MINISTRY OF HEALTH

COMMUNITY HEALTH VOLUNTEERS (CHVs)

BASIC MODULES HANDBOOK

HANDBOOK

Division of Community Health Services
"Afya Yetu, Jukumu Letu"

COMMUNITY HEALTH VOLUNTEERS (CHVs) | HANDBOOK

List of Abbreviations

AMREF	African Medical Research Foundation		LAM	Lactational Amenorrhoea Method
ANC	Ante-Natal Clinic		LLITNs	Long Lasting Insecticide Treated Nets
ART	Anti- retroviral Therapy		LVCT	Liverpool Voluntary Counselling and Testing
ARV	Antiretroviral Drugs		MDGs	Millennium Development Goals
BCG	Bacillus Calmette–Guérin		MUAC	Middle Upper Arm Circumference
CBHI	Community Based Health Information		NACADA	National Council for Alcohol and Drugs Abuse
CBO	Community based organization		NASCOP	Kenya National AIDS and STIs Control Programme
CM	Centimetre		NHSSPIII	National Heath Sector Strategic Plan III
CHC	Community Health Committee		NFP	Natural Family Planning
CHI	Community Health Information		NGO	Non Governmental Organization
CHS	Community Health Strategy		OPV	Oral Polio Vaccine
CHVs	Community Health Volunteers		ORS	Oral Rehydration Salts
CHEW	Community Health Extension Worker		PCV	Pneumococcal Vaccine
CPR	Cardiopulmonary Resuscitation		PLHIV	People Living with HIV
CU	Community Unit		PMTCT	Prevention of Mother To Child Transmission
DCHS	Division of Community Health Services		PRA	Participatory Rural Appraisal
FANC	Focused Ante-Natal Care		PSI Kenya	Population Services International Kenya
FBO	Faith Based Organization		SALT	Stimulate Appreciate Learn Transfer
FHI360	Family Health International-360		SODIS	Solar water Disinfection
FP	Family Planning		STI	Sexually Transmitted Infections
GOK	Government of Kenya		TB	Tuberculosis
HFC	Health Facility Committee		UNICEF	United Nations Children's Fund
HIV	Human Immuno -deficiency Virus		WHO	World Health Organization
IBP	Individual Birth Plan		WV	World Vision
JICA CHS	Japan international Corporation Agency- Community Health Strategy project		VCT	Voluntary Counselling and Testing
KEPH	Kenya Essential Package for Health			

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Foreword

Health is a major component in the socio-economic development of any community. Indeed, it is not only a right but also a responsibility for all. Promotion of good health at different levels of society is the responsibility of all individuals, families, households, and communities. Kenya has embraced the community strategy to enable communities to improve and maintain a level of health that will enable them to participate fully in national development towards the realisation of Vision 2030.

Extensive consultations among various departments, divisions and stakeholders marked the development process of the CHV Curriculum and this handbook. The inputs from the different groups was harmonised, and has informed the production of this handbook.

This document will assist the Ministry of Public Health and Sanitation and the Division of Community Health Strategy in achieving its strategic objectives as outlined in the National Health Sector Strategic Plan (NHSSP-II) 2008-2012, and towards the attainment of MDG targets. It will be used to administer the Modules defined in the CHVs curriculum in a systematic manner through well-trained Community Health Extension workers.

In having a harmonised training manual, health managers will be able to guide CHVs to efficiently offer services to communities, linking them to care and referral. This is expected to boost awareness of availability of preventive and promotive services to the communities, increased access and uptake of services.

On behalf of the Ministry of Public Health and Sanitation, I wish to thank FHI 360, UNICEF, AMREF, JICA, WHO and all other contributors, reviewers and editors who worked tirelessly to produce this handbook. In particular, my Ministry expresses our thanks to USAID which, through FHI 360 and IntraHealth/capacity project, provided financial and technical support that made the preparation of this handbook for the training of Community Health Volunteers possible. I thank IntraHealth for supporting and following up on this work which included the provision of the consultant who has facilitated the production of this handbook.

I am confident that the implementation of this handbook will help us address the issue of equitable access to primary health services and by so doing, bring about a much improved status for all Kenyans that will be reflected in robust positive health indices.

Mark Bor, CBS
Permanent Secretary
Ministry of Public Health and Sanitation

Preface

One of the dominant themes in health policy and planning today is the need for interventions based on sound evidence of effectiveness. The responsibility of ensuring programmes are consistent with the best available evidence must be shared between providers, policy makers and consumers of services.

Community Health Volunteers (CHVs) have been major players in the implementation of primary healthcare since the 1980s, and still continue to play a critical role in mobilising communities in taking care of their health, and providing basic healthcare at community level. To enable CHVs be more effective and efficient, there is need for appropriate training, not only in community mobilisation but also in the assessment of health-related issues in the community, and identification of appropriate actions at that level. Such training need be well planned and implemented using standard training manual that take into account the level of operation and capacity of CHVs. This also requires the support of well-trained and informed trainers and supervisors from the formal healthcare system.

This handbook is meant to assist the healthcare system at all the four tiers to operationalize the community strategy by providing appropriate training for CHVs to enable them take charge of appropriate interventions at tier 1. The Government of Kenya is committed to supporting community health initiatives this way, and accelerating the achievement of the current NHSSP II goals, MDGs and providing support to Vision 2030.

The CHV training manual is organised in Modules which should be applied incrementally to enable the CHVs develop adequate capacity for working with communities. Specifically, the training manual covers two sections:

- Section One: Basic Modules

- Section Two: Technical Modules

It is my hope that all stakeholders in community health will utilise this handbook to train CHV in order to standardise provision of healthcare to our communities.

Dr. John Odondi, SDDMS, OGW
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Acknowledgements

The development of this Handbook for training Community Health Volunteers has been financed and technically supported by USAID through FHI 360 and IntraHealth/ Capacity project. For this, the ministry records deep appreciation and gratitude.

The development of the Handbook was preceded by extensive discussion by partners, stakeholders and staff from different departments in the Ministry of Public Health and Sanitation (MOPHS) as well as the Ministry of Medical Services. This culminated in the Technical working Group's retreat for the validation of this handbook for training Community Health Volunteers. The following departments and divisions participated in the development of this handbook: Community Health Services, Malaria, Environmental health, Nutrition, Oral Health, Child and Adolescents Health, NASCOP, Reproductive Health, TB and Lung Diseases, Departments of Health Promotion, Primary Health Care, Human Resource and Training, Divisions of Vaccines and Immunization, Disease Surveillance and Response and, Non-Communicable Diseases. Our appreciation goes to partners such as PSI, FHI 360, MSH/LMS, USAID/ Capacity, UNICEF, WHO, AMREF, MDG Villages, JHPIEGO, USAID and JICA who gave financial and technical support.

We also recognize those who may have not participated directly in the drafting of this handbook but who rendered services in support of the teams that helped in its realization. Last but not least, we thank communities who shared their experiences that informed the development of this handbook.

Special thanks are due to the Participants at the development of the Community Health Volunteers Handbook workshop held at Hillcourt Hotel Nakuru in October 2013 and many meetings at AICAD. Many Thanks to Ms. Akiko Chiba, the Capacity Unit members Mr. S.N. Njoroge, Jane Koech and Kenneth Ogendo as well as the division staff who sacrificed to develop this handbook.

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Introduction to the CHV Training Course

Objectives

- To build connections with others in the training
- To describe purpose, objectives and process of the CHV training.

Who are we and what do we believe about our communities?

Most of the time, we describe ourselves only by "what we do" e.g. I am a teacher, I am a farmer, I am the chairman of a committee, etc. and rarely speak about ourselves, 'who we are' e.g. I am a family man, I am confident in my life, I am passionate about farming, etc. Sharing 'who I am/we are' often leads sharing or self-introduction session to deeper understanding of each other because we can know our colleagues as a whole person rather than as their 'occupation' or 'position'. This perspective, looking at community or people as a whole entity, is important in Community Health Services.

Purpose and Process of the Training

Purpose of the Training

To build the capacity of CHV in terms of disease prevention, health promotion and simple curative care; to lead and help their communities in health improvement initiatives.

Structure and Process of CHV Training

The training course for CHVs is divided into 2 major sections consisting of 13 modules. The first section is Basic Modules (6 modules) where all CHVs are required to undergo before starting work as a CHV. It contains basic competencies for CHVs e.g. leadership skills, communication & counselling skills, basic health promotion practices and basic lifesaving skills, etc. and usually take 10 days. The second section is **Technical Modules** where CHVs learn technical areas one by one based on local needs after basic modules. Duration of each technical module is different from 2 to 5 days depending on the contents.

1

HEALTH AND DEVELOPMENT IN THE COMMUNITY

Module 1:
Health and Development in the Community

1

Purpose:

>> The purpose of this module is to empower CHVs with basic knowledge, skills and competencies to enable them function effectively as agents of health service delivery through Kenya Essential Package for health at tier one.

Objectives:

>> • To enable the CHVs understand the relationship between Health and Development in the Community

• To enable the CHVs understand the Kenya Essential Package for Health (KEPH) and Community Health Strategy.

CHV's competencies in health and development:

>> • Ability to show the community how all development issues interrelate with health

• Advocate for health improvement and its contribution to the betterment of quality of life for community members

• Able to teach community members about their right to health (Access to health services and responsibility to seek health services)

• Ability to facilitate community building of a common vision/dream for healthy community

• Understand CHS and roles of CHVs in the community.

Number of Units: Two

>> 1. Health and Development in the Community.

2. Community Health Strategy and Kenya Essential Package for Health.

Unit 1.1

HEALTH AND DEVELOPMENT IN THE COMMUNITY
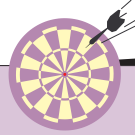
Objectives

By the end of the unit, the CHVs should be able to:

1. **Describe importance of health for individual, household and community.**

2. **Identify strengths, concerns and opportunities for health and development in the community.**

3. **Describe relationship between health and development.**

4. **Describe key aspects of right to health.**

5. **Describe the importance of partnership in community health and development.**

Topic 1:

Importance of health for individual, household and community

1.1   Creating a Community Vision/Dream

● Do not throw away anyone's dream, even though it is different from the others'. It is essential to include everyone's dreams in the larger picture so that everyone will feel ownership of the group and the community dream and will want to be further involved in making the dream come true.

● A shared common vision for community members on the community they want is important to lead them into action.

All CHVs should understand and work towards achieving the vision of Community Health Services as stated next.

Community Health Services

Vision

Healthy people living healthy and quality lives in robust and vibrant communities that make up a healthy and vibrant nation.

Mission

For the community health approach to become the modality for social transformation for development from the community level by establishing equitable, effective and efficient Community Health Services in Community Units all over Kenya. This is to be a contribution towards achieving Kenya's Vision 2030 anticipated results to result in healthy and vibrant communities that significantly contribute to a healthy and vibrant nation.

1.2 Priority setting on everyday activities

It is important for CHVs to prioritize daily activities/tasks by four quadrants as shown below:

- QI – Important and Urgent.
- QII – Important but Not Urgent.
- QIII – Not Important but Urgent.
- QIV – Not Important and Not Urgent.

THE PROCRASTINATOR ● Prepare for tomorrow's dialogue meeting. ● Pay overdue merry go round contribution. ● Refer a sick child with high fever to hospital. ● Visit a mother who has delivered at home. **DO IT NOW !**	**THE PRIORITIZER II** ● Give a healthy talk on physical fitness. ● Work on an essay due in 30 days. ● Visit a client on antiretroviral treatment. ● Visit with CHEW to the household. **START IT BEFORE IT BECOMES URGENT!**
THE YES MAN III ● Engage in idle conversations during training. ● Respond to all instant messages during action days. ● Respond to all phone calls. **DO IT IF YOU HAVE TIME OR DELEGATE!**	**THE SLACKER IV** ● Engage in too much TV, or video games. ● Engage in time wasters (Always playing a lot of pool). ● Become absorbed in escape activities. ● Procrastinate. **DUMP IT!**

Topic 2:

Strengths, Concerns and Opportunities for Health and Development in the Community

Every community has its own strengths and existing concerns and it is common for some communities to have similar and diverse concerns and strengths. The process of exploration enlightens the participants, that these issues exist; and

reflecting about them provokes a deeper sense of ownership and a motivation to do something more. Communities can learn from each other, the sharing of concerns and strengths is one way to encourage this sharing.

Topic 3:

Relationship between Health and Development

3.1   Story of David Werner

"David Werner is one of the important figures of community health who has worked mainly in Latin America for long and wrote a famous book "Where There is No Doctor".

The following is his statement of perception on the relationship between health and development.

"(At first) I did not look far beyond the immediate causes of ill health. As I saw it, worms and diarrhea were caused by poor hygiene and contaminated water. Malnutrition was mainly caused by scarcity of food in a remote, mountainous area where drought, floods and violent winds made farming difficult and harvest uncertain.

Little by little, I became aware that many of their losses—of children, or of land or of hope—not only have immediate physical causes, but also underlying social causes. There is a photograph of a very thin little boy in the arm of his malnourished mother. The boy eventually died of hunger. The family was—and still is—very poor. Each year the father had to borrow maize from one of the big landholders in the area. For every 5kg tin of maize borrowed at planting time, he had to pay back three times at harvest time. With these high interest rates, the family went into further debt. No matter how hard the father worked, each year more of his harvest went to pay what he owed to the landholder."

D. Werner, Helping Health Workers Learn, Front-7

"What makes healthy people and a healthy community?"

What makes healthy people?

Health is more than the absence of disease. It is an optimum state of well-being: mental, physical, emotional and spiritual. Health is wholeness. It includes a sense of belonging to community and experiencing control over your life.

Optimal health is a by-product of people realizing their potential and living in a community that works. "Community" can be everything from a rural neighbourhood to an urban region. It can be the workplace or a group of shared interests and faith. In the end, our "community" is where we are and who we are with.

What is a healthy community?

It's a place that is continually creating and improving its physical and social environments, and expanding the community resources. This enables people to support each other in performing all the functions of life and in developing themselves to their maximum potential.

A healthy community is not only a perfect place, but it's a dynamic state of renewal and improvement. It builds a culture that supports healthy life choices and a high quality of life. It aligns its practices, policies, and resource allocation to sustain itself.

3.4   Factors Influencing Health and Development

3.4.1 Factors that promote Health and Development

- Taking initiatives to find solutions to problems
- Personal hygiene and safe environment
- Fairness in relationship
- Infrastructure such as good roads, electricity, well maintained schools and hospitals

- Opportunities – Partners (NGOs/CBOs, FBOs, GOK departments) implementing various health and other development programmes in the Community

- Human capital – Access to education, health services, safe environment, shelter, social security, Community welfare etc.

- Democratic space and leadership

- Respect for the basic human rights of all people, regardless of gender or age

- Creation of employment, resource generation

- Community capacity building to improve knowledge and skills

- Community participation and involvement in development activities

- Disaster preparedness and prevention.

3.4.2   Factors that Hinder Health and Development

- Poverty and lack of resources, unemployment

- Dependency Ratio (family)

- Dependency (handouts)

- Lack of initiatives

- Lack of individuals' voice in decisions affecting them

- Cultural beliefs, traditions and attitudes

- Illiteracy, lack of knowledge and skills

- Availability and quality of land

- Poor infrastructure

- Political environment, poor leadership, poor policies

- Corruption/lack of transparency and accountability

- Disasters (Natural and Man-made)

- Diseases especially chronic illnesses

- Insecurity.

> **Note**
>
> - Good health promotes community development and sound Community development promotes good health of the people.
>
> - Poor development in the community contributes to increased health problems such common diseases and poor access to health services.

Topic 4:

Right to Health

Right to health is one of important human rights we possess. Health is a basic human right as emphasized in the Kenyan constitution. It is the responsibility of every individual, family and community to seek and demand for health services. Often, our right coincides with our responsibility. Community Strategy is an approach to pursue our responsibility and claim our right accordingly. "Afya yetu, jukumu letu!" is a slogan for Community Strategy.

Topic 5:

Partnership for Community Health and Development

5.1 Importance of Partnership in improving Community Health

Partnership can mean individual or institutional partners working together to share resources, ideas and experiences which support and enrich each other's work so as to achieve their common goal in better ways. Partnership can be built based on trust, equity and mutual understanding.

When Communities come together, schools succeed, neighbourhoods are safe, crime shrinks, adults and youth feel safe, and young people realize their potential. That's why Community Partnership develops relationships with individuals, neighbourhoods, the Faith Community and other agencies to identify problems and issues and then work together to develop solutions.

Unit 1.2

COMMUNITY HEALTH STRATEGY AND KENYA ESSENTIAL PACKAGE FOR HEALTH
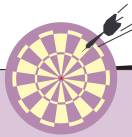
Objectives

By the end of the unit, the CHVs will be able to:

1.   **Describe tiers of Health Care in KEPH.**

2.   **Describe the life cycle approach in KEPH.**

3.   **Explain roles of CHVs according to tier 1 services.**

4.   **Describe facilitative attitudes for CHVs.**

Topic 1:

Tiers of Health Care in KEPH

National Health Sector Strategic Plan III organizes health services into four tiers of service delivery on the cycle of human development.

The five key elements in KEPH that define the pillars of improved health care are:

1. **Equity:** ensure that all have equal opportunity to services.

2. **Access:** ensure that all can reach health services.

3. **Effectiveness:** ensure that the right health services are given.

4. **Efficiency**: ensure that services are delivered in the right way.

5. **Partnerships** and resource mobilization.

The tiers are presented in the following pyramidal structure.
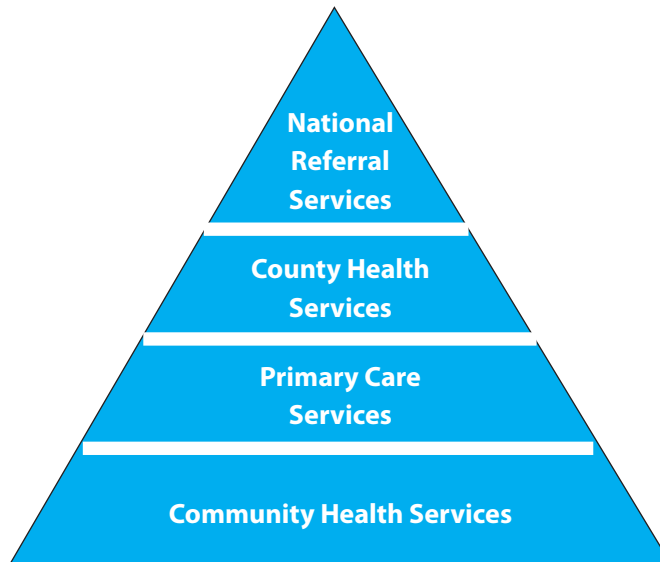
Fig.1 Tiers of Health Service Delivery

Tiers of Health Service Delivery:

CHVs work closely together with Community Health Extension Worker (CHEWs) and health staffs at tier 2 (Primary care services) and sometimes tier 3 (County health services) to strengthen the linkage between community and health service delivery.

Topic 2:

Life cycle approach in KEPH

KEPH is designed as an integrated collection of cost effective interventions that address common diseases , injuries and risk factors to satisfy the demand for prevention of those conditions. It's a basic care package.

Community Health Strategy is an approach for delivery of Kenya Essential Package for Health. KEPH targets everybody in all age groups in the community through the life cycle focus instead of limiting the services and activities to specific groups like mothers and children. And to tackle the health concerns of everybody in the community, Kenya Essential Package for Health divides the community by age groups because each age group has different health needs. And the age groups are referred to as 'Age Cohort' in the Community Health Strategy.

2.1 KEPH by service cohorts

The KEPH interventions by cohorts are defined only for those specific to a given cohort, not for all KEPH interventions. The cross cutting interventions are not aligned to any cohort.

2.2 Specific KEPH age cohorts are:

1. Pregnancy and the newborn (up to 28 days):
The health services specific to this age cohort across all the Policy Objectives.

2. Childhood (29 days – 59 months):
The health services specific to the early childhood period.

3. Children and Youth (5 – 19 years):
The time of life between childhood, and maturity.

4. Adulthood (20 – 59 years):
The economically productive period of life.

5. Elderly (60 years and above):
The post – economically productive period of life.

The 5 Age Cohorts in Summary

COHORT	CATEGORY	AGE
Cohort 1	Pregnancy and the newborn	up to 28 days
Cohort 2	Childhood	29 days - 59 months
Cohort 3	Children and Youth	5 - 19 years
Cohort 4	Adulthood	20 - 59 years
Cohort 5	Elderly	Over 60 years

2.4 Major Health Services by Age Cohort

The table below shows major health needs and services by age cohort defined in KEPH.

