of people are gathered and there likely is not hand washing stations, latrines, etc.
- Ask the last question to hear what the women's current views are when it comes to children who have lost a parent due to cholera.

Encourage discussion. Don't correct "wrong answers." Let everyone give an opinion. This page is for discussion, not for teaching.

- After the participants answer the last question, move to the next flipchart page by saying, "Let's compare your ideas with the messages on the following pages."

Preventing the spread of cholera during patient transport and burials (Picture 4.2) - 5 minutes



5. Share the Meaning of Each Picture

- Ask the caregivers to describe what they see in the pictures on page 52.
- Share the meaning of each picture using flipchart pages 51 and 52.

? What do you think these pictures mean?


1. **When death occurs, and cholera is suspected, health care workers or local officials should be contacted immediately.**
2. **If a health care worker or workers trained in handling bodies of people who die from cholera cannot help with the body, special care should be taken to prepare the body for burial so others do not get ill with cholera. If possible, family members should not handle the body.**
3. **Bodies should be buried at least 30 paces away from water sources.**
4. **If you or a family member must handle the body:**
 - Small funerals or memorial services should be held within hours of death, if possible.
 - Use the same care precautions as when the person was living – avoid having contact with the person's bodily fluids (e.g., feces, vomit), wash one's hands well with soap and water after touching the body.
 - Wear an apron and gloves while handling the body, and do not put your hand in or near your mouth or face or on other people after handling the body.
 - If people are washing a body for burial, do not forget to have everyone wash themselves well with soap and water after preparing the body. Dump the waste water into a pit that can be covered with dirt or ash.
 - If other people may be touching or kissing the body during the funeral, disinfect the body with a chlorine solution (2%). Recommend that people not touch or kiss the body at any time.
 - Fill the mouth and anus of the dead person with cotton wool soaked with chlorine solution.
 - Disinfect the clothing and bedding of the deceased by stirring the clothes/bedding in boiling water or by drying bedding that cannot be washed thoroughly in the sun.

? How common is it for you to prepare the body for burial if a family member dies? How do you feel about having a trained official prepare and bury the body? Would you be able to follow this guidance? Why or why not?

Additional Information for the Trainer

[Additional information can be added here by each program depending on the country context.]

Cholera and Stigma (Picture 4.3) - 5 minutes

	<h3>6. Share the Meaning of Each Picture</h3>
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- Ask the caregivers to describe what they see in the pictures on page 54.
- Share the meaning of each picture using flipchart pages 53 and 54.

? What do you think these pictures mean?

Avoid stigmatizing people who have recovered from Cholera.

- They can share their experience of having cholera with others (e.g. the importance of drinking ORS and going to the clinic if they cannot stay hydrated). They can explain how ANYONE can get cholera and how it is spread to help prevent further spread in their community.
- It is important for a person to continue to follow good cholera prevention measures even when he or she is declared well. Good cholera prevention measures include washing hands with soap at the five critical times, drinking only clean, safe water, avoiding funerals, etc.

? When and where do you see stigma around cholera in your community?

? How can you help care for children whose parents have died from cholera and stay safe at the same time?

Additional Information for the Trainer

The definition of stigma is “a mark of disgrace associated with a particular circumstance, quality, or person”.²⁰ Stigma is a spoilt identity. To stigmatize is to label someone; to see them as inferior because of an attribute they have.²¹

Some examples of stigma and discrimination:

- Physical and social isolation from family, friends, and community
- Gossiping, name-calling, violence, and condemnation
- Loss of rights and decision-making power
- Self-stigma: when people blame and isolate themselves
- Stigma by association: the whole family is affected by stigma

²⁰ <http://www.oxforddictionaries.com/definition/english/stigma>


²¹ Academy for Educational Development, International Center for Research on Women and International HIV/AIDS Alliance. Developed by Ross Kidd, Sue Clay and Chipo Chiiya. “Understanding and Challenging HIV Stigma: Toolkit for action”. Introduction and Module A. 2007.