Cohort	Health Services at Community	Health Services at Health Center and Dispensary
1. Pregnancy and Newborn	• Sensitization on early recognition of danger sings • Preparation for birth • Frequent follow up • Verbal autopsy	• Focused ANC, IPT for Malaria • VCT, PMTCT or referral • Basic emergency obstetric care, post-abortion care, referral services • Maternal death review
2. Childhood	• Sensitization on; – Key household care practices – Care of the sick child at home – Care seeking and compliance – Promoting growth and development • Support family on feeding for infant and young children • Ensuring school enrolment, attendance and support • Support for behavior formation and good hygiene	• Immunization, growth monitoring, treatment of common conditions (pneumonia, malaria, diarrhea) • Screening for early detection of health problems
3. Children and Youth	• Support behavioral change for prevention of HIV, STIs, early pregnancy and substance abuse • Supply preventive commodities	• All basic youth friendly services • Syndromic management of STIs • Lab diagnosis of common infection
4. Adulthood	• Support behavioral change for prevention of communicable diseases and lifestyle diseases • Supply preventive commodities • Home based care • Compliance for treatment (ART, TB) • Promotion of gender and health rights	• VCT, ART and support groups • Syndromic management of STIs • Lab diagnosis of common infection
5. Elderly	• Support behavioral change to reduce harmful practices • Home based care • Community based rehabilitation	• Management and rehabilitation of clinical problems • Screening early detection of disease
6. Across all the Cohorts	• Home visit • Referral services • Community dialogue • Health action days • Promotion of safe water and sanitation and hygiene practices • Promotion of healthy diet • Support claiming health rights • Verbal Autopsy	• Diagnosis and treatment of common conditions • Stock of essential drugs • Referral services • Manage client satisfaction • Oversight of CHVs activities • Participation in Community dialogue

2.5   Basic Structure of Community Health Strategy

CHS regards Community Health Unit (CHU) as a unit which is assumed to share resources and challenges. The composition of Community Unit (CU) differs by demographic features in various geographical mapped zones in Kenya.

Zone 1 – High density regions (Nairobi, Central, Nyanza and Western)

Zone 2 – Densely populated regions (Parts of Rift Valley)

Zone 3 – Medium density (Coast, Eastern and Parts of Rift - Valley)

Zone 4 – Sparsely populated (Northern Arid Lands).

CU has 3 types of key actors with different roles:-

1. **Community Health Worker (CHV)**: Volunteer workers provide level 1 services and support community for their initiatives to improve their health status.

2. **Community Health Committee (CHC)**: Governance body for CU consists of representatives from different groups and villages who provide leadership for managing level 1 services and activities in CU and build partnership with stakeholders.

3. **Community Health Extension Worker (CHEW)**: Health or development workers support CHVs and CHC technically through supervision and mentoring and strengthen linkage between CU and higher health systems.

Topic 3:

The roles of CHVs in the Community

"As CHVs we are facilitators of people's change and helping them to reach their dreams about a healthy life. We build relationships as CHVs through our home visits, through listening, appreciating people, etc. The trust we build with people in our communities will determine how open they are to receiving the health information that we have to share. There are some problems that cannot be solved by individuals or families in the community. Such problems require the wider community participation to solve. Members

involved in solving the problems may include health workers, chiefs, village elders, religious leaders, etc. The communities can 'measure' their own progress through Participatory Rural Appraisal (PRA), Dialogue Forums, Shared Community Health Information, Health Days, Health Facility Information, Existing Records, other reports)".

3.1 The following are Roles and Responsibilities of CHVs defined in CHS guidelines:

1. Guiding the community on how to improve health and prevent illness by adopting healthy practices.

2. Treating common ailments and minor injuries, as first aid, with the support and guidance of the CHEW.

3. Stocking the CHV kit with supplies provided through a revolving fund generated from users.

4. Referring cases to the nearest health facilities.

5. Promoting care seeking and compliance with treatment and advice.

6. Visiting homes to determine the health situation and initiating dialogue with household members to undertake the necessary action for improvement.

7. Promoting appropriate home care for the sick with the support of the CHEWs and level 2 and 3 facilities.

8. Participating in monthly community unit health dialogue and action days organized by CHEWs and CHCs.

9. Being available to the community to respond to questions and provide advice.

10. Being an example and model of good health behaviour.

11. Motivating members of the community to adopt health promoting practices.

12. Organizing, mobilizing and leading village health activities.

13. Maintaining village registers and keeping records of community health related events.

14. Reporting to the CHEW on the activities they have been involved in and any specific health problems they have encountered that need to be brought to the attention of higher levels.

3.2   Activities for CHVs at Tier One

The following are some of the major activities for CHVs at Community tier;

1.   Household Visits

Household visits provide opportunities for CHVs to learn to sit alongside and experience firsthand what the family is experiencing. The home visit becomes the place of private sharing, where concerns, loss, grief and hope are expressed. Based on what is shared by the family, CHVs can support the family through counselling, thinking about the way forward together, giving advice etc. to promote their healthy behavior and environment as well as provide cares the family needs.

2.   Facilitation of Neighbourhood Conversations

The conversations taking place in homes quickly expand to include other households, through relationship connections between local people. Neighbours are watching and are curious about visits by CHV. One family may introduce another. Invitations to return and talk come from other homes. The CHV helps to connect neighbours to each other by including local people in visits to one another. There is an increasing sharing and acknowledgement in and between families.

3.   Community Dialogue

As home visits and neighbourhood conversations continue, people want to talk openly and together about their shared concerns. The CHV plays a major role in collection of information that is summarized and discussed during quarterly Community Dialogue days. A Community Dialogue day provides the opportunity for the community participation in understanding the joys and concerns that exist in the community as reflected from the presented information from the households for discussion. To have a community dialogue, sharing Community Based Health Information (see Module 6) collected and analyzed by CHVs and CHC (see Unit 1, Module 2) can help the community to understand their situation and to make decision for further actions.

4.   Community Health Action Day

During Community Dialogue, decisions are made for change. The community members hold collective responsibility on the timeline for taking health actions based on the nature and magnitude of the identified health problems.

5. *Management of Community Based Health Information*

With using Community Based Health Information (CBHI, see Module 6), community can assess their achievement and progress. CHVs collect and analyze the Community Based Health Information together with CHC and CHEW (see the following activity) and support the community to see and think together: Have we changed and how? Are we succeeding? Are fewer people sick? Has behavior changed? How do we know? What further action is needed?

6. *Referral*

Close attention to the families and proper identification of danger signs make it possible for CHVs to refer those who need professional health services in good time. Prompt referral often can save the life of community member and prevent from worsening the situation.

Topic 4:

Facilitative Attitudes for CHVs

Experts	Facilitators
Believe only they know people's problems and their solutions	Believe people have the strength to respond to their challenges
Only lecture to provide knowledge and skills to people	Use different methods of think, learn and share together with people
Instruct and advise people	Help people to reveal their strengths and come up with solutions for their challenges by themselves
Mobilize their own expertise	Connect people with others
Do not care how people feel	Try to make people feel comfortable and confident
Leave people alone after workshops or training	Stay together with people even after workshops or training
Assess people's achievements by paper examination	Help people to assess their achievements by themselves with different methods

As you work as CHVs in our communities, it is important to remember what you believe about others (they have strengths) and how we will behave as we enter communities (SALT). The right amount of SALT will make people want more and more!

S	A	L	T
● Smile ● Share	● Appreciate ● Accept	● Listen ● Love (empathy) ● Look	● Think

1. We are all human beings. We all have strengths.

2. If we believe the people in our community have strengths, we will want to behave in a SALTY way.

3. When we behave in a SALTY way, people will feel confident to own their own solutions.

SALT is a way of thinking and a way of behaving

S **STIMULATE**	A CHV is able to **STIMULATE** reflection and action by community members. This is done by looking for and appreciating STRENGTHS that people have and not just focusing on problems or weaknesses.
A **APPRECIATE**	A CHV can **APPRECIATE** what people in a community are already doing. So as a CHV enters a community, the first attitude is not one of looking for all the problems and weaknesses, but rather one of appreciating what is already working.
L **LEARN**	The CHV is in the community to **LEARN** and understand the strengths of people to manage their own lives.
T **TRANSFER**	When people feel appreciated, and know that they have strengths to affect change in their own lives and in the community, then **TRANSFER** begins to happen. **TRANSFER** happens when community members link to others to influence change. For example, as mothers begin to show the benefits of exclusive breast-feeding with healthy children, then other mothers in the community begin to practice the same behavior. In addition to the above, transfer can also happen as an outcome of people's relationships and the human capacity to influence behavior. As other individuals and neighbouring communities notice what is happening, they get stimulated, desire change and strive to be active in their own response.

COMMUNITY GOVERNANCE AND LEADERSHIP

2

Module 2:
Community Governance and Leadership

Purpose:

>> The purpose of this module is to describe the structure of governance, organization, management and coordination of community health services, instil leadership and problem solving skills.

Objectives:

>> ● To impart knowledge and skills to CHVs on community governance

● To build the capacity of CHVs in leadership skills

● To impart problem solving skills to CHVs.

CHV's competencies in Community Governance and Leadership:

>> ● Able to teach decision-making in ways that are transparent and fair/ honest

● Ability to protect the interest of communities

● Advocate good governance practices at community level and clarify roles of the person in-charge, simplify decision-making, and ensure leaders and organizations are accountable for their actions and decisions.

Number of Units: Three

>> 1. Community Governance.

2. Community Leadership.

3. Problem Solving Process.

Unit 2.1

COMMUNITY GOVERNANCE

Objectives

By the end of the unit, the CHVs should be able to:

1. **Describe the concept of good governance.**

2. **Explain roles and functions of CHC.**

Topic 1:

Concept of Good Community Governance

Governance is the practice of decision-making in ways that are transparent and fair/honest. Through this process, the interest of communities is protected.

The presence of good governance practices at community level clarifies roles of the person in-charge, simplifies decision-making, and ensures leaders and organizations are accountable for their actions and decisions.

1.1 Importance of Good Governance

1. Promotes trust in the organization and the community.

2. Strengthens services to the community and stakeholders.

3. Improves decision-making and the quality of these decisions.

4. Connects organizations, the community and stakeholders.

2.1 Characteristics of Good Governance

1. Involving people in decision-making and its implementation.

2. Getting things done as agreed in the community.

3. Being accountable for decisions made.

The three "basic characteristics" help people and organizations to make decisions about what actions to take in a community and help them measure the community's performance towards achieving results. People's involvement creates ownership.

3.1 Governance Structure

HFC = Health Facility Committee
CHC = Community Health Committee
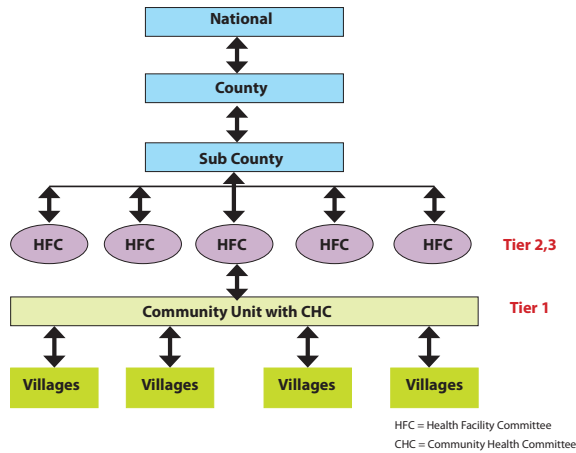
Fig.2 Governance Structure

Topic 3:

3.1 Roles and Responsibilities of CHC as a Governance Structure in CHU

CHC usually consists of 9 - 13 members elected in the community who represent different social groups and villages. The roles and responsibilities of the Community Health Committee are those of providing overall leadership within the CU.

3.2 Roles of CHC

1. Provide leadership and governance at the community in health and related matters in community.

2. Prepare and present to the Link Health Facility Committee and to others as may be needed the community units Annual Work Plan (AWP) on health related issues.

3. Network with other players towards improving the health status of people in the Community Unit, e.g. Ministries of Water, Agriculture, Education, etc.

4. Look for ways of raising resources including money, for implementing the community work plan and ensure accountability and transparency.

5. Manage workers and finances at the community level.

6. Mobilize the community to participate, in community dialogue and health action days.

7. Work closely with the Link Health Facility Committee to improve the access to the health services by the CU.

8. Help in the solving of problems among stakeholders in the community.

9. Follow-up and evaluate the community work plan including the work of the CHVs through monthly review meetings.

10. Prepare quarterly reports on events in the CU.

11. Hold quarterly follow-up meetings with Link Health Facility Committee.

As role 2 and 11 above state, CHC has important functions to link services and activities between the community and the health facility.

Unit 2.2

COMMUNITY LEADERSHIP

Objectives

By the end of the unit, the CHVs will be able to:

1. **Describe basic characteristics required for a good community leader.**

2. **Explain types of leadership and apply the right style according to the situation.**

3. **Explain the key qualities of a community leader, importance of being a community leader, and their role.**

Topic 1:

Effective Leadership

1.1 What is Leadership?

Ability to show others the direction or way to follow to achieve a certain goal.

1.2 Key Characteristics of Leader

- Flexible, good listener, knowledgeable, wise, seeks new knowledge.

- Innovative, creative, time conscious, honest, confident enough to delegate, accepting of criticism.

- Leaders always have a bigger picture than the rest.

- To follow a leader confidently, the leader needs to be trustworthy and communicate his/her trustworthiness to the person following him/her.

Topic 2:

Leadership Styles

The first problem to overcome in developing leadership is to be clear on where you want to lead the people to. Many believe that leaders are people who hold political offices, run businesses or coach sports teams, but the truth is that leadership is much more complex and can include many different people, actions and abilities. Just as we are individuals in other ways (e.g. dress, working style, and social style); we differ in our style of leadership.

Three styles of leadership are generally recognized. Depending on the situation, any or a combination of the three styles can make good leadership.

1   **Democratic:** Makes decisions on the basis of majority input; this type of leader appreciates the opinion of others, accepts criticism and values feedback, delegates authority and responsibility, tends to be communicative and participatory.

2 **Authoritative:** Decides unilaterally, uses top-down approach, insists on being the final decision-maker, communicates commands, tends to be domineering, bossy, oppressive and suppressive.

3 **Laissez-faire:** Provides little direction and allows everybody to make decisions, fosters very little accountability and tends to be indecisive or "on the fence".

2.1 Identifying the Best Leadership Style

- Study the situation and decide on the most appropriate leadership style to use e.g. a decision that requires people to agree on an action uses the democratic style, while communicating information that has a policy implication uses the autocratic but explains that it is a policy issue.

- Change the leadership style when the leader discovers more.

2.2 Community Leaders

A community leader is one who has something to contribute to improvement of the community and doesn't wait for someone else to get the work done. A leader does not have to run for office or be given a title to be a leader; all you need to do is to decide to take responsibility for your community.

2.3 How to Lead Our Community

Indeed, you don't have to be a born leader. You can become a leader by:

- Jumping in and practicing leadership

- Observing others lead

- Finding someone to guide/advise you on leadership.

Topic 3:

Key qualities of a Community Leader

Below is a list of activities that community leaders do:-

- Influences others (followership) to accomplish a mission, task, or objective

- Exercises authority which should be willingly accepted by the followers

- Understands the feelings and problems of the individuals and entire group

- Works hard to address the needs of others

- Makes people want to achieve high goals and objectives without waiting to be told

- Helps others to move out of difficulties.

Unit 2.3

PROBLEM SOLVING PROCESS

Objectives

By the end of the unit, the CHVs should be able to:

1. **Identify community problems and analyze root causes of the problems.**

2. **Describe the strategies one can develop for problem-solving.**

3. **Identify resources in their communities.**

Topic 1:

Identifying Community Problems and Analyzing their Root Causes

When we look at our community resources we find that we have a lot of them. However, it is also true that we are always confronted with problems and that is why problem-solving is important.

What is a Problem?

A problem is a challenge or a situation that requires a solution.

- Most problems are solvable (or partially solvable, or at least improvable). We can do something about them.

- Problems are opportunities to make some good things happen. If it were not for problems, what would be our motivation to create change?

- Problems are challenges. They call upon the best of our abilities, and ask us to go beyond what we thought we could do. They make life interesting, and, at least sometimes, fun. Without problems, life can be pretty boring.
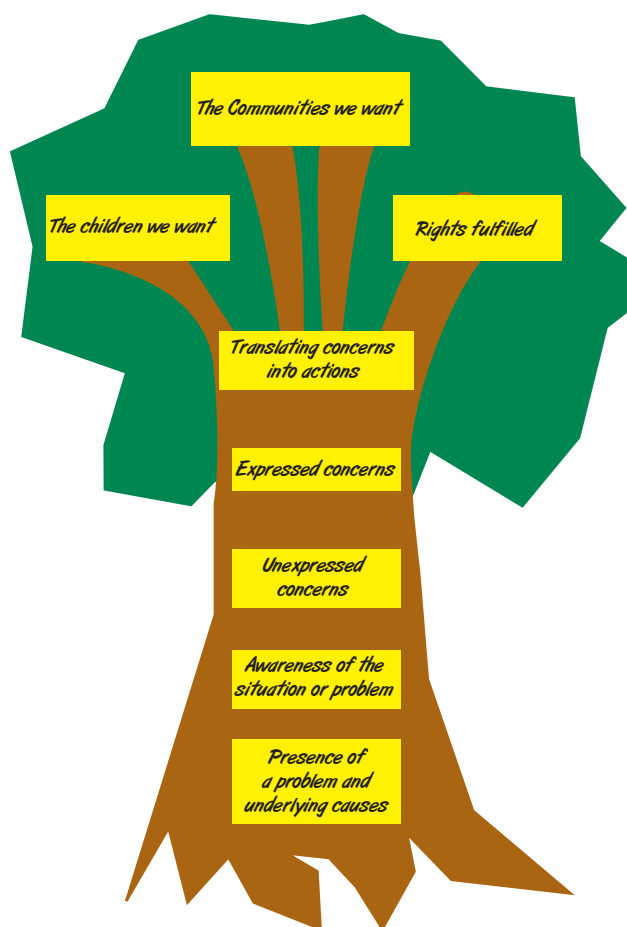
Fig.3 Problem Tree

To solve a problem, we need to look at the problem critically and analyze root causes of the problem.

Topic 2:

Strategies one can Develop for Problem-solving

2.1   Analyzing Root Causes of a Problem

Root causes are the basic reasons behind the problem or issue you are seeing in your family or community.

2.2   Use of 'But Why' technique

Why technique is a method used to identify root causes of the community problem. The "Why?" technique examines a problem by asking questions to find out what caused it. Each time an answer is given, a follow-up "But Why?" is asked.

For example, if you say that too many community members have problems with alcoholism, you should ask yourself "But Why?" Once you come up with an answer to the question, probe the answer with another "But Why?" question until you reach the root cause of the problem.

The "But Why" technique can be used to discover root causes either in individuals or the community.

1.   Individual factors include level of knowledge, awareness, attitude and behavior.

2.   Community factors are divided into three groups:

●   Cultural factors such as customs, beliefs, and values.

●   Economic factors such as money, land and resources.

●   Political factors such as decision-making power.

The why technique uncovers multiple solutions for a certain problem and allows people to see alternatives that he/she might not have seen before. It increases the chances to choose right solution.

Topic 3

Identify Resources in Communities

3.1 Sustaining Community Health Services/Projects

Anyone who can take responsibility for improvement of community can be a community leader and community leaders can make a difference in their communities. We can keep improving our community by utilizing our own resources to solve our problems by ourselves.

The following are true stories showing how communities can sustain Community Health Services in their community through their leadership skills.

Story 1: Mama Hope's Garden

Mama Hope is a mother of 4 children in Bahati village in Kilifi County, Kenya. She is concerned about the health of her children because she thought that the meals she prepared for her family were not balanced enough especially for her growing children. Indeed, she had to spend 3 shillings to buy one leaf of Sukumawiki last year and the high price was too much for her.

One day, she visited her mother's house in a neighboring province and found Sukumawiki and other vegetables like onions grew in a gunny sack (gunia) in her yard. Hope asked her mother what it was and her mother told Hope, "One day, one of the farmers in our village called a meeting and taught us how to grow vegetables in a gunny sack. We call it 'multi-story garden' or 'gunia garden'. All villagers in my village started doing it because it is very simple to do; one needs a gunia, seedlings, and a little water then we can have enough Sukumawiki for the family. I even sell some of the leaves and onions to others when I harvest more than enough for my family!" Hope walked around the village and discovered many households had the same. She asked her mother to teach her how to make it and her mother showed her the way.

As soon as Hope returned to her home, she made a gunia garden as she was taught by her mother. After a month, she started harvesting Sukumawiki and other local green vegetables and found the garden producing plenty with a little amount of water. She is now happy because she can cook green vegetables for her family every day and even get other kinds of vegetables like tomatoes with the money she gets from selling hers. Her neighbors kept visiting and asking her how to make it and Hope gratefully teaches her neighbors about the technique.

Story 2: Community Constructed a Bridge for Better Access to School and Health Services in Kipsebwo Village in Kenya

Villagers in Kipsebwo Village in Nandi County, Kenya, had suffered from long lasting short rainfalls for the last several years but they finally received enough rainfall last season. Villagers were happy for the blessing of the rain and worked very hard in their farms, however, after a few days of having heavy rain, the villagers found a deep ditch across the village and the ditch cut the only pathway in the village to go to market, school and health centre. School kids going to school, women going to the market and any sick villagers seeking health services had to follow a very long route which took 2 hours.

A few weeks after the rainfall stopped, the villagers had a community dialogue in a church yard. A pregnant woman shared her experience and said that it was very tough for her to walk for 2 hours to reach the clinic for antenatal care while it could be 45 minutes if the pathway was passable. One CHV stood up and said, "I think it is not wise to keep complaining because it will not change our situation at all! Let's think and discuss what we can do to improve our way. What is the best way forward then?" All the participants were thinking for a while and a man courageously stood and said, "Since we are the only people to make the pathway passable, why don't we discuss how we can work

on it together?" The participants agreed with his suggestion, discussed and decided that all villagers would meet and work together to bring hard soil from neighboring village and fill a part of the ditch with the soil to make a bridge every Wednesday and Saturday afternoon.

The villagers, including men, women and adolescents gathered twice in a week and worked hard to make the bridge. After one month, the bridge was completed, the villagers celebrated the completion and started passing one side to the other through the bridge. The bridge made life of villagers easier and the villagers started planting tree seedlings around the bridge to prevent the bridge from soil erosion with the support of the forestry service.

3.2   Problem-solving in the Community

- Anyone can improve their own life situation with existing resources at anytime

- Better to start small; small success can make a difference. An accumulation of small successes can change our community

- Be creative. Think and act by yourself

- Be connected with other community members and partners and work collectively when it is possible.

3.3   Community Resource Identification/Mapping

Strengths, resources and assets can be used to address some of the concerns in the community as a whole. To accomplish this, resource identification and mapping is important because identified resources can be used as a foundation for community improvement.

- External resources (e.g. Government and donor funds/money, material and non-material supports, etc.) often just are not available, whether we like it or not. Therefore, the resources for change must come from within each community

- Identifying and mobilizing our community resources enables community members to gain control over their lives.
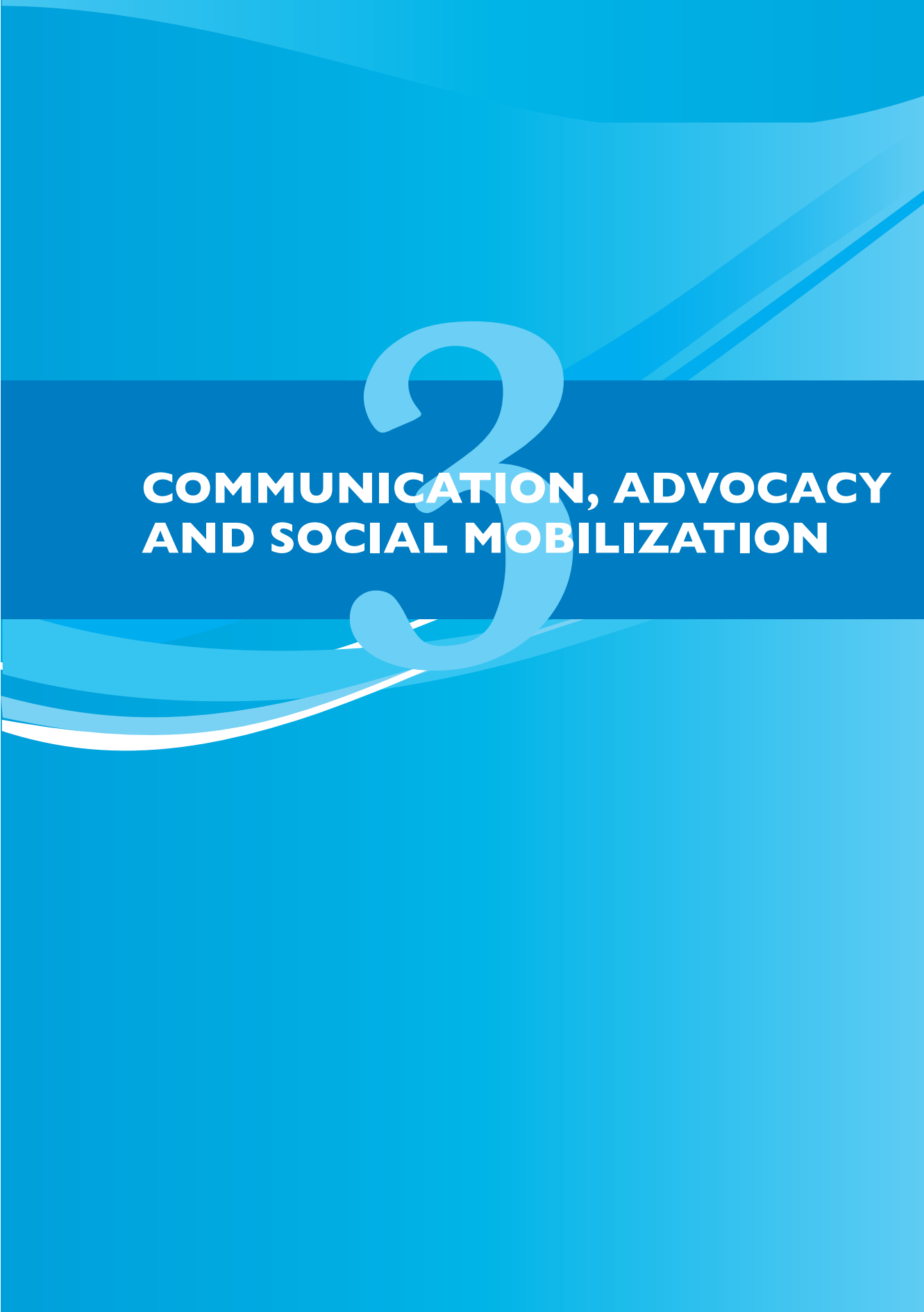
3.4 What is Community Resource?

Community resource is anything that can be used to improve the quality of community life. And this means:

- It can be a person e.g. a mechanic, a farmer, a carpenter. These are referred to as community owned resource persons

- It can be nature such as rivers, forests, land, springs and mountain. We can get water, food, firewood and any other things essential for our lives

- It can be infrastructure; a road, borehole, electricity, network of mobile phones etc. means a lot in our community lives today

- It can be a physical structure or place: a school, health facility, market, church, library, community centre etc. It could be a community landmark or symbol. It might also be an unused building that could house a nursing home, or a room ideal for community meetings. Or, it might be a public place that already belongs to the community e.g. parks, a wetland, or any other open space

- It can be business: this provides jobs and supports the local economy

- It can be you and everyone in the community: this is good news, because it suggests that everyone in the community can be a force for community improvement if only we knew what their talents are, and could put them to use.

Key Points on Community Resource Mapping

It is ideal if community resource mapping can be done through transect walk and community dialogue. However, the mapping exercises in this training rely on the participants' memories and imaginations due to time constraint. CHVs are going to go around their villages to conduct household registration after the training and it can be a great opportunity for them to explore the resources in their villages further and update on their resource map.

COMMUNICATION, ADVOCACY AND SOCIAL MOBILIZATION

3

Module 3: Communication, Advocacy and Social Mobilization

Purpose:

» The purpose of this module is to equip the CHVs with communication, counseling, mobilization and advocacy skills as well as enhancing community dialogue techniques.

Objectives:

» ● To build basic capacity of the CHVs on the following competencies

● To facilitate effective implementation of community health services.

CHV's competencies in Communication, Advocacy and Social Mobilization:

» ● Able to understand the communication process

● Ability to demonstrate how to use basic counselling skills

● Understand advocacy principles

● Ability to demonstrate how to carry out social mobilization

● Ability to facilitate community dialogue.

Number of Units: Four

» 1. Communication.

2. Counselling.

3. Social Mobilization and Advocacy.

4. Community dialogue.

Unit 3.1

COMMUNICATION SKILLS

Objectives

By the end of the unit, the CHVs should be able to:

1. **Describe importance of communication.**

2. **Use verbal and non-verbal forms of communication.**

3. **Use different communication channels according to the target audience and message.**

4. **Demonstrate communication skills.**

Introduction to Communication

Communication is the process of sharing our ideas, thoughts, and feelings with other people and having those ideas, thoughts, and feelings understood by the people for the purpose of taking action by those we are sharing with.

Communication can:

- Raise people's awareness
- Generate action
- Influence public opinion
- Mobilize support.

Topic 1:

Importance of Communication

- Strengthen existing relationships
- Help build positive relationships for future interactions

- Prevent misunderstandings
- Enhance self-confidence
- Give community members the knowledge to understand and work towards a common goal.

Topic 2:

Verbal and Non-verbal forms of Communication

2.1   Verbal communication

This is the process by which people communicate face to face. It is sometimes referred to as oral communication. Verbal communication involves words, language and vocal tone. It occurs through the act of speaking or writing. Examples of verbal communication include songs and drums, stories, speeches, conversation, radio, television, brochures and posters.

2.2   Non-verbal communication

Non-verbal communication describes the process of conveying meaning in the form of non-word messages. Non-verbal communication is also called silent language and plays a key role in human communication in day to day life. Examples of non-verbal communication include nodding, eye contact, leaning forward or backwards, facial expressions etc.

Helpful non-verbal communication makes the person we are counselling feel that you are interested in them, so it helps them to talk to you.

Here are some tips on use of non-verbal communication:

- Keep head at same level
- Pay attention (eye contact)
- Remove barriers (tables and notes)
- Take time
- Appropriate touch.

Topic 3:

Communication Channels

- Radio, Newspapers, Television - Good for awareness creation and information

- Drama, road shows - Good for localized awareness creation and knowledge

- One on one e.g. counselling sessions

- Small group communication, peer counselling, chief's baraza, peer education - Good for attitude change, skills and confidence building

NOTE: Different communication channels have different strengths and weaknesses. We have to choose an appropriate channel for what we want to communicate.

Topic 4:

Communication Skills

Effective communication requires:

1. Clear and specific objectives based on your goal or message.

2. Clear messages presented in simple and straight forward way.

3. Appropriate selection of channel for sending messages based on target group.

4. Provide for back and forth dialogue.

5. Cultural sensitivity.

Barriers to effective communication include:

- Age/status differences
- Language
- Political differences
- Message overload or incomplete messages
- Mistrust
- Level of education
- Culture
- Timing.

Unit 3.2

BASIC COUNSELING SKILLS FOR CHVs
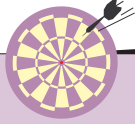
Objectives

By the end of the unit, the CHVs should be able to:

1. **Understand what counselling is.**

2. **Describe and demonstrate how they can use basic counselling skills.**

3. **Learning Skills.**

Topic 1:

Counselling Defined

Counselling is a way of working with people in which you understand how they feel, and help them to decide what they think is best to do in their situation.

Counselling skills helps people to change as they learn to think things through for themselves and make their own decisions, free of the effects of past experiences or practices.

Topic 2:

Counselling Skills

Counselling skills include:

● Listening skills – active listening, reflective listening

● Learning skills

● Building confidence and giving support skills.

The following role plays depicts basic counselling skills

ROLE PLAY A

Maarifa	Hello mama Fimbo, I was told by mama Kazuri that Fimbo is very sick; he is vomiting badly and has diarrhea.
Mama Fimbo	Hello bwana Maarifa, yes Fimbo has got me and my family so worried from the sickness. He looks so weak and has missed school for a while now.
Maarifa	That must be typhoid. When I was told about it by mama Kazuri, I thought I should come and teach you about typhoid and diarrhea diseases. Typhoid comes as a result of drinking unsafe water, that is, water that is not treated or boiled. Typhoid is a very bad disease and is very expensive to treat. Diarrhea diseases are very dangerous especially to children under the age of 5 years. Fimbo looks like he is 5 years old and it might kill him. Diarrhea dehydrates him and so does vomiting, you should make sure that your family boils and treats drinking water every time to prevent these diseases.
Mama Fimbo	What can I use for treating water because I don't like the taste of boiled water?
Maarifa	You should use Water Guard. Tell your husband to buy it on his way home from work. If you don't treat your water, all of your family will die. Take Fimbo to the hospital and make sure that you do everything I have told you to.

ROLE PLAY B

Musa	Hello mama Raha.
Mama Raha	Ahhh, karibu sana bwana Musa.
Musa	It's good to see you after a long time.
Mama Raha	It's good to see you too bwana Musa. It's been quite a long time. But, I was with your wife over the weekend kwa "chama ya wamama".

Musa	Ni vizuri, she told me about it but she also mentioned to me that Raha your son has a diarrhea problem which has disturbed him for a while now.
Mama Raha	Ohh yes, he has me so worried and has even lost weight but we have not seen a doctor yet.
Musa	Pole sana mama Raha that your strong boy is suffering from this problematic situation. You must worry a lot about him… When I heard that from my wife, I thought it was a good idea if I came and shared a talk about diarrhea. Is it okay with you if we shared about it?
Mama Raha	I will be delighted to, because I love my son so much and I am so worried about him in this situation.
Musa	I'm happy to hear how much love you have for your son. It's a noble thing to do and also the fact that you are concerned with his health.
Mama Musa	His health is a priority to me, and I would do anything to prevent this thing from happening to him ever again.
Musa	That is good of you mama Raha, what I am getting from you is that you are ready to put in effort to end the problem of diarrhea for your son and your family too. Do you know how people contract diarrhea?
Mama Raha	I think I do, it is caused by drinking dirty water and eating contaminated food.
Musa	Wow! I see you are so knowledgeable about it. It's true that you can contract diarrhea by taking contaminated food or water. It is also a symptom of diseases like typhoid or cholera.
Mama Raha	Jesus! So there is a possibility that my son is suffering from the two diseases?
Musa	Yes, mama Raha. There is a possibility, but not necessarily the two, there are many more. Do you know how you can protect yourself and your family from all these problems associated with diarrhea?

Mama Raha	Yes I know; I always hear that people should treat their drinking water or boil it to make it safe for drinking.
Musa	I see you know so much about it, I am so encouraged by how informed you are. But mama Raha, do you do any of these things or what are some of the ways you use to make and keep your drinking water safe?
Mama Raha	Mmmmh not really, I only keep my drinking water in clean containers and keep them closed all the time. But I don't treat the water because the river Nyamindi water that we drink looks clean.
Musa	That is a good thing, mama Raha. Keeping drinking water in clean containers is a positive thing for you to do. I'm also getting from you that you don't treat or boil drinking water because river Nyamindi water is clean..
Mama Raha	Yes, it's true Musa.
Musa	What makes you think that this water is not contaminated?
Mama Raha	Ahh this water is crystal clear. Inakaa safi sana.
Musa	Oh, so its clarity makes you think that it's safe?
Mama Raha	Of course Musa.
Musa	Alright mama Raha, is it okay if I told you something or gave you some information about clear water.
Mama Raha	Yes Musa, please do.
Musa	It is possible to have water contaminated and still maintain its clarity because germs that cause the water borne diseases are not visible in water or food. The clarity might lead some people to thinking that clear water is safe water, which is not true. What do you think about that?
Mama Raha	Salaaala! This might have been the source of my son's sickness.

Musa	There is a big possibility and you are absolutely right. So what do you plan to do now that you know clear water is not necessarily safe water?
Mama Raha	Bwana Musa you are a true blessing to my family. I have some in the Mutungi which I will boil for today and then treat thereafter. But I hear that Water Guard is sold in town and I don't see myself going to town soon, can I send you?
Musa	No need to do that, your neighbor mama Karuri stocks Water Guard, I always buy from her shop. Do you know how to use Water Guard if I may ask?
Mama Raha	Oh yes I know you use one kifuniko for 20 liters of water, shake nicely and leave it for 30 minutes and your water is safe for drinking.
Musa	As I said mama Raha, you have all the information as that is so correct. Those are the right steps to make your drinking water safe, but please make sure you take Raha to a doctor so that you can establish what he is suffering from.
Mama Raha	Thank you so much Musa. I am so grateful. Pass my regards to your family!
Musa	You are welcome! You are my community and your health is also my concern. Bye, and I will pass by next week to see how your boy is fairing.

The differences in the two role plays bring out the key counselling skills which include:

- Listening skills which include active and reflective listening

- Learning skills which include probing (open ended questions) and summarizing

- Confidence building and support skills which include affirmation and disclosure (information sharing).

The following are some counselling skills as depicted in the role play.

A. Listening Skills

"Musa utilized active listening skills and learning skills nicely in his conversation with Mama Raha. He tried to listen carefully without interfering but encouraging Mama Raha to speak, providing open questions and closed questions appropriately and sharing reflections to make her feel understood.
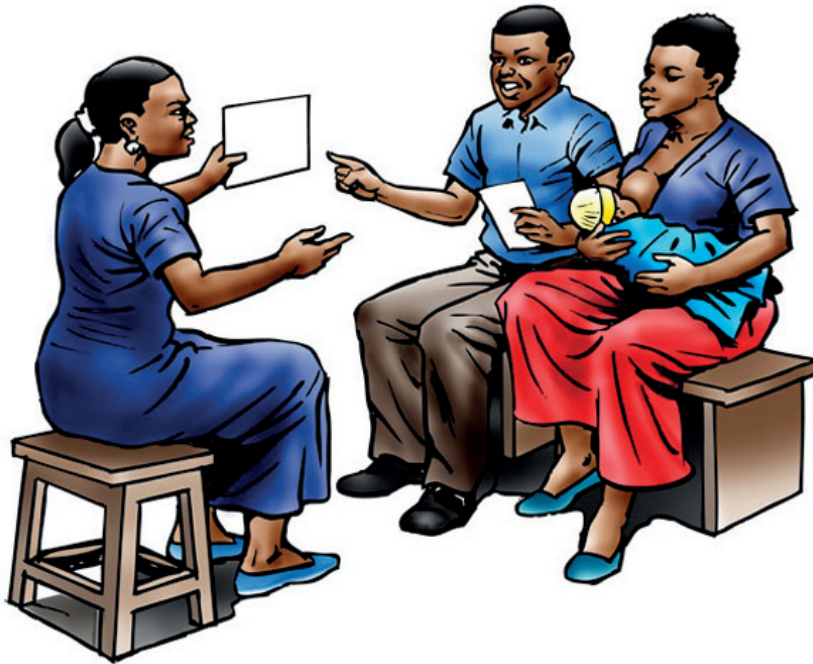
Fig.4 A counseling session in progress

B. Active Listening Skills

Active listening happens when you "listen for meaning". The listener says very little but conveys empathy, acceptance and genuineness.

Active listening is hard but rewarding work. It is so tempting to interrupt, so easy to be distracted. Therefore the important points on active listening are:

- Before the session, make sure your physical needs are taken care of (thirst, hunger, bathroom, stretching)

- Look at the speaker. Taking a few notes can keep you on task; mentally put masking tape across your mouth

- Watch your non-verbal messages

- Encourage the speaker to continue with short, gentle comments like "uh-huh", "really?", "tell me more", etc.

- If the person is not normally talkative, you may have to refer to your brief one or two word notes and ask an open question.

Topic 3:

Learning Skills

In addition to the active listening skills, other important counselling skills include:

- Asking questions skills

- Reflecting back skills

- Building confidence and giving support skills

3.1   Asking Questions Skill

Asking questions - open and closed - is an important skill in counselling.   They can help a person open up and close them down.

An open question is one that is used in order to gather lots of information – you ask it with the intent of getting a long answer. It has no correct answer and requires an explanation of sorts. The who-what-where-why-when-how questions are used for the open question.

For example:

- Do you have an idea about why this keeps happening?

- What is your plan B?

- How does that make you feel?

Open questions are great for:

- Starting the information gathering part of the counselling session

- Keeping the client talking.

An example of probing: "but mama Raha do you do any of these things?" or "what are some of the ways you use to make and keep your drinking water safe?"

3.2   Reflecting Back Skill

Reflecting back is a skill to repeat back what a client (whom you are counselling) has said to you, to show that you have heard, to clarify what you have heard and to encourage him/her to say more.

Reflective listening skills: An example, "that is good of you mama Raha, what I am getting from you is that you are ready to put in effort to end the problem of diarrhea for your son and your family too. I am also getting from you, that you don't treat or boil drinking water because river Nyamindi water is clean."

3.3   Building Confidence and Giving Support Skills

Musa also engaged other skills in his conversation to make Mama Raha feel confident and come up with her own solutions for her problem. We call these "building confidence and giving support skills."

People can take action easily when they are confident that they will succeed and get positive results from their action. If the decision for the action is individual, the chance for the person to take action increases tremendously because the person owns the decision.

However, if a person easily loses confidence in oneself, this may lead him/her to feel that s/he is a failure and give in to pressure from family and friends. You may

need these skills to help him/her to feel confident and good about themselves. It is important not to make that person feel that s/he has done something wrong as this reduces their confidence.

To avoid such a situation and build his/her confidence in themselves and for their action, we:

1. Accept what a person thinks and feels.

2. Recognize and praise what a person is doing right.

3. Provide key information.

4. Support the person's decision-making.

5. Avoid using judging words.

'Judging words' are words like: right, wrong, well, badly, good, enough, properly. If you use these words when you ask questions or reflecting back, you may make a person sometimes feel that he/she is wrong.

Accepting What a Person Feels (Empathy)

Musa said "Pole sana Mama Raha that your strong boy is suffering from this problematic situation. You must worry a lot about him…" This response shows Mama Raha that what she said was heard and her feelings towards her son was understood.

A person can feel s/he is denied and wrong if you disagree with him/her, or criticize, or tell him/her that what s/he worries or is upset about is nothing to be upset or to worry about. If s/he feels so, s/he may lose confidence and may not want to say any more to you.

The following are some of the tips to avoid such a scenario:

- It is important not to disagree with a person/client

- It is also important not to agree with an idea that you think not right. You may want to suggest something quite different but that can be difficult if you have already agreed with him/her

- Instead, you just accept what she thinks or feels. Accepting means responding in a neutral way, and not agreeing or disagreeing

- Reflecting back and giving simple responses are useful ways to show acceptance

- Later in the discussion, you can give information to correct a mistaken idea

- In a similar way, empathizing can show acceptance of his/her feelings.

Accepting What a Person Thinks and is doing Right (Affirmation)

As human beings, we can be confident in ourselves when we confirm what we are doing is right and good by it being recognized and praised by someone else. It is worthwhile to use this nature of human beings to build a person's confidence.