Avoiding funerals during a disease outbreak is NOT stigma; it is an important way to prevent becoming infected. We can find other ways to honor the person who died, and to help their families.

You may want to discuss ways in which the women can help reduce stigma around cholera in their communities. For example, they can:

- Talk with their families and neighbors about stigma: They can share information about cholera, especially that survivors are not infectious. They can invite health workers to explain to our neighborhoods if there is still fear.
- They can be examples: Not participating in stigmatizing and discriminating behaviors—no name calling, avoidance of cholera survivors, etc.—and treat survivors normally so that other people can see that it is safe to do so.

Recovering from Cholera (Picture 4.4) – 5 minutes

	<h3>7. Share the Meaning of Each Picture</h3>
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- Ask the caregivers to describe what they see in the pictures on page 56.
- Share the meaning of each picture using flipchart pages 55 and 56.

? What do you think these pictures mean?

1. People who have had cholera but no longer have signs and symptoms (e.g., diarrhea) should not bathe in bodies of water (e.g., ponds, rivers, lakes, streams) for at least two weeks after symptoms are gone.

- Instead they should take bucket baths at home using water that has been purified.

2. People recovering from cholera should not swim for two weeks after the disease. This helps to avoid transmitting the bacteria from the person to the water (which can occur for several days after recovery), as well as avoiding having the person become reinfected by repeat exposure.

3. When recovering from cholera, a person needs to eat well to regain any weight loss and to replenish vitamins, calories and nutrients loss from having diarrhea. This includes foods that are:

- A good protein source to help build strong bones and muscles such as fish, meat, eggs, beans and dairy foods such as cheese, yogurt, and milk if available.
- A good source of vitamins to protect the body such as fruits such as bananas, papaya, mango and leafy green vegetables.
- A good source of energy foods like rice and maize and fats such as nuts, avocados, and cooking oil.

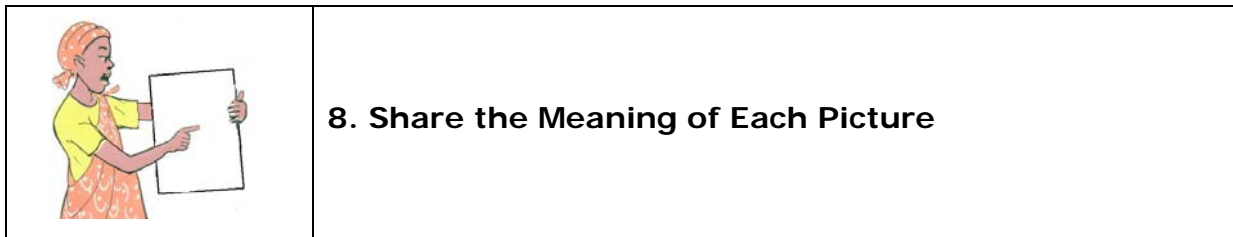
4. Be sure to continue the safe food practices discussed earlier such as washing all fruits and vegetables with purified water and cooking food thoroughly.

? What are some foods your family eats each day? Would you be able to incorporate foods from all these groups into your family's diet?

Additional Information for the trainer:

[Additional information can be added here by each program depending on the country context.]

Helping children cope when someone they love dies. (Picture 4.5) – 5 minutes



- Ask the caregivers to describe what they see in the pictures on page 58.
- Share the meaning of each picture using flipchart pages 57 and 58.

? What do you think these pictures mean?

1. Cholera may increase the number of orphans and children without mothers and fathers.

2. Children grieve when someone they love has died. Here are some ways you can help a young child who is grieving:

- Answer honestly: tell the child the truth about how the parent or relative died. It is not helpful to tell a confusing story.
- Help children to express their feelings and thoughts.
- Allow children to express their sadness.
- Encourage the child to find meaning in their family members' lives by telling stories about (or drawing pictures about) the good things that their deceased family member did while they were alive. Help children to find happy and meaningful memories, as well.

3. Children who have recently lost a parent or both parents need emotional support to help them move through the grieving process.