To do that, you can:

- Be keen to look for a person's good and right practices, behavior and ideas during the conversation

- Recognize the person's good practices and express your appreciation clearly.

Praising good practices has these benefits:

- It builds the person's confidence

- It encourages him/her to continue those good practices.

- It makes it easier for him/her to come up with the way forward.

Providing Key Information and Supporting Decision-making

Information is one of the most important things you can provide to the person during counselling conversations to support him/her to come up with his/her own solution for the problem s/he is facing. It is a skill to be able to identify information which s/he already has and choose just two or three pieces of the most important information to give at a time to make the next step clear.

For example in Role Play B, Mama Raha said that she realized water which looks clear did not mean clean and she would use Water Guard to make water safe to protect her son from diarrheal diseases. Indeed, it was important that Mama Raha herself said these statements instead of Musa.

Following are tips for providing key information during counselling conversations:

- Recognize what s/he already knows and explain new things based on what s/he knows

- Tell him/her things that s/he can use today, not in a few week's time

- Explaining the reason for difficulty is often the most relevant information when it comes to helping a person understand what is happening

- Give information in a positive way, so that it does not sound critical, or make the person think that s/he has been doing something wrong. This is especially important if you want to correct a mistaken idea

- For example, instead of saying, "Thin porridge is not good for your baby", you could say "Thick foods help the baby to grow"

- You must be careful not to tell or command him/her to do something

- Try to find what s/he can do and let him/her to decide for his/her own action.

Unit 3.3

ADVOCACY AND SOCIAL MOBILIZATION
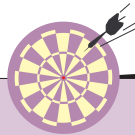
Objectives

By the end of this unit, the CHVs should be able to:

1. **Explain advocacy.**
2. **Describe the importance of advocacy.**
3. **Explain social mobilization.**
4. **Apply strategies on social mobilization.**

Story: Community's Power Established a Maternity Wing

Bughuta community is located in Voi County in Kenya. Among many concerns, health workers and the health facility committee at Bughuta health centre were worried that a small number of mothers gave birth at their facility.

One day at a community dialogue in Bughuta community, the chairperson of the committee stood up and asked the community members, "The number of deliveries that happened in our health centre in the last month was 4, while the number of children born in the last month in our community was 21 according to the Chief's report. It means majority of babies are born at home assisted by family members or traditional birth attendants in our community. We have been educated by health workers and CHVs on risks of delivery at home and importance of having child birth at a health facility. But why do mothers keep giving birth at home?"

Community members gave different answers such as distance from home to the facility, onset of labour pain happened during night, among others. Then, a mother of one year old boy stood up and said, "indeed, all that my neighbors said is true but I know the biggest problem with delivering at the health centre. I was told several times to go to the health centre for delivery at the Ante Natal Clinic when I was carrying this boy. I had thought I would go there but when the time came, I lost my will to go to the health centre in the last minute and finally called my neighbors to assist me at home. I was wondering what made me reluctant to deliver my baby at the health centre and the answer came to me when I chatted with other ladies. The health centre is always crowded and full of noise of babies crying and loud TV sound. I did not like the idea of delivering my kid in such an environment. Nurses and Daktaris are trustworthy but space for childbirth (which is placed at a corner of the Mother and Child Clinic) is parted only with a curtain. This is the reasons that made me decide not to go there."

Many mothers nodded to show their agreement with her statement. Then, the chairperson asked the community members again, "Is the

delivery space your biggest reason? Will mothers come to the health centre for delivery if we improve privacy and quietness in the delivery space?" Community members said, "Yes. We promise we will come!".

On the following day, health facility committee members and health workers were busy removing furniture and documents from the room of the person in-charge of the health centre to a corner of a store. They brought a maternity coach and other equipment to the room where the in-charge used to sit. The room now became a delivery room where there was no noise and disturbance.

CHVs informed the community members that the new delivery space with a lot of privacy was now available at Bughuta health centre. Many mothers attending the ANC witnessed that the health centre now had a "delivery room". In short, after that, mothers started coming to deliver their babies at the health centre and the number of deliveries conducted in the health centre in the month more than doubled that of the previous month.

The Chief of the community who attended the community dialogue saw and was impressed with the efforts made by the health centre and the community. He decided to bring a proposal to County Council to request funds to build a maternity wing. He visited with the chairperson of Bughuta Health Centre and Bughuta CU. The Chief handed the proposal to a councillor by telling him, "Bwana councillor, my community and the health centre staff are very serious about this project of putting up a maternity wing. Our community has proved that they will appreciate and use it maximally as they started utilizing a newly organized delivery room recently. As the facility staff secured privacy for delivery, the utilization of delivery services at the health centre shot up!"

A few days later, the Chief received a letter from County Council that stated the following: "Your proposal was accepted". Currently, the construction of the maternity wing at the Health Centre is in progress and the community is looking forward to utilizing the facility in the near future.

Topic 1:

Advocacy

Advocacy is speaking up for, or acting on behalf of yourself or another person. It is the process of putting forward one's views to the public and decision-makers to engage and educate them with a view of having positive action to drive change.

From the story, Bughuta community succeeded in putting up a maternity wing by raising their voice, showing their efforts and talking to influential persons. We call this kind of action and process to move people, situation and policy "advocacy".

Through Advocacy, we can:

- Promote principles
- Get interests of government, partners and community itself on community issues
- Get support from specific partners for solving problems
- Correct unfair and harmful situations, etc.

CHVs can do the following actions (among many others) for advocacy:

- Mobilize the community to come together
- Identify the needs based on the issue at hand (see Module 2 Unit 3)
- Explore solutions with the community (see Module 2 Unit 3)
- Identify the solutions which need advocacy actions
- Identify the specific target of each advocacy action
- Approach the target using the right communication channels, etc.

Topic 2:

Importance & Function of Community Advocacy

The following story is a real story from Bughuta location in Voi County. This is a story about how a community's power and efforts changed their situation drastically by using several advocacy activities."

Topic 3

Social Mobilization

Social mobilization is a process, which enables people to put their efforts together for carrying out the joint activities unifying resources and building solidarity.

In addition, social mobilization:

- Raises awareness
- Brings together people from various sides/parties
- Strengthens community participation for more autonomy
- Fosters transparent & accountable decision-making.

Tips for Social Mobilization

How to carry out social mobilization:

- Mobilize the community to come together
- Identify the needs based on the issue at hand
- Explore solutions and alternatives
- Develop with the community;
  a) plan of action
  b) strategies
- Community sensitization
- Collaboration
- Lobbying - bargaining for a common ground
- Networking.

Unit 3.4

COMMUNITY DIALOGUE

Objectives

By the end of the unit, the CHVs should be able to:

1. **Explain Community Dialogue.**

2. **Understand the steps for Community Dialogue.**

3. **Facilitate Community Dialogue.**

4. **Plan Health Action Days based on Community Dialogue.**

Topic 1:

Community Dialogue

Community Dialogue is a mutual continuous exchange of views, ideas and opinions about an issue or a concern.

"Dialogue is one of the most important strategies in the Community Strategy to make people's behavior and community change. Organizing and facilitating Community Dialogue is done by the CHC, while the mobilization is done by the CHVs.

1.1   Characteristics of Community Dialogue

*   It involves interactive communication between two or more parties, aimed at reaching a common understanding on issues for the purpose of taking action.

*   Dialogue meetings are held quarterly (4 times in a year) and members who participate include CHVs, CHCs, sub county Health Management teams, partners and members of the public.

Study the pictures below.

In which meeting do you think people are having Community Dialogue?

Meeting 1
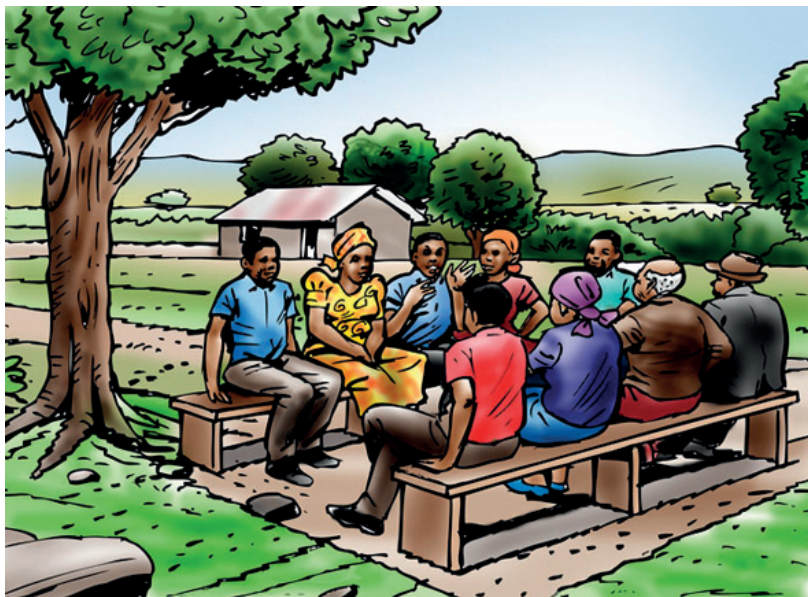
Meeting 2

Fig.5 Community Dialogue – two meetings

1.2 Importance of Community Dialogue

- Seek to satisfy everyone's needs

- Win-win solutions

- Find others' strengths

- Look upon others as a friend

- Open up the communication

- Ask questions and show that you want to learn

- Create energy by listening actively, asking, inspiring in a positive way, and getting involved

- Seek more solutions.

Topic 2:

Steps in Carrying out Community Dialogue

1. Setting the stage: Making an entrance into the community leadership and community structures (CHC, HFMC, County administration).

2. Organized group identification and mapping: Knowing which organized groups exist in the community, where they are and what they do.

3. Making visible the unexpressed needs: Helping the communities to identify the most important needs and how to address them.

4. Making organized group action plans: Based on the needs and the current status, the community will make plans on how to achieve what they want to be in the future.

5. Ensuring sustained dialogue and results for development: Linking communities and services, supporting the organized groups to carry on by themselves.

Topic 3:

Facilitating Community Dialogue

The LePSA method of adult learning emphasizes participatory methods of learning, in recognition of the fact that adults have their peculiar characteristics and expectations. It is one of the best methods of helping communities to learn from each other. It is also referred to as a problem solving process.

LePSA stands for:

- **Le** – Learner centered
- **P** – Problem posing
- **S** – Self-discovery
- **A** – Action oriented

It involves the use of a starter, followed by "**SHOWeD**" questions

What to consider when preparing a starter:

- Deal with a theme for which the community has strong feelings
- Show familiar scenes in everyday life
- It should stimulate interest and move emotions
- Deal with one theme
- It should be simple, clear, and visible
- Avoid distracting details
- A code should raise questions but not provide solutions
- It should portray one problem.

The "SHOWeD" questions are:-

- What did you **SEE** or hear? (describe the situation depicted by the starter) What was **HAPPENING**? (interpret the situation and identify the problem) Does it happen in **OUR** community/experience? (relevance)
- WHY does it happen? (identify and analyze the root cause)

- What similar **EXAMPLES** can be given in our area? (extent, self-discovery)

- What can we **DO** about the situation? (solutions, resources, action plan)

The "SHOWeD" questions are used to guide discussions on a particular problem for the purposes of encouraging the problem solving process. The participants then prioritize and appraise the doable action.

COMMUNITY DIALOGUE CAN TRANSLATE THE PROBLEM TO BECOME A COMMUNITY CONCERN

Fig.6 A community dialogue in session

The chalk board can help generate issues for dialogue in the community. The trend of the indicators on the chalk board can guide the dialogue by the community members asking themselves why the numbers are increasing or decreasing based on their community experiences.

Topic 4:

Plan Health Action Days based on Community Dialogue

Linking community dialogue to action day

Like dowry negotiations lead to a wedding day, so does a dialogue day lead to an Action.

The community should make an action plan during the dialogue day, and the action plan is implemented on the Action day.

This means Action days are held as per the Action plans. The frequencies of the Action Days will be determined by the priority needs of the community.

BEST PRACTICES FOR HEALTH PROMOTION AND DISEASE PREVENTION

4 Module 4:
Best Practices for Health Promotion and Disease Prevention

Purpose:

» The purpose of this module is to enable CHVs to acquire knowledge and skills for the promotion of health and prevent diseases at individual, household and community levels.

Objectives:

» To build capacity of the CHVs to promote best practices for health promotion and disease prevention.

CHV's competencies in Health Promotion and Disease Prevention:

» • Ability to identify common practices that promote health and prevent diseases in the community

• Able to teach community members about importance of health promotion

• Understand roles of CHVs in the community.

Number of Units: Four

» 1. Health promotion and its importance.

2. Roles of CHVs in health promotion and disease prevention.

3. Activities on health promotion and disease prevention.

4. Common practices that promote health and prevent diseases in the community.

Unit 4.1

HEALTH PROMOTION AND ITS IMPORTANCE
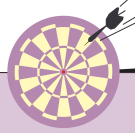
Objectives

By the end of the unit, the CHVs should be able to:

1. **Define health promotion and its importance.**

2. **Identify roles of CHVs in health promotion and disease prevention.**

3. **Describe activities on health promotion and disease prevention.**

4. **Identify common practices that promote health and prevent diseases in the community.**

Topic 1

Health promotion

1.1 Definition of Health Promotion

Health promotion is the process of enabling people to increase control over, and to improve their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment.

Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being

1.2   Importance of Health Promotion

- Helps communities and individuals realize health and health services are human rights for everyone

- Learn how to live a healthy life and avoid diseases

- Improve the health status of individuals, families, communities, states, and the nation

- Enhance the quality of life for all people

- Importance of availability and access to quality food throughout the year for improved health

- Reduce premature deaths

- Reduces the costs (both financial and human) that individuals, employers, families and the nation would spend on medical treatment

- To care about their own health and take part in organizing health services and disease control programmes.

Topic 2

Role of CHVs in Health Promotion and Disease Prevention:

- Acts as an advocate for positive health practices

- Being a role model

- Provide minor treatment e.g. ORS, paracetamol

- Referral of clients for specialized care and follow up

- Social mobilization

- Community dialogue and action

- Community health education.

Topic 3

Activities on Health Promotion and Disease Prevention

Participating in health action days e.g. Breast feeding week 1 – 7th August, MALEZI BORA weeks May and November, World Aids day 1st December, African Malaria day 25th April, TB day 24th March, day of the African child 16th June and other action days as prioritized during community dialogue.

Topic 3

Common Health Practices and Challenges in the Community

Many health problems are preventable or solvable by the community. Some of the key family health practices that can promote good health are listed below:

1. Birth registration and issuance of birth certificates of children at birth.

2. Exclusive breast-feeding for 6 months.

3. Appropriate complementary feeding from 6 months whilst continuing breast-feeding up to 24 months.

4. Good child care for promotion of mental and psychosocial development among children.

5. Growth monitoring for children up to 5 years of age.

6. Hand washing with soap at critical times.

7. Provision and proper use of latrines.

8. Correct and consistent use of condoms and other FP methods.

9. Abstinence and being faithful to one sexual partner.

10. Proper disposal of waste.

11. Regular exercising of the body.

12. Personal hygiene.

13. Brushing teeth twice a day.

14. Four ANC visits.

15. Eating fruits and vegetables daily.

16. Taking 8 glasses of safe water daily.

17. Screening for cancers e.g. cervix, breast, prostrate.

Unit 4.2

PROMOTION OF MATERNAL, NEWBORN AND CHILD HEALTH
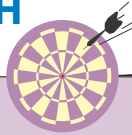
Objectives

By the end of the unit, the CHVs should be able to:

1. **Understand the basic concepts in care of a mother before pregnancy, during pregnancy and preparation for child birth, and after delivery.**

2. **Explain importance of Family Planning.**

3. **Demonstrate skills on maternal, infant, and child nutrition**

4. **Demonstrate skills on care of newborn and infants.**

5. **Explain importance of growth monitoring and nutritional assessment.**

6. **Explain the importance of immunization for infants and young children.**

7. **Explain the importance of Vitamin A supplementation and de-worming practices.**

Topic 1

Basic Concepts in Maternal, Newborn and Child Health

1.1   Introduction

The CHV needs to know the diseases and situations that will make the pregnancy safe and result in a favorable outcome for the baby and the mother.

Preconception care: This is care that a woman gets from the time she is born and in between pregnancies that affects the outcome of future pregnancies.

Focused Antenatal care (FANC): This is personalised care provided to a pregnant woman which emphasises on the woman's overall health, her preparation for childbirth and readiness for complications (emergency preparedness).

Individual Birth Plan (IBPs): These are plans that help a pregnant woman prepare a birth plan, that is, what to do when the time comes. They enable the mother to:

- Know When her baby is due
- Identify a skilled birth attendant
- Identify a health facility for delivery/emergency
- Identify the danger signs in pregnancy and delivery and know what to do if they occur
- Identify a decision-maker in case of emergency, know how to get money in case of emergency, have a transport plan in case of emergency
- Have a birth partner/companion for the birth
- Collect the basic supplies for the birth.

1.2   Pre-pregnancy Risk Factors for Women

The same way we prepare the shamba before the plantation season (Till the land, clear the bushes etc.) is the same preparation that a woman needs before conceiving. Due to the changes that take place in the body of a woman, some of them may expose the woman to various risk factors as follows:

- Physical Characteristics leading to risk/danger during the pregnancy

  - Age: Girls aged 15 and younger, women aged 35 and older

  - Weight: Less than 45 Kg before becoming pregnant, overweight women,

  - Height: Shorter than 5 feet (1.5m)

- Social Characteristics: Poor families, rural place that is far from health facility

- Problems in a Previous Pregnancy: When women have had a problem in last pregnancy, they are more likely to have the problem again. Such problems include a premature/underweight baby, a previous miscarriage, previous cesarean section, and still birth.

A CHV should encourage women to:

- Attend clinic before getting pregnant to screen for risks, health promotion and education, interventions to address identified risks, counselling

- Attend antenatal care as soon as she realizes she is pregnant and make at least four focused ANC visits before delivery

- Have her weight monitored during pregnancy: expected weight gain is between 12 Kilograms to 15 Kilograms from the first to the last trimester

- Ensure that she gets Vitamin A supplementation within 4 weeks after delivering from the health facility

- Sleep under LLITNs to prevent malaria

- Identify a birth companion and to have an individualized birth plan

- Seek skilled care at the time of delivery and afterwards

- Mother should know danger signs in the newborn

- Utilize the PMTCT services during ANC as it decreases numbers of HIV infected children/increases child health and survival and prevents HIV transmission

- Involve fathers/male partners in taking care of the children and reproductive health in the family.

Topic 3

Skilled Birth Attendance

Skilled birth attendance is the delivery conducted by a trained personnel (doctor, nurse, midwife, clinical officer) in a safe environment using sterilized equipment/ instruments in a health facility or at home (community midwives).

What are dangers in unsafe delivery?

- Birth injury of mother and newborn
- Infections both mother and newborn
- Excess bleeding leading to maternal death
- Death of the newborn.

> Note
>
> Pregnant women should deliver under skilled health personnel at a health facility.

Topic 4

Care of Mother and Baby after Delivery

1.1 Postnatal Care

This is the care given to both mother and baby from birth in order to reduce complications and deaths as well as to promote health of the mother and baby. This period starts from delivery up to 42 days after delivery (6 weeks).

- CHVs should make three postnatal home visits, within 24 hours (Day 1), after 3 day, and after 7 days, to check on danger signs on mother and newborn, regardless of place of delivery.

- Postnatal mothers should attend post natal care at health facility at 2 weeks, 4th-6th week and 6 months.

- Postnatal mothers should attend post natal care for cervical cancer screening, for family planning, and repeat HIV test.

1.2 Care for newborn and infant

Fig.7 Kangaroo Care

Ways to keep the baby warm:

- Keeping the room warm where the baby is (Explain carefully to avoid carbon monoxide poising and suffocation from burning wood and paraffin stoves)

- Drying the baby as soon as the baby is born

- Keeping the baby in skin to skin contact with the mother (on mother's abdomen or chest) with a sheet or blanket covering them (Kangaroo care)

- Putting the baby to the breast as soon as the cord is cut

- Not bathing the baby on the day of birth. If a bath is unavoidable, the baby should be bathed with warm water and dried and wrapped immediately

- Comfortable warm clothing (Hat, socks, wrapping baby).

1.3   Importance of Cord care

Cord can be an entry point for germs. The cord should be kept clean and dry. and nothing should be applied on it. It should not be covered by the nappies as these may introduce germs.

1.4   Child Spacing and Benefits

Child spacing is a practice of waiting between pregnancies. A womans body needs to rest between pregnancies. After having a baby it's a good idea to wait at least 18 months before getting pregnant again. To maintain the best health for her body and her children.

Note

During pregnancy and after delivery women requires adequate food and an extra meal a day due to their special needs.

There are a variety of contraceptive methods to help prevent an unplanned pregnancy. Some are natural, non-hormonal and hormonal. Each method has strengths and weaknesses as follows.

MEDICAL METHODS

Method	Description	Strengths	Weaknesses
Intrauterine device IUD	Small plastic device fitted into a womans uterus. It irritates the lining of the womb so that a fertilized egg cannot grow	Most effective One time procedure Sex able to be spontaneous	Requires healthcare provider to insert Does NOT prevent against STIs/HIV Requires removal to become pregnant
Contraceptive implant	Small match stick device inserted under the skin that releases hormones over the years	Most effective One time procedure Sex able to be spontaneous	Requires healthcare provider to insert Does NOT prevent against STIs/HIV Requires removal to be pregnant
Oral contraceptive Pills	Pills hat contain hormones. Taken daily to prevent eggs from growing	Very effective when taken daily Sex able to be spontaneous Can reduce menstrual pain and bleeding	Must remember to take each day Does NOT prevent against STI and HIV May have side effects
Injectable contraceptives	Injections of hormones that protect against pregnancy for several months	Very effective Does not require daily use Sex able to be spontaneous	Requires repeat injections Does not prevent against STI and HIV May have side effects
Male condom	A thin latex tube that is rolled over an erect penis before it enters the vagina	Very effective if used correctly Provides protection against STIs and HIV	Must use for every sex act Requires partner cooperation
Female condom	A plastic pouch inserted into the vagina before sex	Effective Provides protection against STIs and HIV	Must use for every sex act Requires partner cooperation
Diaphragm	Soft rubber dome stretched over a flexible ring. It is inserted into the vagina and placed over the cervix before sex	Effective if used correctly with spermicides Has no hormonal side effects	Must use for every sex act Requires visit to healthcare provider Does NOT protect against STIs or HIV

NATURAL OR NON-MEDICAL METHODS

Method	Description	Strengths	Weaknesses
Abstinence	Voluntary abstaining from sex	Completely effective Prevents STIs and HIV	Requires commitment
Breast feeding exclusively or Lactational Amenorrhoea Method (LAM)	Mother exclusively breastfeeds her child during the first six months of life. Need to feed frequently during the day and especially at night.	Very effective if mother has no monthly bleeding and if used with another method such as a condom	Does NOT protect against STIs/HIV
Fertility awareness or Natural Family Planning (NFP)	Periodic abstinence (7-10 days) during the most fertile time of a woman's menstrual cycle. Requires recording body temperature and checking vaginal mucous secretion.	Effective if used with another method such as a condom	Does not protect against STIs/HIV Requires woman to be aware of and attentive to her body

Topic 5

Growth Monitoring and Nutritional Assessment

Maternal, Infant and Child Nutrition

1.1   Maternal Nutrition

Maternal nutrition involves ensuring optimal intake of nutritious diet and healthy lifestyle during pregnancy and lactation period. During this period, variations in dietary changes affects the health outcomes of both mother and fetus.

Nutritional status of the mother during pregnancy directly affects the unborn baby. Women who are well nourished have the best chance of delivering healthy babies.

Pregnant women should take iron and folate supplements during the pregnancy period.

Pregnant and lactating women should:

● Aim to achieve ideal weight and ensure adequate intake of nutritious foods prior to the pregnancy

● Eat a variety of foods from plant and animal sources

- Eat three nutritious and healthy meals daily

- Have healthy and nutritious snacks in between meals

- Eat two servings of fruits and 2-3 servings vegetables daily

- Drink plenty of clean safe water

- Avoid foods that are high in fats and sugar

- Use iodized salt sparingly

- Eat foods fortified with Vitamin A and iron

- Take the recommended micronutrient supplements such as folate and iron. Do not take vitamin A supplements during pregnancy

- Reduce their work loads

- Eat small frequent and nutritious meals, and alter the texture and consistency of foods in cases of difficulty in swallowing or chewing food

- Engage in some form of physical activity to stay healthy.

Factors Affecting Food Intake during Pregnancy

- Beliefs/cultural practices - There's the widespread belief that pregnant women should not eat eggs because of the danger of delivering a very big baby

- Cravings – Pregnant women tend to crave for foods of little or no nutritional value

- Heavy workload – Can lead to many women having too little time and energy to prepare adequate nutritious meals

- Physical inactivity – Common in urban areas where lifestyles are sedentary. Results in excess weight gain and or obesity

- Body image – Some pregnant women, for the fear of putting on weight, refuse to eat which leads to inadequate nutrient intake. This can have adverse effects on their pregnancy and newborn baby

- Quality and quantity of foods eaten daily – There is a misconception that a pregnant woman eats food for two, resulting in higher than recommended intakes of foods

- HIV related symptoms that can affect appetite or eating such as painful swallowing from candidiasis, acute and chronic infections such as TB – Can result in reduced nutrition intake and poor nutritional status of the mother.

Fig.8 Breastfeeding

The table below shows the benefits of breast-feeding for the baby and the mother.

Benefits of Breast milk for the Baby	Benefits of Breastfeeding for the mother
Saves babies' lives	Putting the baby to the breast immediately after birth helps expel the placenta & reduces bleeding after delivery
Early initiation (within 1hr after birth) takes advantage of baby's alertness	Baby's suckling stimulates uterine contractions
Early initiation (within 1hr after birth) gives baby benefits of colostrum	Breastfeeding the baby immediately and frequently stimulates milk production
Has all the baby needs for the first 6 months	Breastfeeding the baby immediately and frequently prevents engorgement (accumulation of milk in the breast)
Contains enough water for the baby's first 6 months	It is economical
Provides food security in emergencies	It stimulates bonding between a mother and her baby
Promotes adequate growth and development	It is good for maternal health
Stimulates optimal growth development	It protects against early pregnancy which helps protect a woman's own health and nutrition
Protects against diseases especially diarrhea and respiratory infections	Breastfeeding contributes to food security for the infant
Is always clean, ready and at the right temperature	
Is easy to digest	

1.2 Nutrition for Newborn and Childhood

Early initiation of Breast-feeding and Exclusive Breast-feeding

What is Early initiation of Breast-feeding?
This means putting the baby on breast milk within one hour of birth.

What is Exclusive Breast-feeding?
This means giving infant only breast milk and no other food or drink, not even water whenever the baby wants for the first 6 months with the exception of prescription medicine.

Note

- Babies should be put to breast within 1 hour of delivery

- Babies should only be breastfed (no other foods, not even water) for six months

- Exclusive breast-feeding is important because breast milk alone has all that the baby needs to grow during the first six months of life and it also protects the baby against infections

- Babies born to HIV mothers should be exclusively breastfed with appropriate ARVs for both mother and baby.

1.3 Feeding the Child after 6 Months
(Complementary feeding)

What is complementary feeding?
This means giving other foods in addition to breast milk. During the period of complementary feeding, a baby gradually becomes used to eating family meals. Complementary feeding is done gradually between 6 to 24 months and involves the introduction of one food at a time. At around the age of 2 years, the baby becomes used to family foods which can entirely replace breast milk, although the child may still breastfeed**.**

Fig.9 Complementary feeding

Age	Complementary feeds
6 month – 1 year	Breast feed + 3 meals per day
1 year – 2 years	Breast feed + 3 main meals + 2 snacks* per day
2 years – 5 years	3 main meals + 2 snacks* + 2 cup of milk* per day

*Snacks include locally available fruits and cereals

*Cup of milk 250ml

Note

COMPLEMENTARY FEEDING

- Feed slowly and patiently, and encourage children to eat, but do not force them

- If children refuse many foods, experiment with different food combinations, tastes, textures and methods of encouragement

- Minimize distractions during meals because the child may lose interest easily

- Remember that feeding times are periods of learning and love-talk to children during feeding with eye to eye contact

- Maintain high standards of hygiene during preparation of foods

- Deworming twice a year to maintain appetite, enhance nutrient assimilation and food efficiency in the body

- Encourage the child to breastfeed more and continue eating during illness and provide extra food after illness

- Prepare foods for children from 2–3 food sources starches, legumes, vegetables/fruits, and animal foods at each serving. Try to feed different food groups at each serving

- Children should be supplemented with vitamin A every six months until the age of 5

- Monitor the child's growth monthly up to five years.

1.4   Nutrition Assessment

Growth is monitored through weighing children regularly and plotting the weight in the growth monitoring chart see Figure 8.

You need the following tools for nutritional assessment:

● Salter scale and pant

● MUAC tape

● Mother and Child booklet.

How to Measure Weight using a Salter Scale

Children are weighed with a 25 kg. salter scale that is hung on a sturdy beam or tree.

● Before weighing the child, take off all his/her clothes off except the vest

● Make sure the arrow on the scale is pointed at the zero mark

● Ensure that the salter scale is at eye level

● Place the child in the weighing shorts

● Make sure the child is not holding onto anything

● Read the child's weight when the arrow is steady. Do not hold onto the scale when reading the weight

● Record the findings on Growth Monitoring chart in the mother and child health booklet.

1.5   Mother Child booklet

The Mother Child booklet is used to record information during growth monitoring and should always be carried along when visiting a health facility even when the child is sick.

1.6   Importance of Growth Monitoring

Well-nourished and healthy children grow at a healthy growth rate, while children who do not eat well or are sick grow slower.

Growth monitoring is done to assess the nutritional status of children for early intervention and should be conducted every month from birth up to 5 years.

Growth Monitoring Chart
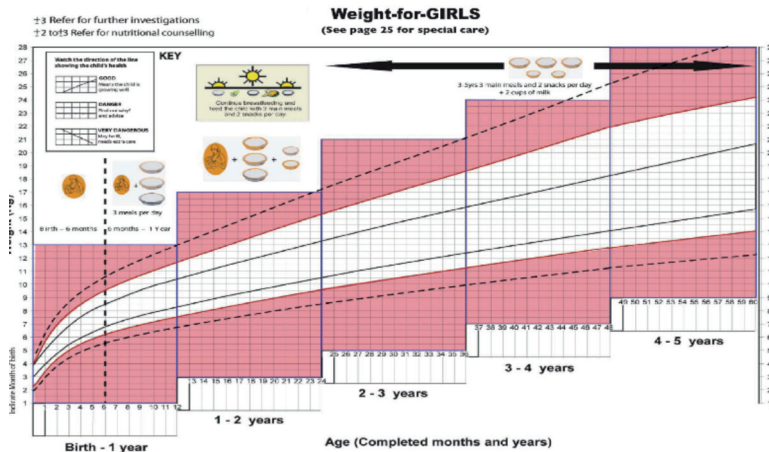
Fig.10 Growth Monitoring Chart

1.7   How to interpret the Growth Monitoring Chart

- If you find a plot in the red color, please pay more attention and counsel on appropriate feeding practice to mother

- Above white color indicates over nutrition (overweight), and below white color indicates under nutrition (underweight).

1.8   Malnutrition

Malnutrition means poor nutrition and can be divided into:

Under nutrition: When one does not eat enough of one or more nutrients that the body requires, then the body does not have enough nutrients to produce energy, grow and repair the tissues and protect itself from diseases. This results in people becoming underweight. They may become too thin (Wasted) or too short (Stunted).

Over nutrition: When one takes diets that provide   excess energy and lack physical exercise this results in over nutrition and may lead to nutrition related diseases that develop over a long period of time e.g. heart disease, and diabetes.

Micronutrient deficiencies: This occurs when the body lacks one or more micronutrients (e.g. iron, Vitamin A or iodine) due to low intake or excess loss from the body.

Categories of Malnutrition:

Signs of Malnutrition

1. Marasmus (severe weight loss)

2. Kwashiorkor (bloated appearance due to water accumulation or oedema), and

3. Marasmic-kwashiorkor – a combination of both Marasmus and Kwashiorkor.

Signs of Malnutrition

Marasmus	Kwashiorkor
Extremely emaciated (thin)	Severe swelling (oedema), beginning in the lower legs and feet, can become more generalized (hands and arms, "moon face")
No fat on body, and ribs are visible	Reduced fat muscle tissue which may be masked by oedema
Thin, flaccid skin, hanging in loose folds; "old man's appearance", loose skin around the buttocks	Damaged skin or different skin colour (cracked and peeling; with patches patchy and fragile, prone to infection)
Normal hair	Hair changes colour (yellow/reddish) and becomes sparse, dry and brittle, can be pulled out easily leaving bald patches
Hair changes colour (yellow/reddish) and becomes sparse, dry and brittle, can be pulled out easily leaving bald patches	Frequent infections due to skin lesions
Frequent association with dehydration	Frequent association with dehydration which may be masked by oedema
Alert and irritable.	Apathetic and lethargic. Irritable when handled
Usually has appetite	Has a poor appetite

Identification and screening of Malnutrition

Steps on how to take MUAC

- Remove any clothing covering the child's left arm

- Take the measurement of child's left upper arm with the MUAC tape following steps 1 through to 9

- When the tape is in the correct position on the arm with correct tension, read measurement to the nearest 0.1cm (step 10)

- Immediately record the measurement in the card or registers.

Note

Taking MUAC

- Circumference of the left upper arm is measured at the mid-point between the tip of the shoulder and the tip of the elbow, taken with the arm hanging down, relatively independent of height

- Measures the muscle mass and fat stores under the skin

- It is used for bedridden patients, children, pregnant mothers and lactating mothers

- There are different tapes for measuring adults and children.

Referral of Malnutrition

Community Health Volunteers can identify children who are malnourished in the community by measuring the mid upper arm circumference (MUAC) and checking for swelling of both feet (Oedema) Mid upper arm circumference is often the screening tool used to determine malnutrition. A very low MUAC (less than 11.5 for children under five years old) is considered to have a higher risk of dying.

Action Table for Malnutrition Screening

Category	Indicator	Severe Acute Malnutrition	Moderate Acute Malnutrition	At Risk
Children less than 5 years	MUAC	Less than 11.5cm (Red)	11.5 to 12.4cm (Yellow)	12.5cm – 13.4cm
	Oedema	Present	Absent	Absent
	Other Signs (Children less than 6 months)	Too Weak to suckle	Poor Feeding	Poor Feeding
Pregnant and Lactating Women	MUAC	No available criteria	Less than 21 cm	
Action		Refer to the health facility and give Health and Nutrition Education	Refer to the health facility and give health and nutrition education	Give Health and Nutrition Education

RED SECTION SEVERE MALNUTRITION

Thread the green end of the strap through the second slit
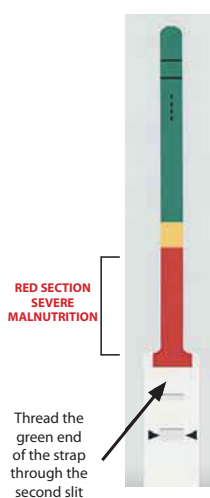
Note

Children with any signs of malnutrition must immediately be taken to the nearest health facility for treatment.

Topic 6

Immunization for Children

Children should be immunized to prevent immunizable diseases.

Schedule of Immunization

Date	Vaccinations	Disease/s
At birth	BCG and Birth Polio (up to 2 weeks)	TB, Polio
6 weeks	OPV1, PENTA1, PCV1,	Diptheria, Pertusis, Tetanus, Pneumonia/ Meningitis/Otitis Media/Bacteremia
10 weeks	OPV2, PENTA2, PCV2,	Diptheria, Pertusis, Tetanus/Pneumonia/ Meningitis/Otitis Media/Bacteremia
14 weeks	OPV3, PENTA3, PCV3,	Diptheria, Pertusis, Tetanus/Pneumonia/ Meningitis/Otitis Media/Bacteremia
9 months	Measles/ Yellow Fever	Measles, Yellow Fever

Yellow fever vaccine is given in 4 sub counties in Kenya; Keiyo, Marakwet, Baringo and Koibatek

Note

Ensure every child receives required vaccinations by the first birthday.

Topic 7

Vitamin A Supplementation and Deworming

1.1 Vitamin A supplementation

Vitamin A is important for a healthy immune system and for growth and development of children. Children with vitamin A deficiency are more likely to suffer from infections such as measles, diarrhea and malaria than healthy children.

In addition to the vaccination, a child needs to be given Vitamin A from 6 months of age, twice per year until they reach age 5. Vitamin A also helps the body use iron and for good eyesight.

Refer to the schedule below:

| Vitamin A supplementation Schedule	
6 month – 11 months	Vitamin A 100,000 IU (international unit): blue capsule
12month – 5 years	Vitamin A 200,000 IU (international unit): red capsule* *6 months interval up to 5 years

1.2 Deworming

Deworming is done to all children above 1 year at 6 month intervals up to 5 years. Dose of deworming (Albendazole): 1 to 2 years: 200 mg once.

Above 2 years: 400mg once.

Deworming twice a year to maintain appetite, enhance nutrient assimilation and food efficiency in the body.

Unit 4.3

PREVENTION OF PREVENTABLE DISEASES
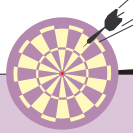
Objectives

By the end of the unit, the CHVs will be able to:

1. **Describe the methods of disease prevention.**

2. **Identify the common preventable diseases.**

Topic 1

Methods of Disease Prevention

Read the following story

Mama Isaac is back from the toilet and picks her 9 month old baby who is crying. To calm him she withdraws her breast and after a single rub with her hand, feeds the baby.

1.1 Cleanliness and Hygiene

From Mama Isaac's story we have learnt that she failed to wash her hands after visiting the toilet and before feeding the baby. We are going to learn more on hand washing, a method of preventing diseases.

1.2 Hand Washing

Hand washing prevents diseases that can be transmitted via hands including diarrhea and common colds/influenza. The following are the tips on hand washing:

- **Use soap:** bar or liquid, plain or antiseptic (bar soap must be allowed to drain between uses; use soap racks) or ash where soap is not available

- Use friction, remove dirt from under fingernails
- Timing (10 -15 seconds is the standard acceptable length of time for hand washing)
- Use running water to rinse your hands
- Use clean towels (disposable or individual) for drying, or allow to air dry.

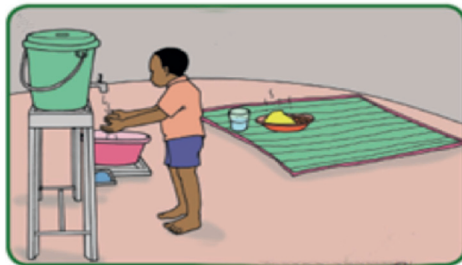Wash your hands during the following critical times;

- After visiting the latrine
- Before feeding children
- After changing diapers and napkins
- Before preparing food and eating
- Before feeding children.

When you should wash your hands

After visiting the latrine   Before eating

After changing diapers and napkins   Before feeding children

Fig.11 When you should wash your hands

Hand washing steps
How to thoroughly wash your hands using soap and water

1 Wet hands with water	**2** Apply soap to cover all surface of the hands	**3** Rub hands palm to palm	**4** Rub each palm over the back of the other hand	**5** Rub palm to palm with fingers interfaced
6 Rub backs of fingers to opposing palms with fingers interlocked	**7** Rub each thumb clasped in opposing palm	**8** Clasp fingers and circular rub opposing palm	**9** Rub each wrist with opposite hand	**10** Rinse hands with clean running water and air dry

Fig.12 Hand washing steps

1.3   Safe water

"Water is essential for life, but dirty water is a vehicle for diseases, such as diarrhea, polio, amoeba, dysentery and cholera."

Practical Water Treatment Methods at household

Use clean PET bottles

Fill bottles with water, and close the cap

Expose bottles to direct sunlight for at least 6 hours (or for two days under very cloudy conditions)

Store water in the SODIS bottles

Drink SODIS water directly from the bottles, or from clean cups

Fig.13 Practical Water Treatment Methods at household

1.4   Chlorination

Chlorinate as per manufacturer's instructions examples: pur, chlorine, aquatab, waterguard.

1.   Chlorination with Water Guard

2.   Dose with Water Guard as follows:

Water source	Plastic 20 l	Clay 20 l
Clear source	1 cap (3 ml)	1cap (3ml)
Unclear source	2 caps (3 ml)	2caps (6ml)

● Agitate/stir for 30 seconds

● Cover the water immediately

● Water is safe to use after 30 minutes

Precautions for Chemicals used in Water Treatment

● Check expiry date of the chemical before use and shake well before use

● Keep out of children's reach

● Store away from heat and direct sunlight

● In case of accidental contact with eye/skin, wash with clean water and soap.

Tips on Water Storage

Storing treated water properly is equally important with treatment. Following are tips for proper water storage:

● Store all treated water in clean covered containers to avoid contamination

● Pour water out without touching the mouth of the container, or use a clean, long-handled dipper to take water out of the container. Do not let the dipper touch anything else, or it will contaminate the clean water when it is used again

● Empty and clean the container with hot water every 2 or 3 weeks

● Keep containers covered

- Keep drinking cups clean

- Never store water in containers that have been used for pesticides or toxic chemicals

- Do not treat more water than you need for short-term use, if possible. For drinking and preparing food, that is usually about 5 litres for each person each day.

1.5   Oral, Eye and Ear Care

Key Points on Oral Care

- Teeth play an important role in speech/jaw development, eating and beauty. They should therefore be maintained at all times

- Avoid sugary foods e.g. sweets and biscuits. Feed on healthy diet for strong healthy teeth

- Assist your child to brush his/her teeth as soon as the first tooth appears until six years of age when they can brush by themselves

- Encourage brushing in the morning after breakfast and evening after supper

- Have your child's teeth checked in a dental clinic at age 1,2,3,4 and 5 years

- Change your toothbrush after 3 months

- It's not about the toothpaste, but about the brushing technique. Brush teeth in an up and down and circular manner.

Key Points on Eye and Ear Care

- Maintain personal hygiene of the eye to prevent eye infection

- Have annual eye check-up for persons suffering from diabetes to avoid blindness, and persons over 40 years of age

- In case of eye/ear injury/infection, refer persons to the nearest health facility immediately

- Clean your outer ear by gently washing it with a washcloth and warm water

- Safely remove excess ear wax using over-the-counter ear wax removal solutions.