- Teachers and religious leaders can be good mentors and be mobilized for psychological support.
- You can help raise community awareness about cholera orphans and encourage your community to love and accept these children.

4. Children have physical needs that need to be cared for. Orphaned children are at risk of poor health if no one is there to care for them.

- Children need good nutrition and medical care to remain healthy (e.g., vaccinations, good nutrition, medical care, sleeping under an insecticide-treated bed net, etc.).
- What have we learned in previous Care Group lessons about the nutritional needs of children?
- What have we learned already about the medical care children need to remain healthy?

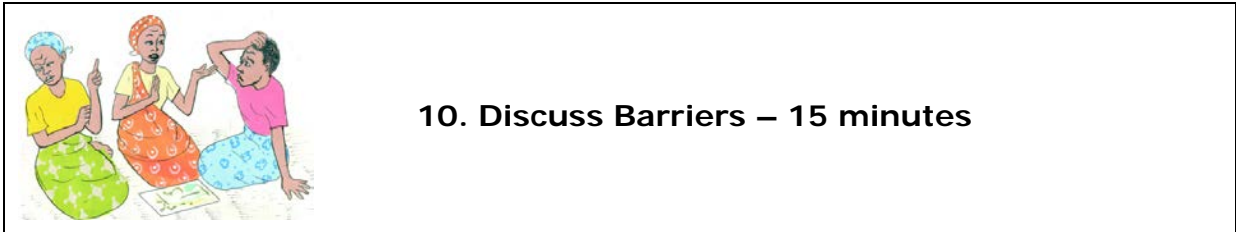
5. Children also have social needs. Orphans need to interact with other adults and children.

- It is safe for a child orphaned by cholera (or whose family members have had cholera) to play with other children or adults. Remember, just because their parents died from the disease, it does not mean that they too are infected. While some people have cholera and do not have signs, if they do not have diarrhea, they are probably not going to make anyone else sick as long as their feces is put in a latrine or buried and people wash their hands at the appropriate times.
- Encourage activities outside of school (e.g., sports, art) with other children, such as playing games or doing chores together.
- Spend time with orphans and help them cope with various daily chores such as gathering water and preparing meals.
- Forming support and play groups for orphans can help them.
- If the child's family was religious, invite a religious leader or group to help.
- Encourage community or religious groups to participate in activities that support orphaned children (e.g., soccer teams).



9. Activity: Behavior Review– 30 minutes

1. This activity will trigger participant's memories to recall the key points of all four lessons.
2. A "community scene" (in the form of a detailed image) is shown to the participants. This scene includes images of a parent and child in an interior room (through doorway); shoes on the landing to the kitchen from a guest; wide-mouth drinking water container on the porch near the door with no ladle and top slightly askew; uncovered cooking pot on a three-rock fire; feces on ground near kitchen with flies; stream near the house with children playing in it; latrine without a hand washing station, etc.
3. There are some circles drawn on the image where things are missing. Participants should be asked to identify what is missing in each circle (e.g., handwashing station; "outdoor broom" to sweep compound).
4. Ask participants to draw lines with their fingers on the picture between parts of the image to show how cholera is spread and to explain their line – the transmission route (e.g., tracing a line from the river to child's mouth, from flies to food in pot, from latrine to ladle.)
5. This activity prompts discussion from all the participants to ensure there is a clear understanding on all the different ways in which cholera is transmitted in a community.
6. In the weeks after this Cholera module is used, volunteers should visit homes using the annexed checklist and counsel family members on any behaviors or "installations" (e.g., tippy tap) that they are not currently using, and compliment them on the ones that they have adopted so far.



10. Discuss Barriers – 15 minutes

? Is there anything that might prevent you from trying these new practices?

Ask mothers to talk to a woman sitting next to them for the next five minutes. They should share barriers and concerns they have about the new teaching. Together they should try to find solutions to these barriers. After five minutes, ask the women to share what they have discussed.

Help find solutions to their concerns. If a woman offers a good solution to another woman's concern, praise her and encourage others to consider this solution.