1.6 Latrine Use

Latrine is a safe disposal point for human waste in order to prevent contamination of drinking water, food and the environment. Toilet/latrine usage can prevent following diseases such as diarrhea, polio, amoeba, dysentery, typhoid and cholera.

> *Note*
>
> **Latrine/Toilet Building and Use**
>
> - It is important for all households and institutions to have latrines
>
> - Maintaining cleanliness and keeping it free from flies is also very important to have sufficient hygiene in latrine
>
> - Latrines should be constructed downstream at least 100 feet away from any water source
>
> - Consult the Public Health Officer or CHEW for siting and design of the latrines
>
> - Always wash your hands after visiting/using the latrine.

Ordinary Pit latrine
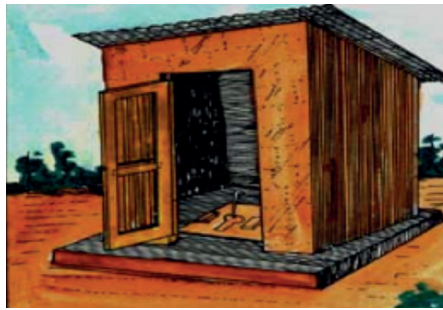
Ordinary Pit latrine

VIP latrine

VIP latrine

Fig.14 Latrines

Advantages of Ventilated Improved Pit latrine (VIP) latrine over ordinary pit latrine

- No smell in the VIP latrine, and user friendly

- Reducing flies breeding

- Can be constructed near the living house.

Indoor Air Cleanliness and Waste Management

Study the picture below

Fig.15 Indoor Air Cleanliness and Waste Management

Indoor Air Cleanliness

Cooking activities using wood, kerosene and charcoal results indoor pollution, especially in poorly ventilated houses, which causes acute respiratory infection, allergies, headache, eye & nose irritation. Long term effects include different cancers, heart diseases, brain damage and death.

Main sources of indoor pollution

- Cooking activities using wood, kerosene and charcoal

- Tobacco/cigarette smoke

- Pesticides, perfumes and spray

- Building materials such as lead asbestos

- Sharing living rooms with animals

Note

- Put enough windows and ventilation facilities on the wall when constructing a house
- Open windows to allow free air movement
- Store harmful chemicals and material away from rooms
- Read and follow instructions on all purchased products
- Avoid indoor cigarette smoking and tobacco use.

Waste Management

Type of Waste

- Liquid waste: e.g. Kitchen & bathroom waste water
- Solid waste: e.g. Garbage, polythene paper and plastics

Wastes Disposal Methods at the Household Level include:

- Burning and burying for wastes such us papers and litter
- Burying the wastes that cannot burn
- Composting the waste that are easy to rot and can be used as manure
- Recycle some wastes e.g. plastic bags, papers, metals and bottles, etc.
- Reuse e.g.: plastic bottles. Food left overs can be disposed in a compost pit and plastic papers can be stored for reuse
- Reduce e.g. burning waste in a rubbish pit.

Note

- Sort and separate waste at the point of generation
- Discharge household waste water into soak pit or kitchen garden
- Provide and use of rubbish pits to avoid dumping of waste in open places.

Topic 2

Disease Prevention

2.1   Malaria

Causes and Transmission Route of Malaria

There are some common community beliefs about the cause of malaria. For example, some people may think that eating too many bananas or mangoes causes malaria or that staying outside in the rain causes malaria.

While there may be many beliefs about the cause of malaria, there is only one way that you can get malaria.

Below is a picture of a mosquito biting.

Fig.16 Mosquito biting

What is Malaria?

It is a disease that is spread by mosquitoes. It is dangerous for everyone, especially pregnant women and children under the age of five. It can only be spread from one person to another through the bite of an infected mosquito. Not all mosquitoes can spread malaria, only those which bite from dusk to dawn.

A parasite actually causes malaria. Parasites are too small to see with your eyes. When a mosquito bites an already-infected person, it sucks up some blood, including the malaria-causing parasite. When an infected mosquito goes on to bite a healthy person, the parasite enters that person's blood and makes him or her ill with malaria.

It takes around 10 to 14 days after being bitten to start showing signs of malaria. The most common and most important sign is fever. If left untreated, malaria

can kill very quickly, especially vulnerable people like pregnant women, children under the age of five, and people living with HIV/AIDS.

Prevention of Malaria

Human Host
- Use LLITN (long lasting insecticide treated net), especially for pregnant women and newborns
- Use repellents – mosquito coils, jelly
- Wear clothes that cover the body and limbs in the evening
- Ensure proper treatment of the sick. Visit health facility within 24 hours if a person has any symptom of malaria (See Module 5).

Adult Mosquito
- Use insecticides at household level and aerosol-sprays
- Clear the compound.

Environment
- Destroy breeding sites of mosquitoes
- Drain all stagnant water around dwellings
- Clear the compound – this includes cutting short the vegetation and destroying discarded containers that can hold water
- Use high spread oil on stagnant waters.

2.2 STI and HIV

Sexually Transmitted Infections

These are infections or conditions whose primary mode of transmission is through unprotected sex with infected partners. The common STIs in the community are: Syphilis, Gonorrhoea, Chlamydia, Trichomoniasis and HIV. Signs and symptoms include itching, ulcer, pimple or discharge from the penis/vagina.

Many STIs are asymptomatic and are therefore inadequately treated or left untreated altogether.

HIV

HIV stands for Human Immunodeficiency Virus. HIV attacks the body's immune system and slowly weakens the body's defence against infections and illnesses like tuberculosis. A person with HIV is positive for life and can infect others. If HIV is left untreated, it can develop into a serious illness called Acquired Immune Deficiency Syndrome or AIDS.

HIV can be spread in the following ways:

- Unprotected sex,(vaginal, oral or anal), with a person who is infected with HIV (man to woman, woman to woman, man to man)

- Transfusions of contaminated blood

- Sharing unsterile needles, syringes or razor blades

- Using unsterile sharp instruments for circumcision, female genital mutilation, tattooing or body piercing

- From mother to child during pregnancy and childbirth, or from breast milk.

Note

Having a sexually transmitted infection can increase the likelihood that HIV will be passed between partners.

Ways in which HIV is NOT transmitted:

- Touching, hugging and shaking hands

- Mosquitoes or any other biting insects

- Sweat or tears

- Coughing and sneezing

- Food, water and air

- Sharing toilet seats, clothes and bedding

- Swimming with a person who has HIV/AIDS

- Giving first aid when good safety practices are followed, contact of blood or other body fluids on unbroken skin, giving blood if you are not HIV-positive

- Caring for a person with HIV when appropriate precautions are taken.

Major Signs of HIV

A person can live with HIV for many years without having any sign of HIV. Some common signs of HIV are:

- Feeling tired all the time
- Increase in number of infections skin
- Sudden loss of weight
- White patches inside the mouth and throat

- Fever or night sweats
- Rashes and sores on the
- Long-lasting diarrhoea
- Getting sick with tuberculosis (TB)

- Women may have an increased number of vaginal yeast infections.

STI and HIV Prevention

The following are major prevention methods recommended to avoid STIs and HIV infection:

- Use condoms correctly and consistently

- Avoid multiple sexual partners

- Keep abstinence or mutual fidelity between two HIV-negative partners

- Get tested to know HIV status regularly at any health facility offering HCT (HIV Testing and Counselling)

- Recognize signs of a sexually transmitted infection and get tested by a health worker

- Do NOT share needles or sharp instruments which can cause bleeding, such as razors

- Get tested for STIs and HIV for suspected signs of STIs and HIV, or after having sex with a HIV positive partner

- Get tested for STIs and HIV, if pregnant though PMTCT services In ANC.

Empowering community members toward STIs and HIV prevention is one of the important activities of CHVs. We may be able to;

- Spread correct information on STIs and HIV in the community

- Keep encouraging community members to reduce risky behaviors through dialogue and other activities

- Act together with community members to reduce stigma on STIs and HIV in the community

- Encourage STIs and HIV positive community members to get treatment such as ART properly

- Encourage all community members to acquire life skills to improve their self-esteem and reduce vulnerability to HIV and STIs.

Male Condom use

Using condoms consistently and correctly helps to prevent pregnancy as well as reduce transmission of sexually transmitted infections, including HIV. Condoms are often available in the community and in some cases may be available free of charge.

Note

To use a male condom correctly

1. Always check the expiration date (or date of manufacture) on the condom wrapper or package and discard if out of date.

2. Take the condom out of the wrapper, making sure not to damage the rubber with your fingernails, teeth or jewellery when opening the package.

   Hold the top of the condom and squeeze out the air at the tip, leaving room at the tip for the semen.

3. Put the condom on when the penis is erect, but before it has come into contact with the partner's genitals (or mouth).

4. Roll the condom all the way to the base of the erect penis, using both hands.

5. After ejaculation, withdraw the penis immediately before erection is lost, holding the rim of the condom to prevent spilling.

6. Tie a knot in the condom and dispose safely.

2.3   Tuberculosis

Tuberculosis (TB) is a disease that is caused by a bacteria and it is transmitted through air.

The following risk factors increase the likelihood of one getting TB infection or disease.

● Malnutrition

● Chronic diseases (e.g. Diabetes)

● Drugs that suppress immunity (e.g. cancer drugs)

● Age (the very young and very old are more likely to be affected)

● HIV infection

● Poor ventilation and natural lighting

● Unhygienic cough

● Overcrowding

● Occupation e.g. work involving asbestos, silica mines, living in households emitting high particulate matters such as bio fuel smoke

● Chronic alcoholism/smoking.

TB is spread from an infected patient to a healthy person through coughing, sneezing, talking, singing and laughing (droplet infection) as illustrated in the pictures below. These release TB germs are into the air.
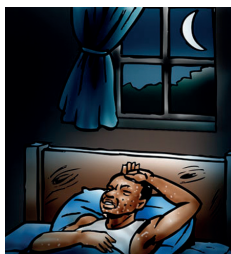

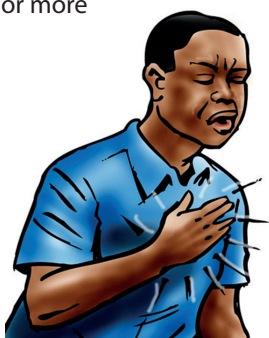Fig.17   TB Spread

Signs of TB
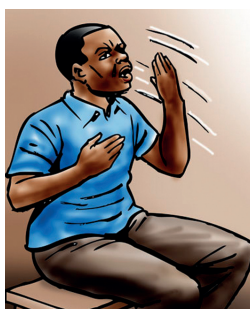

Cough lasting 2 weeks or more
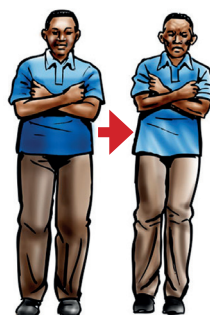

Night sweat

Fever

Chest pain

Difficulty in breathing

Weight loss

Being tired all time

Enlarged lymph nodes

Fig.18 Signs of TB

- Loss of appetite
- Blood in the sputum
- Poor growth, history of contact with active TB patient, unexplained fever in children.

Prevention of TB

Community members can prevent the spread of TB germs by:

- Opening windows to let fresh air flow

- Covering their mouth and nose when coughing and sneezing

- Recognizing signs of TB illness and getting prompt medical attention for evaluation and treatment

- Going to the health centre if exposed to somebody with TB

- Completing all of the TB treatment

- Treating people with TB medications is the best way to prevent the spread of TB.

Note

HIV AND TB

Anyone can get TB, but people living with HIV (PLHIV) are more at risk of getting TB. Tuberculosis is the leading cause of death of people infected with HIV. People with HIV should have access to HIV Testing and Counselling (HCT) services and should be evaluated and treated promptly if they have signs of TB.

Unit 4.4

PROMOTION OF HEALTHY LIFESTYLE

Objectives
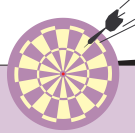
By the end of the unit, the CHVs should be able to:

1. **Describe healthy eating and its importance.**

2. **Describe importance of physical exercise and regular check ups.**

3. **Discuss how to reduce drug and substance abuse in the community.**

Topic 1

Healthy Eating Habits

4.1   Story

> *Atieno visited her boyfriend. He prepared and served her with a meal of Brown Ugali, freshly fried sukumawiki and glittering Omena in a thick milky soup. To his surprise, the girlfriend frowned and walked away in protest complaining he is old fashioned and should have bought her chips and soda.*

4.2   Healthy Eating and Lifestyle

The leading causes of cancer in the world are listed below:

1. Being overweight.
2. Low intake vegetables and fruits.
3. Increased intake of alcohol.
4. Cigarette smoking.
5. Low physical exercises.

4.3   Balanced Diet

From the story of Atieno and her boyfriend, we learnt that the food that Atieno wanted (chips and soda) were unhealthy foods. A balanced diet is described in the healthy eating pyramid shown on the following page.

Note

- Fast foods have a lot of dangerous fats. These fats lodge in the body system which can lead to increased health risk e.g. high blood pressure, diabetes etc.

- They lack fibre which is important to prevent constipation and may even lead to painful, swollen veins in the lower portion of the rectum or anus.

- The consumption of fatty and sugary foods like soda increase weight and cheat people they are healthy this may lead to obesity.

- Traditional foods like omena, brown ugali, sweet potatoes, cassava and arrow roots are healthy foods rich in fibre and have low fat and should be reintroduced to our meals.

The Food Pyramid

Fats, oils, salt and Sugar — Eat sparingly

Animal proteins
2-4 servings
(Eat moderately)

Plant proteins
2-4 servings
(Eat regularly)

Fruits
2-4 servings
(Eat generously)

Vegetables
3-5 servings
(Eat generously)

Starches
6-11 servings
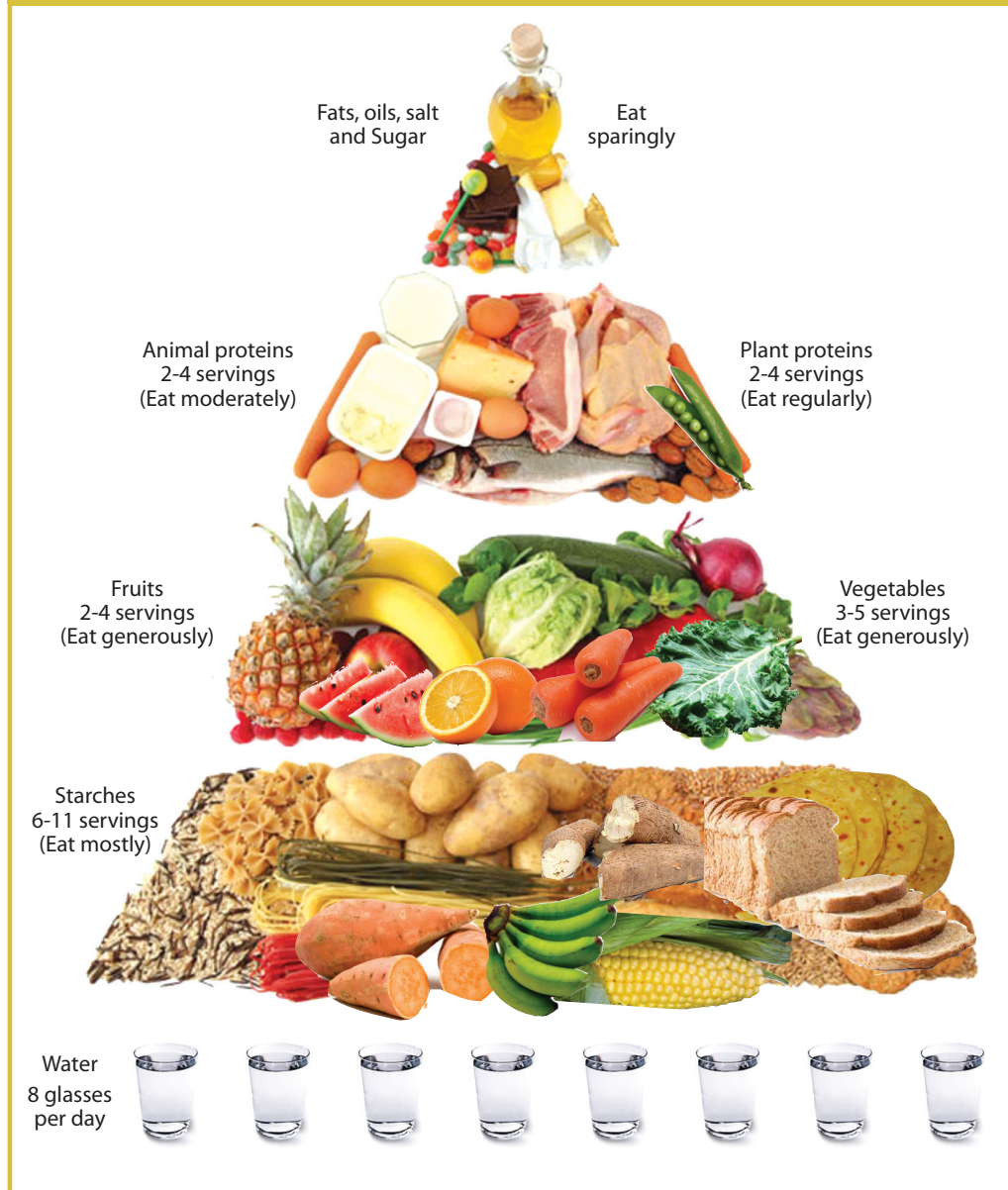(Eat mostly)

Water
8 glasses
per day

Fig.19 Food Pyramid

The table describes the recommended healthy eating and lifestyle habits for different age groups.

For older children, adults and the elderly

Healthy Eating and Lifestyle for Older Children and Adolescents	Healthy Eating and Lifestyle for Adults	Healthy Eating and Lifestyle for the Elderly
• Children and adolescents need plenty of food because they are growing and active • For children older than 6 years of age, the protein requirements should take account of gender differences in the timing of the growth spurt and separate values are necessary for each gender. • Reduce added sugars such as sweetened drinks and juices • Use soybean, corn oil, sunflower oil or other oils in place of solid fats during preparation of foods • Use fresh, vegetables and fruits and serve at every meal • Eat animal source proteins regularly • Eat whole grain breads and cereals rather than refined products • Eat more legumes (beans), pulses and nuts in place of meat for some meals • Encourage children to play as a form of physical activity in order to stay healthy • Regular deworming to maintain appetite, enhance nutrient assimilation and food efficiency in the body	For optimal health, adults need to: • Eat a variety of healthy nutritious foods daily • Ensure they eat three healthy meals daily • Eat healthy and nutritious snacks in the middle of the day when hungry • Eat plenty of fruits and vegetables and whole grain cereals and products • Limit foods that are high in fats, sugars and salt • Drink plenty of safe clean water • Limit alcohol consumption • Engage in physical activity to stay healthy and prevent obesity	• Eat small, frequent and healthy meals • Avoid foods high in unhealthy fats and salt as these increases the risk of heart and other related illnesses • Keep a healthy weight • Eat soft foods if teeth are missing or gums are sore • Limit the amount of alcohol intake • If living alone, relatives should help finding someone to help the disabled old people to buy and prepare good food • Old people are happier and eat better when they feel useful and should therefore be involved • Promotion of Income generating activities that give old people a chance to earn money or raise money to help old people or produce nutritious foods • Exercise that make one breathe should be encouraged e.g. dancing, digging or fast walking

4.4   How Our Bodies Use Food

Food contains nutrients – substances which the body uses for growing and functioning. They are divided in the following categories:

Starches/Carbohydrates

These foods give our bodies energy to move, work and think. They include grain crops such as wheat, maize, sorghum, millet and rice, and root crops such as potatoes, sweet potatoes and cassava.

Carbohydrate that is not used immediately by our bodies is stored as fat.

Fat

Fats can come from animal products such as milk (butter) meat and fish or processed plant products such as seeds and nuts (sunflower oil and peanut butter). They provide the body with energy. They also help to keep us warm.

Proteins/body-building foods

These help our bodies to grow, repair and maintenance. They come from plants (beans and other legumes), processed plant products (peanut butter and soya mince), processed animal products (cheese, sour milk and yoghurt) and animals (eggs, meat, milk).

Fruits and vegetables

Fruits and vegetables provide the body with vitamins and minerals are also called micronutrients. Our bodies need small amounts of these substances to help different parts such as the blood, eyes, bones, skin and hair work properly. Many of these substances help to strengthen the body's immune system and keep us strong and healthy so that we resist infection. We get most vitamins and minerals from eating fresh fruit and vegetables.

Salts

Provide body with vital minerals e.g. Sodium which is important for control blood pressure and blood volume and functioning of muscles and nerves. Iodized salt provides iodine, a mineral that is vital for foetal brain development and thyroid function.

Choose foods that are low in salt, and try to avoid adding salt to foods during cooking and at the table. The recommended daily intake for salt should not exceed 5g (1 teaspoon).

Sugar

Sugar provides energy. Foods and drinks containing sugar should be consumed in small amounts. Women should take 5 teaspoons, men 9 teaspoons and children 3 teaspoons per day including sugar contained in foods and drinks.

Water

Water constitutes the major portion of the human body (50-70% or about two-thirds). It is important for regulating the body temperature, dissolve, absorb and transport nutrients around the body. Water also removes waste products from the body.

Fortified foods

These are commonly consumed foods to which essential nutrients have been added to maintain or improve the quality of the diet e.g. the addition of iodine to salt, vitamin A to sugar, Vitamin A added to oil which is the best vehicle to carry this vitamin since it is a fat soluble vitamin and addition of minerals to flour that are removed during processing.

Note

Healthy Meals

The amount we eat depends on our age, sex and time of life. A healthy meal should contain no more than 50 per cent carbohydrate (ugali, rice, potatoes, bread), 15 per cent protein (beans meat, eggs), a little fat (5 per cent) and the rest vitamins and minerals – vegetables and fruit. People should eat at least five different types of fruit and vegetables every day. Each day you should drink at least eight glasses of water. Always buy and consume fortified food as they are more nutritious compared to unfortified foods.

Topic 2

Physical Exercise and Regular Checkups

Physical exercise is any bodily activity that enhances or maintains physical fitness and overall health and wellness. It is performed for various reasons including strengthening body and the heart system, weight loss or maintenance as well as for the purpose of enjoyment.

Ensure you go for regular health checkups at least once per year e.g. screening for cancers.

2.1 Examples of Physical Exercise

- Stand and stretch out your arms and legs

- Touch your toes with hands 10 times alternately while standing at ease.

- Stand with legs apart, wider than shoulder length, touch heels on every side

- Walk, jog, run, swim,cycle

- Do press ups on the floor

- Do sit ups

- Some of the household duties also form part of physical exercise – e.g splitting firewood, walking to work, digging, fetching water etc.

Fig.20 Physical Exercise example

Topic 3

Reduction of Substance Abuse

Drug and substance abuse refers to drugs, alcohol, or other chemicals that are able to change a person's behavior or make them become addicted. They include substances, such as alcohol, cigarettes and medicines, and illegal substances such as marijuana, heroin, or cocaine.

The possession and use of illegal substances is punishable by law.

3.1   Signs of Drug Abuse

Many of the signs of excessive substance use can resemble depression, stress or other illnesses. It is important not to make assumptions and accuse individuals of substance abuse. People who use substances to excess can be secretive about their substance use and may strongly deny use.

It is important to approach individuals with concern, empathy and support. Signs include:

- Changes in eating habits or unexplained weight loss or weight gain
- Inability to sleep or sleeping too much
- Smell of substance on breath, body or clothes
- Extreme hyperactivity, excessive talkativeness
- Needle marks on lower arm, leg or bottom of feet
- Change in personality, mood or interests
- Change of friends, or new friends that may be known drug users
- Secretive or suspicious behavior
- Change in daily habits, activities or grooming

Note

Drug and substance abuse can change personal behavior when excessively used and will have harmful effects on health.

Community health volunteers can participate in reducing drug and substance abuse in the community.

Their role in prevention of drug and substance abuse includes:

- Educating the community about the dangers of excessive alcohol and substance use
- Discouraging young people from experimenting with harmful substances
- Providing information and linking people to services and support on key prevention activities, particularly those related to alcohol and other drugs use.

Unit 4.5

PREVENTION OF INJURIES AND ACCIDENTS
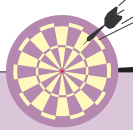
Objectives

By the end of the unit, the CHVs should be able to:

1. **Identify the common cause of injuries in the community**

2. **Describe ways of preventing injuries in the households**

3. **Discuss how to prevent injuries at home and community.**

Topic 1

Common Home Accident and Preventive Methods

There are 5 leading causes of accidents and injuries in the household namely; Falls, Poisonings, Fires, Suffocation, Choking and Drowning.

FALL

Cause: Unstable gait of the toddler, presence of objects on floor, lack of supervision, curiosity of the children, etc.

Prevention:

● Keep floors free of obstructions

● Ensure adequate lighting in the household area

● Exercise close supervision of children.

● Keep floor dry and free from wear and tear

● Always ensure bed-rail of the baby cot/bed is raised when the baby is in the cot/bed

● Windows and doors must be locked to avoid misadventure by children.

CHOKING AND SUFFOCATION

Cause: Accidental swallowing of foreign body, strangulation, covering of head by blankets, accidental suffocation by pillow while baby sleeps in a prone position, near-drowning etc.

Prevention:
- Never place infants face down on soft bedding or pillows. They cannot raise their heads and might not be able to get enough oxygen
- Keep plastic bags out of children's reach, and tie bags in a knot before disposing
- Cut children's food into small pieces, and be sure to chew your own food thoroughly
- Keep balloons away from babies and toddlers, who can swallow them and choke
- Keep your eye on infants around strangulation risks such as window blind cords, long telephone cords, drawstrings, necklaces, and headbands
- Ensure small objects are kept out of reach of children
- Foldable furniture should be properly placed and locked. Instruct children not to play with them
- Instruct children not to play while eating
- Avoid forceful feeding of babies
- Never let children use milk bottle by themselves without adult's supervision
- Never leave children alone next to containers filled with water

BURN/SCALD

Cause: Scald by hot water, burn by fire, touch on hot objects such as cooking utensils, etc.

Prevention:
- For adults, never hold a hot drink/food and a child at the same time
- Ensure foodstuff is at a reasonable temperature before feeding

- Keep children away from the kitchen and hot surfaces and equipment

- While cooking, exercise extra care

- Before bathing ensure that water temperature is safe

- Matches and lighters should be placed out of reach of children

- Warn children never to play with fire

- If need to hold hot materials, use cloths.

POISONING

Cause: Food poisoning, accidental swallowing of drugs, detergents, insecticides, etc.

Prevention:

- Keep medicines and chemicals out of sight and reach of children

- Always store chemicals in their original containers with appropriate labels

- Never tell children drugs are "sweets" as this may give a wrong idea to children

- Consult a health worker when feeling unwell and avoid self medication

- Never take other persons drugs

- Check expiry date of drugs; follow health workers instructions on dosage and timing

- Never place different drugs in the same container

- Store food in dry and clean environment

- Cover cooked food and always heat cold food before eating.

DROWNING

As children learn to play and explore, water from a pool, spa, bathtub, or bucket can be a delight. However, a child can drown swiftly and silently in as little as 2 inches of water. These measures can help prevent this tragedy:

- Keep children away from open water bodies

- Keep all water containers covered or emptied

- Don't leave children unattended in a pool, wading pool, or hot tub, even if they are in a flotation device

- Empty out small plastic pools as soon as you're done using them

- Install self-closing and self-latching gates and doors leading to the pool or spa. Latches should be above a child's reach, and gates should open outward

- Obtain cardiopulmonary resuscitation (CPR) training

- Be sure your baby-sitter understands pool safety measures. Train them in CPR.

Note

Accidents cannot be completely avoided, but their occurrence can be prevented. To prevent accidents to children, adults should pay more attention to home safety. They should also clear any hidden "hazards" at home and teach children about safety. If accidents happen, stay calm and call for help immediately.

Unit 4.6

COMMUNITY SUPPORT FOR VULNERABLE PEOPLE
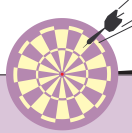
Objectives

By the end of the unit, the CHVs should be able to:

1. **Carry out screening for disabilities in children 2-9 years, and refer accordingly.**

2. **Advocate for the rights of disabled persons in the community.**

Topic 1

Introduction

Disability is an umbrella term covering three recognizable dimensions, namely A. Impairment, B. Activity restriction, C. Participation restriction.

A. Impairment: This is the inability of the person to do his or her day to day activities.

B. Activity restriction: This is a difficulty encountered by an individual in executing a task or action.

C. Participation restriction: A problem experienced by an individual in involvement in life situations.

Right of Person with Disability
(From the Persons with Disability Act 2003)

The Act establishes the National Council to oversee the implementation of the right of persons with disabilities.

The role of the council includes:

a) Community support for persons with disability;

b) Early identification of disability;

c) Early rehabilitation of persons with disabilities;

d) Persons with disabilities to receive free rehabilitation and medical services in public and privately owned institutions;

e) Availing essential health services to persons with disabilities at an affordable cost;

f) Availing field medical personnel to local health institutions for the benefit of persons with disabilities; and

g) Prompt attendance by medical personnel to persons with disabilities.

IDENTIFYING A CHILD WITH DISABILITY

Early Identification of Disability and Refer to Health facility/ rehabilitation center

Standard Questionnaire to Identify Disability among Children aged 2-9 years (Ten Question Questionnaire)

TQQ is one of the standard questionnaires developed by WHO to identify children with disabilities among 2-9 years. The questionnaire is user friendly. If there are positive results, please refer a child with positive response to health facility.

4

THE TEN QUESTIONS SCREEN FOR CHILDHOOD DISABILITY (ages 2-9 years)		
	Circle One Response For Each Question	
1. Compared with other children, does the child have any serious delay in sitting, standing or walking	NO	YES*
2. Compared with other children, does the child have any difficulty in seeing either daytime or at night	NO	YES*
3. Does the child appear to have any difficulty in hearing	NO	YES*
4. When you tell the child to do something,does the child seem to understand what you are saying	NO*	YES
5. Does the child have any difficulty in walking, or moving his/her arms or does he have weakness and/or stiffness in the arms or legs	NO	YES*
6. Does the child sometimes have fits, become rigid or lose consciousness	NO	YES*
7. Does the child learn to do things like other children of his age	NO*	YES
8. Does the child speak at all (can he /she make himself/herself understood in words can he or she say any recognizable words)?	NO	YES*
9. For 3-9 year olds ask Is the childs speech in any way different from normal not clear enough to be understood by people other than his/her immediate family?	NO	YES*
For 2 year olds ask Can he or she name at least one object (for example an animal, a toy, a cup, a spoon)	NO*	YES
10. Compared with other children of his/her age, does the child appear in any way mentally backward, dull or slow	NO	YES*

Screening result is positive if any one or more of the responses with an asterisk is circled

Reduction of Stigma for Disabled People

What is stigma?

Stigma is a powerful discrediting and tainting social label that radically changes the way individuals view themselves and are viewed as persons. People who are stigmatized are usually considered deviant or shameful for some reason or other, and as a result are shunned, avoided, rejected, or discriminated. Stigma marks the boundaries a society creates between "normals" and "outsiders," between "us" and "them".

Impact of Stigma

Importantly, fear of stigma may also jeopardize a person's participation in public health programmes. They may delay to present to the health services, increasing their risk of disability and continuing to be a potential source of infection in the community. Concealment is also common after diagnosis.

Topic 2

## Support for Disabled Persons in the Community

The community has a role to support disabled people by providing them with equal opportunities in different areas of life.

Special supports from GOK
- Exemption from TAX for income up to Ksh 150,000
- Special institutions
- Special primary school e.g.
    - National rehabilitation center in Kenyatta hospital
    - Thika school for blind

- Recommended support from Community
- To develop support group for person with disabilities
- To integrate person with disabilities in community activities
- To identify people in the community who should access rehabilitation services
- To reduce social stigmas and enhance community understanding of disabilities
- To provide mobility aids and rehabilitation equipment where needed.

Unit 4.7

SEXUAL AND GENDER BASED VIOLENCE (SGBV)
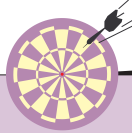
Objectives

By the end of the unit, the CHVs should be able to:

1. **Identify forms of gender based violence.**

2. **Explain the contributing factors and effects of SGBV.**

3. **Describe Post Rape care services and the do's and don'ts for survivors of sexual violence.**

4. **Identify appropriate referral points for survivors of sexual violence within the community.**

Read the following story of Hanna

Hanna is an 18 year old lady who lives in the Kibera slum with her husband and 2 children. She wakes up early every morning to look for work washing clothes so as to earn some money. Her husband Musa is a construction worker who goes to the bar after work every day and comes home drunk, demanding for food even though he never leaves money. He often gets angry when he is served food without meat, insults his wife and throws the food at her in front of the children. His wife heard rumors that he was having an extra marital affair, and suggested they use a condom when having sex. Musa reacted violently and beat her up, then forced her to have sex without a condom anyway. Due to the beating, she was severely bruised and also lost her 3 month old pregnancy. The last time Musa beat her, she broke her arm and had to be admitted for a week at the local health centre. Hanna is an orphan and her husband does not allow her to visit any friends and has threatened to chase her and their children away if she talks about their problems to anyone.

Learning from the story, SGBV is any harmful act done to another person against his/her will; and is based on society's view of what men or women should be, or should do.

Topic 1

Types of GBV

- Physical violence such as beating, kicking, stabbing, throwing items at someone, burning with hot water

- Sexual violence such as rape, gang rape, defilement, attempted rape, inserting items into another person's private parts, sexual harassment

- Psychological violence such as verbal abuse, restricting someone's freedom of movement

- Economic violence such as refusing to give money to your family for food.

Factors that contribute to SGBV include socio-cultural aspect such as power relations, alcohol use, political aspects such as post-election violence.

Effects of SGBV include ill health, HIV infection, unwanted pregnancy, miscarriage, low self-esteem, poor performance in school, lack of a home, poor nutrition, disability etc. (in box)

Topic 2

Role of CHVs

- Creating awareness on SGBV and the available services for victims

- Educate community on importance of training children on life skills

- Mobilizing the community to respond to SGBV cases e.g. reporting to authorities

- Referring victims/ survivors for services

4

- Report writing

- Giving information of SGBV at household level.

Topic 3

Post Rape Care for People who have been Sexually Violated

Group 1: List down the things you think someone who has been raped should do or not do.

Group 2: Copy the table below on flipchart and list down the services you think someone who has been raped will need from the different places.

Summarize the discussions using the resource notes below.

Summary on Post rape care services

At the hospital, you will:

- Get treatment for wounds and other injuries

- Be checked and tested for HIV, pregnancy, hepatitis and others

- Get ARV drugs to prevent HIV infection, if you are HIV negative. These drugs should be taken within 72 hours of rape and will be finished after 28 days

- Get medicine to treat sexually transmitted infections and to prevent pregnancy

- Get counselling

- Be given a filled and signed yellow copy of the Post Rape Care form by the health provider. The original white copy will be given to the police and the last green copy will remain at the hospital.

At the police station, you will:

- Report the crime in the Occurrence book (OB) and get an OB number

- Be asked questions which you should answer truthfully and frankly

- Be asked to record a statement

- Be given a P3 form which you will take to the hospital, to be signed by the health provider, only after all your injuries have healed.

The Community needs to:

- Understand victims and not blame them

- Help victims as needed e.g. shelters for children

- Report the offenders, or help the police to capture them

- Refer for PRC services as soon as possible, within 72 hours.

Others services needed are:

- Family's understanding, support and protection

- Lawyers who can advise victims and follow up their cases in court.

Note

- Incase of rape ensure personal safety

- Keep the clothing in a manila or other cloth so that you do not destroy the evidence (avoid using polythene bags)

- Seek medical attention within 72 hours

- Do not shower

- Report to the police station.

5

BASIC HEALTH CARE AND LIFE SAVING SKILLS

5 Module 5:
Basic Health Care and Lifesaving Skills

Purpose:

» The purpose of this module is to equip CHVs with knowledge and skills to offer basic health care and simple lifesaving skills at community level.

Objectives:

» ● To identify common illnesses affecting children and adults in the community

● To identify danger signs in children under five years, pregnant women and general public

● To Demonstrate lifesaving skills

● To make appropriate referral.

CHV's competencies in Basic Health Care and Life Saving Skills:

» ● Understanding of basic health care and lifesaving skills

● Ability to describe danger signs in under five, pregnancy and delivery and common conditions that can be treated at home

● Understand roles of CHVs in the community.

Number of Units: Three

» 1. Basic health care.

2. Lifesaving skills.

3. Referral.

Unit 5.1

BASIC HEALTH CARE

Objectives

By the end of the unit, the CHVs should be able to:

1. **Identify danger signs in under five, pregnancy and delivery.**

2. **Identify common conditions that can be treated at home.**

Topic 1

Story on Common Conditions and Danger Signs

Josephine is a mother of two children, Kiki aged 4 years and Nina aged 6 months old respectively. Last night Kiki developed diarrhea after complaining of abdominal pain for which the mother gave him a cup of soup. This morning Josephine goes to get vegetables from her kitchen garden and on returning finds Nina having fits. She quickly picks Nina up and runs out of the house screaming. Otieno, the neighbor, hears the screams and comes out of his house to see what is happening. On seeing the fitting child he advises the mother to give the child boiling water. Even before the water starts to boil, Miriam, another elderly neighbor, arrives with goat fat in a bottle, and claims it is good for sick babies. Nina who had by now stopped fitting but remained drowsy is forcefully given a spoonful of fat mixed with boiling water. She starts vomiting and continues to vomit everything for the next one hour after which she seems to fall asleep.

After a few minutes, on checking, the mother finds Nina is not breathing.

Lesson from the story

They should have given ORS and zinc sulphate or fluids and referred the child to the nearest health facility. The community should not allow quacks or people who are not trained to administer major emergencies or treatment.

Common conditions at household level

COUGH OR COLD: Any cough with fast breathing needs immediate referral. If the cough has lasted for more than 14 days it could be as a result of tuberculosis, asthma or whooping cough and will need referral for further assessment.

NOSE BLEEDING: Can be as a result of physical trauma, common cold or a bleeding problem. Tell client to sit, tilt face downwards, and apply pressure on soft part of the nose for a few minutes. Encourage client to breath by mouth. Ensure pressure on child's nose does not obstruct breathing. Do not handle blood if you are unable to protect yourself with gloves. Refer if bleeding persists.

FAINTING: occurs due to reduced blood flow to the brain. It is usually temporary. Ensure client is lying down and breathing, elevate legs to help increase blood flow to the brain. Refer immediately.

BURNS: Burns are caused by fire, hot objects or fluids. Skin can become infected or might be unable to maintain normal body temperature. Pour cold water on the burn for at least 10 minutes. Give painkiller and refer to health facility.

MINOR CUTS: Cuts are mainly caused by sharp objects. Cuts can lead to bleeding or if not properly handled can become infected. Bleeding from minor cuts is minimal. Disinfect, arrest bleeding and refer.

Following are Descriptions of Danger Signs in Specific Cohorts

Fig. 21 Danger Signs in Specific Cohorts

1. High Fever /hotness of the body
Body temp more than 37.5 degrees Celsius in a newborn. Before referral mother is to be advised to remove excessive clothing to help reduce body temperature and referral immediately.

2. Seizures/convulsions
A seizure/convulsion occurs when the brain malfunctions, resulting in a change in movement, attention, or level of awareness. It is characterized by jerking at the muscles spasms. Refer the patient to health facility immediately.

3. Not easily arousable/ less active

Child is unusually sleepy, tends to sleep for a longer time than normal and is not easily woken up. The child should be referred immediately to the health facility.

4. Chest wall in drawing

An infant has chest wall in-drawing if the lower chest wall goes in when the infant breathes in. Chest in-drawing occurs when the effort the infant needs to breathe in is much greater than normal. In normal breathing, the whole chest wall (upper and lower) and the abdomen move out when the infant breathes in. The child should be referred to the health facility.

5. Difficulty in breathing

Signs of difficulty breathing:

- A high-pitched whistling sound made when a person exhales
- The skin pulls in and out between each rib with each breath. And you may be able to "count ribs"
- When a child is congested, you may notice their nostrils flaring in and out with each breath
- Blue or pale coloring to the skin of the face or chest
- Refer the child to the health facility.

6. Reduced body temperature

- Cold hands and feet
- Body temperature under 35.5 Celsius
- Refer the child to the health facility.

7. Diarrhea

Definition: Passing watery loose stool more than 3 times within 24 hours.

Related danger signs:

- Sunken eyes
- The eye tend to intrude inwards
- Inelastic skin
- Skin that once pinched it goes back slowly
- Inability to drink orally
- Not able to take fluids orally
- Lethargy/fatigue
- Is tired and weak

- Drinking eagerly
- Child drinks thirstily when offered water
- Refer the child to the health facility (Hydrate the child with ORS).

8. Sunken eyes and sunken fontanel

How to prepare ORS solution

1. Wash your hands with soap and water.

2. Pour the entire contents of a packet of ORS into a clean container (a mixing bowl or jar) for mixing the ORS. The container should be large enough to hold at least 500ml.

3. Measure 500ml of safewater (or correct amount for packet used). Use the cleanest drinking water available. Caregivers can use common containers in the community to measure 500ml of water.

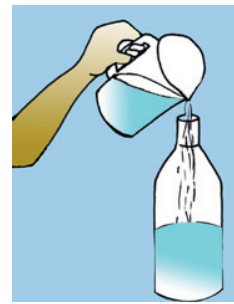4. Pour the water into the container. Mix well until the salts completely dissolve.

Fig.22 Steps to prepare ORS solution

How to give ORS solution

1. Explain to the caregiver the importance of replacing fluids in a child with diarrhoea. Also explain that the ORS solution tastes salty. Let the caregiver taste it. It might not taste good to the caregiver. But a child who is dehydrated drinks it eagerly.

2. Ask the caregiver to wash her hands and to start giving the child the ORS solution in front of you.

    Give frequent small sips from a cup or spoon. (Use a spoon to give ORS solution to a young child).

3. If the child vomits, advise the caregiver to wait 10 minutes before giving more ORS solution. Then start giving the solution again, but more slowly. She should offer the child as much as the child will take or at least ½ cup ORS solution after each loose stool.

4. The caregiver should understand that she should give small sips of the ORS solution. The child should not choke.

Note

-   The child should also drink the usual fluids that the child drinks, such as breast milk

-   If the child is not exclusively breastfed, the caregiver should offer the child clean water. Advise the caregiver not to give very sweet drinks and juices to the child with diarrhoea who is taking ORS

-   The caregiver should understand how often to give the ORS solution at home and how much to give.