Possible Concerns:

[Additional information can be added here by each program depending on the country context.]



11. Practice and Coaching – 20 minutes

For Leader Mother Groups:

1. Ask each Leader Mother to share the teachings she has learned with the person sitting next to her. She will use the first two flipchart pages of today's lesson.
2. Each Leader Mother will teach the person next to her in the same way that the Facilitator taught her.
3. After ten minutes, ask the women to switch roles. The other Leader Mother will share the teachings from the third and fourth pages of the flipchart lesson.
4. The Facilitator watches, corrects, and helps Leader Mothers who are having trouble.
5. When everyone is finished, answer any questions that the Leader Mothers have about today's lesson.

For Neighbor Groups:

1. Ask each woman to review the key messages she has learned from today's teaching with the person sitting next to her. Ask them to share what new things they will do in their home based on this new teaching.



12. Request Commitments – 10 minutes

- Based on today's teachings, what commitment will you make?

Ask each mother to say aloud a new commitment that she will make today.

For example:

- I commit to not preparing the body for burial when someone I love dies from cholera if there are health workers or officials who can do that.
- I commit to being a resource in my community to talk about the facts about cholera to help decrease stigma.
- I commit to helping my community take care of any orphans we hear about.

Checklist for Home Visits (Prevention of Cholera)

Practicing the following behaviors at home can help protect household members from having or spreading cholera and other diarrheal diseases. The program's leader mothers or community facilitators should spend about 20-30 minutes at each home, observing the following key behaviors and installations. S/he should answer any question the household member has and offer guidance on any behaviors in the list with which the household members are struggling. Check off which of the behaviors the family has adopted.

YES/NO	Behaviors/Actions to Protect and Prevent the Spread of Cholera/Diarrhea
	A latrine is present.
	<ul style="list-style-type: none"> • Latrine is regularly being used by family members
	<ul style="list-style-type: none"> • Latrine is cleaned at least once every two days with a solution of 1 part bleach to 9 parts water.
	<ul style="list-style-type: none"> • If a trench latrine is used, feces are covered with dirt, ash, and/or lime.
	<ul style="list-style-type: none"> • Latrine hole is covered at all times to help prevent flies from entering/exiting.
	If no latrine (regular or trench latrine) is present, household members are defecating at least 30 paces away from streams, rivers and other bodies of water, and are burying all feces (no open defecation).
	For young children, the caregiver is burying their feces or dumping it in the latrine.
	Tippy tap with soap or another type of effective handwashing station is installed near the latrine.
	<ul style="list-style-type: none"> • Observe use of the tippy tap or hand washing station by a family member. Was soap/ash used?
	<ul style="list-style-type: none"> • Ask: When is the tippy tap / hand washing station used? (Note if all household members are washing hands at the 5 critical times.)
	The mother can name at least 4 of the 5 critical times when family members should wash hands with soap: <ul style="list-style-type: none"> • After defecating or cleaning a child's bottom • After disposing of children's feces • Before preparing food • Before eating food or feeding young children • After handling animals or dung, or working in the field
	Drinking water for all family members is treated (purified) by a recommended method (boiling, chlorine, SODIS, filtering with an effective filter [e.g., hollow-fiber]).
	Water for cleaning (e.g., clothes and pots) is treated by a recommended method. <ul style="list-style-type: none"> • What method is being used?: _____
	Treated water is stored in a clean container with a narrow neck that is covered and raised off the floor.
	A clean ladle/cup is used when getting a drink of water
	At least two ORS packets are available in the home.
	Prepared foods are covered to keep flies away.
	Vegetables, greens and fruits are washed in treated water before eating or cooking.
	Household compound is cleaned daily to keep animal and human feces out of the yard using a broom or rake that is not used indoors.
	Foods are cooked thoroughly by people who are not sick, and eaten while hot.
	Cooked foods are not allowed to touch uncooked foods or surfaces that have touched raw foods (that have not yet been cleaned).