How do you know when the Child is Improving?

A dehydrated child, who has enough strength to drink, drinks eagerly. If the child continues to want to drink the ORS solution, have the mother continue to give the ORS solution in front of you.

Fig.23 Giving ORS solution

- If the child becomes more alert and begins to refuse to drink the ORS, it is likely that the child is not dehydrated. If you see that the child is no longer thirsty, then the child is improving

- Give the caregiver 2 extra packets of ORS to use, in case she needs to prepare more

- Encourage the caregiver to continue to give ORS solution as often as the child will take it. She should try to give at least ½ cup after each loose stool.

How to store ORS

Keep ORS solution in a clean, covered container.

Ask the caregiver to make fresh ORS solution when needed. Do not keep the mixed ORS solution for more than 12 hours. It can lose its effectiveness.

> Tip
>
> Be ready to give ORS solution to a child with diarrhea. Keep with your medicine kit:
> - A supply of ORS and zinc packets
> - A 1 litre bottle or other measuring container
> - A container and spoon for mixing the ORS solution
> - A cup and small spoon for giving ORS
> - A jar or bottle with a cover.

Danger signs in Pregnancy and Delivery

Pregnancy and childbirth are natural events. Sometimes, however, complications can occur during pregnancy and childbirth that require immediate attention by a health worker. A pregnant woman should be referred immediately to a health centre if any of the following danger signs as described in Figure 24 of pregnancy occur:

Fig 24 Danger signs in Pregnancy and Delivery

1. *Reduced or no Fetal Movement*

Fetal movements begin to occur as basic routine by 18-20 weeks and should be monitored by at least twice-daily kick counts. Refer immediately if there is reduced or no fetal movement.

2. *Abdominal Pains*

Persistent abdominal pain could indicate a miscarriage, or other complications and should be referred immediately to health facility.

3. *Severe or persistent Vomiting*

Severe vomiting that lasts for more than a day puts victims at risk of dehydration and should be referred to health facility.

4. *Leaking of baby fluid before due time for delivery*

A persistent leak or sudden gush of fluid from the vagina typically indicates that the woman is losing amniotic fluid. Refer immediately to health facility.

5. *Swelling of legs, arms or face*

Most women notice a little swelling in their legs and ankles during pregnancy, but severe swelling, especially in the face/legs or fingers, is cause for alarm. Refer immediately to health facility.

6. Anaemia

If a woman is feeling tired, weak, and dizzy, or if the insides of her eyelids or her palms are especially pale, she might have anaemia. She should go to a hospital or clinic for a test.

7. Convulsions/fits

A convulsion is a medical condition where body muscles contract and relax rapidly and repeatedly, resulting in an uncontrolled shaking of the body. Refer immediately to health facility.

8. Vaginal bleeding

During pregnancy or profuse/persistent bleeding after delivery.

Any vaginal bleeding during bleeding during pregnancy or profuse/persistent bleeding after delivery must be referred to health facility.

9. Severe Headache

Refers to headache that is persistent, not relieved by any painkillers. It may show signs of increased blood pressure thus needs immediate referral to health facility.

10. Prolonged labour

Normal labour can last anywhere from 5-18 hours. It can be longer in a woman having her first baby.

It is recommended that all women should deliver at facility, so refer all women in labour.
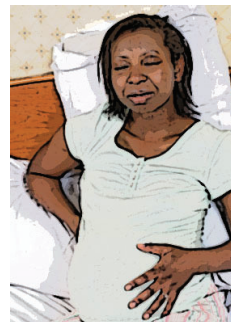
Unit 5.2

LIFESAVING SKILLS
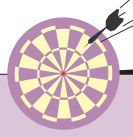
Objectives

By the end of the unit, the CHVs should be able to:

1. **Describe the concepts of lifesaving skills.**

2. **Demonstrate lifesaving skills.**

Topic 1

Lifesaving Skills

Basic lifesaving skills, builds on a foundation of practical skills in knowing who, when and how to recognize and treat a person in need of emergency medical assistance.

In this unit we be focusing on three life saving skills – drowning, chocking and snake bites.

Signs	Treatment	
Drowning Occurs when water enters the lungs, blocking air entry.	1. Keep the head lower than the body when getting the person from the water. 2. Thereafter lay the person down. 3. If the person is breathing place in recovery position. 4. Treat low body temperature by removing all the wet cloths and covering with blanket or extra clothing. 5. If conscious, give a warm drink. Refer even if fully recovered.	 *Fig.25 Drowning Treatment*
Chocking Is when a foreign object or food stuff is stuck at the back of the throat causing a blockage of the airway.	1. If the patient is breathing, encourage to continue coughing. 2. If obstructed stand to the side and slightly behind him. 3. Support his chest with one hand and let him lean well forwards. 4. Give up to 5 sharp slaps between the shoulder blades. 5. Stop if the obstruction cleared.	 *Fig.26 Choking Treatment*
Snake Bite	1. Keep the person calm, restrict movement, and keep the affected area below heart level to reduce the flow of venom. 2. Remove any rings or constricting items. Create a loose splint to help restrict movement of the area. 3. If there are signs of shock (such as paleness), lay the person flat, raise the feet about a foot, and cover the person with a blanket. 4. Get medical help right away.	 *Fig.27 Snake Bite Treatment*

Steps to put someone in the recovery position

- Extend the victim's arm above the victim's head.

- Position the victim's other arm across the chest.

- Bend the victim's nearer leg at the knee.

- Carefully roll the victim away from you by pushing on the victim's flexed knee and lifting with your forearm while your hand stabilizes the head and neck.

- With the victim is in position, open the mouth to allow drainage and monitor breathing.

- Cover them with a blanket, stay with them and wait for the emergency services to arrive.
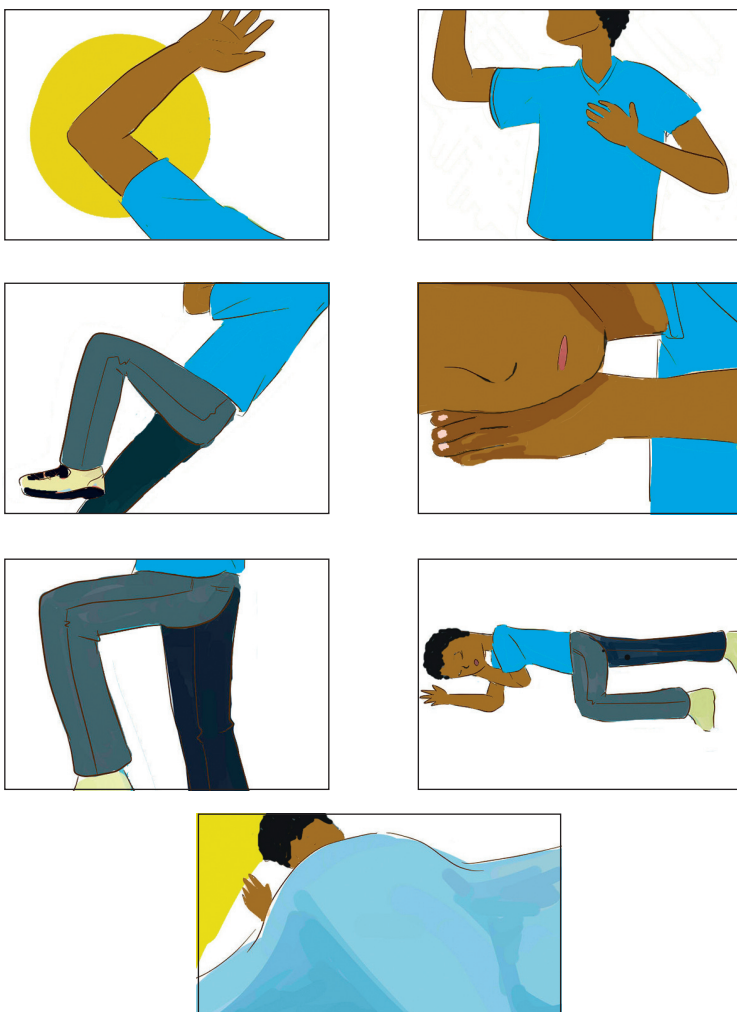
Fig.28 Lifesaving Skills

Unit 5.3

REFERRAL AND LINKAGES

Objectives

By the end of the unit, the CHVs should be able to:

1. **Understand the referral process and how to refer clients/ patients.**

2. **Conduct effective follow-up after referral.**

3. **Identify and solve some common referral challenges.**

Study the two scenarios below

Scenario 1

Samuel has a 12 month old daughter called Mary. Angela, a CHV visits his house and finds Mary has been having diarrhea for the last one day and now looks weak and is not responding when called. She tries to explain the need to take Mary to the nearest health center but Samuel the father of Mary refuses because he thinks the diarrhea is normal because of teething.

Scenario 2

Nora is a 25 year old pregnant woman expecting her first born in two months. She started having severe abdominal pain the previous night and visited Tom a CHV to seek medication to ease the pain. However, Tom told her he could not give any drugs and she had to go to the nearest health facility immediately.

Nora refused his advice saying that the nearest health center is too far, more than 1 hours' walk and she does not have any money for transport to the health center. Tom reminds her of the help she can get from her neighbors and she finally agreed to go to the health facility.

Topic 1

The Referral Process

This process is summarized in the diagram below:

Fig.29 Referral

Contact with patient
Screening is completed and decision for referral is made.

Filling referral form
- **Data of Patient /client :** Date, time of referral, name of the patient, age, sex & name of community unit.
- **Reasons for referral:** Main problem, treatment given, comments
- **Data of CHVs referring patient :** Name, mobile number, Village/Estate, sublocation, location, name of community unit.

Action taken by the officer & CHV
- **Data of the officer who received the patient:** Date, time, name of the officer, profession, name of the health facility, action taken.
- **Feedback to the community:** Name of the officer, name of the CHV, mobile no., name of the community unit, call made by referring officer: yes, no . Kindly do the following to the patient:
- **Official rubber stamp & signature**
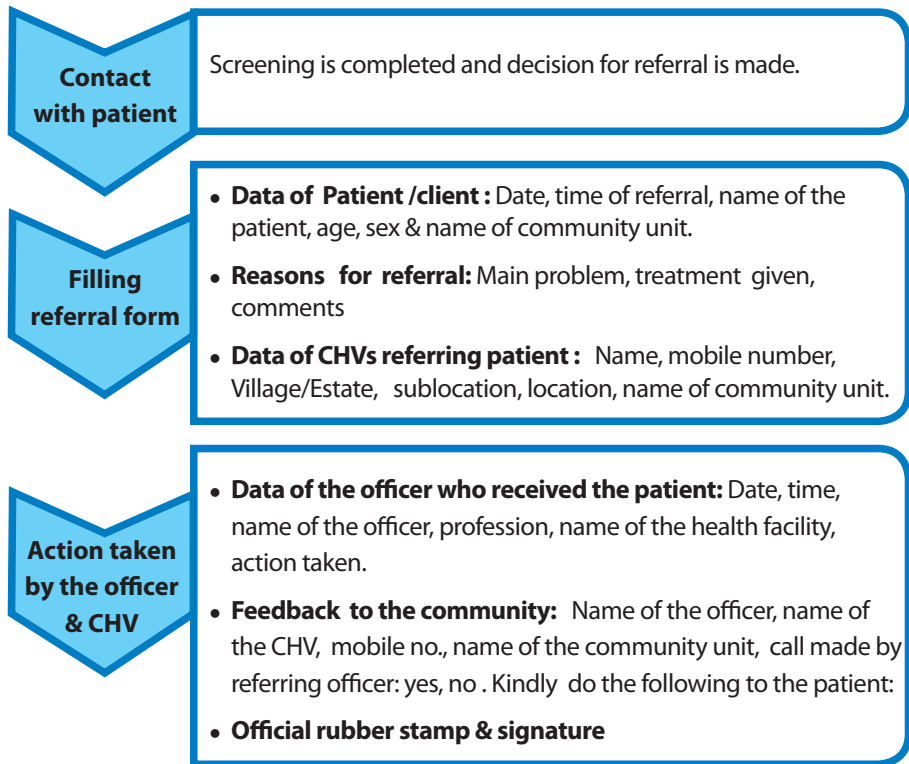
Fig.24 The Referral Process

Note

The referral form is used to refer the patient to the health facility. This form is very important in communicating necessary information of the patient to health professional who is going to see the patient. The health professionals also will notify you that they have seen the patient and the necessary follow up which is expected to be done by CHVs.

COMMUNITY REFERRAL FORM

SECTION A

Patient /client data	
Date:	Time of referral:
Name of the patient:	
Sex:	Age:
Name of community Health Unit:	
Reason for referral	
Main problem:	
Treatment given:	
Comments:	
CHVs referring the patient	
Name:	Mobile No:
Village/Estate:	Sub location:
Location:	
Name of community unit:	
Receiving officer	
Date:	Time:
Name of the officer:	
Profession:	
Name of the Health facility:	
Action taken	

SECTION B

Referral back to community	
Name of the officer:	
Name of CHV:	
Name of the community unit:	Mobile No:
Call made by referring officer:	Yes: No:
Kindly do the following to the patient: 1. 2.	

Official rubber stamp & signature:

The term "referral" means the act of sending a person to a link health facility for further management.

> ### Note
>
> Timely referral reduces the risk of severe disease or death. Early referral ensures correct assessment and treatment.

Topic 3

Barriers to Referral

Reasons the caregiver does not want to take the child to the health facility	How to help and calm the caregiver's fears
The health facility is scary, and the people there will not be interested in helping my child.	Explain what will happen to her child at the health facility. Write a referral note to help her get care for her child as quickly as possible.
I cannot leave home. I have other children to care for.	Ask questions about who is available to help the family, and locate someone who could help with the other children.
I don't have means to get to the health facility.	Help to arrange transportation. In some communities, transportation may be difficult you may need to help community leaders identify ways to find transportation e.g. the community might buy a motor bike.
I know my child is very sick. The nurse at the health facility will send my child to the hospital to die.	Explain that the health facility and hospital have trained staff, supplies, and equipment to help the child.

6

MANAGEMENT AND USE OF COMMUNITY HEALTH INFORMATION AND DISEASE SURVEILLANCE

Module 6:
Management and use of Community Health Information and Disease Surveillance

6

Purpose:

» The purpose of this module is to equip CHVs with knowledge and skills in managing and using community health information as well as conducting community disease surveillance.

Objectives:

» ● Demonstrate the Management and Use of Community Health Information

● Understand the importance of disease surveillance and participate in the process at community level.

CHV's competencies in Management and use of Community Health Information and Disease Surveillance:

» ● Understand the concept, sources and uses of community health information

● Able to collect, collate, analyse and disseminate health information at community level

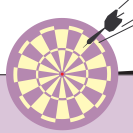● Understand roles of CHVs in the community

Number of Units: Two

» 1. Management and Use of Community Health Information,

2. Community disease surveillance

Unit 6.1

MANAGEMENT AND USE OF COMMUNITY HEALTH INFORMATION

Objectives

By the end of the unit, the CHVs should be able to:

1. **Understand the concept, sources and uses of community health information.**

2. **Carry out household registration and mapping.**

3. **Participate in collection, collation, analysis and dissemination of health information at community level.**

4. **Use of data for community health planning and action on identified pertinent issues.**

Topic 1

Introduction to Community Health Information (CHI)

Information is an important component of community work in understanding existing situations, planning for action, monitoring and evaluation of performance.

This involves generating, collecting, analysing and utilising information at community level.

The information will enable the community to understand how to identify their problems, rank them and come up with evidence based interventions.

It is important for a CHV to learn how use Community health information in order to come up with effective community action plan.

Topic 2

Village Mapping

Step1 – Draw a map of your village on the ground using chalk, charcoal or sticks indicating households, social amenities i.e. roads, churches/mosques, schools, water points, health facilities, market place, chief's camp.

Step 2 – Identify symbols to use to mark various features.

Step 3 – Transfer the map to your manila or flipchart.

Symbols that can be used

Household with latrine	Church	Household	Mosque
Water Point	Chiefs Camp	Health Facility	Market Place
Police Post	School		

Fig.30 Symbols for various features in village

Importance of a Village Map

- To identify various social amenities and resources in the community

- To identify the various households and their location in the community.

Use of the information from the village map in:

- Locating various households for purpose of household registration

- Planning community actions

- Identifying features that can pose risk of disease to the community e.g. stagnant water ponds, dams, waste fields.

Importance of Community Health Information

Cases of Diarrheal Diseases in Village A and B

Village A and village B are small villages neighbouring each other located at the foot of Mt. Kenya. They have similar features and have similar health problems. Village leaders in the two villages are trying to improve the living condition of villagers and getting regular reports on disease cases and concerns from the community. The following is the information on the diarrhea cases reported from both villages.

Table 1 and 2 show diarrheal cases in Village A and Village B which each have 100 households.

Table 1: Diarrheal cases in Village A

Month/Year	Number of diarrhea cases
March 2011	3
April 2011	10
May 2011	30

Table 2: Diarrheal cases in Village B

Month/Year	Number of diarrhea cases
March 2011	10
April 2011	7
May 2011	3

Table 1 shows increasing number of diarrhea cases while Table 2 shows decreasing cases of diarrhea. This means village A should put action plans in place that lead to decrease of diarrhea cases.

Importance of Community Health Information

- Helps in detecting problems, monitoring progress towards health goals and decision making

- Empowering individuals and communities with timely and understandable health- related information

- Provides proof for making rules and regulations referred to as policies

- Shows success of activities that provides evidence for implementing similar activities elsewhere (scale-up efforts)

- Provides information that can be used for research

- Provides information for improving governance, mobilizing new resources, and ensuring accountability in the way they are used.

Topic 3

Data Collection

Data collection is a systematic gathering of data for a particular purpose from various sources, including questionnaires, interviews, observation, existing records and is used for decision-making.

Information: refers to knowledge derived from a study, experience or instruction.

Data to be collected for CHS

- Basic information on household members (e.g. age, sex, education marital status)

- Basic Health Status (e.g. pregnancy, ANC attendance, Chronic illness, Disability status, Nutrition status, HIV testing, Immunization status of children under 5 years old)

- Household health promotion practices; (Water and hygiene, availability and use of bed nets, dish racks, presence of latrines, rubbish pits, leaky tins, Family Planning status of women of reproductive age)

- Household births and deaths records

- Health services and activities carried out by the CHVs and community.

Source of Data

- Household members
- Rumors
- Phone communication
- Social gatherings e.g. weddings, funerals
- Chief's barazas
- Schools
- Health records e.g. ANC cards, immunization cards
- Environment, etc.

How to Collect Data

- By asking/listening to what people say about their health status
- By observation – Observe things that are important for the health of the community; for example, latrine and wells, are they safe? Are they utilized well? Do they need improvement?
- Taking count and recording: Check and count things or events, e.g. how many latrines are there? How many cases of diarrhea per week?
- By use of registers and checklists
- Taking measurements and weights, e.g. using MUAC tapes and weighing scales.

Data Collection Tools for Community Health Strategy

In addition to Mother and Child booklet, immunization card, outpatient book and any registers at health facility, we have some other data collection and recording tools which the Ministry of Health has introduced for the CHS.

The tools are:
- Referral form (MOH 100)
- Household Register (MOH513)
- Community Health Volunteers Log Book (MoH514)
- Community Health Extension Worker Summary (MoH515)
- Chalkboard (MoH516).

The tools CHVs mainly use are Household Register and CHV Log Book. These two tools have different roles and it is important for CHVs to understand how each of them works.

Household Register (MoH513)

Household: where a family stays and live together, shares together and eats from the same pot.

- Household register is a tool to determine overall health status in your community

- The first reports of Household Register which you will conduct immediately after this training will serve as a base line data for Community Strategy activities in your community

- The register is updated every 6 months to know the changes that happen during the 6 months and assess success and challenges of your activities

- After filling the register for all households the completed forms are submitted to CHEW

- CHEWs will compile the data from all the CHVs and summarize to give the status of the households within the community unit which they share with CHVs as well as CHC for further action

Data contained in Household Register are:

- Basic information on household members

- Basic Health Status

- Household health promotion practices

- Education status of household members

- Household births and deaths records.

CHV Service Log Book (MoH514)

- The Community Health Volunteers Service Log Book is a diary that the CHV uses to record information from the household during their visit as they give messages and services

- The basic information collected is accurate on what was done or identified in the household served

- The Log Book measures the actual CHV's effort which should be written or filled during the household visit

- The Log Book should be submitted to the CHEW for summary every month by the end of the month.

> The logbook contains data for Health services and activities carried out by the CHVs and community.

CHEW Summary (MoH515) and Chalk Board (MoH516)

The CHEW Summary is to be filled monthly by the CHEW using the information from the Community Service Log Books and Household Registers. The information collected measures the CHVs efforts and services carried out at the household and community levels.

The information captured on the CHEW summary is also replicated to the chalk board (MOH516) for sharing the information to the community during community dialogue which will be discussed in the next session on sharing community health information.

Interpretation of Community Health Information

Steps of CHI Management Flow

Our goal of collecting information is to assess our progress and to identify challenges with an effective solution. In order to achieve the goal, we need to do the following things after collection of the data:

- Summarize the collected data

- Interpret the summarized data

- Make the analyzed data presentable

- Share the data with the community and stakeholders

- Utilize the data and responses from the community effectively in action planning.

In reference to the village case scenarios you will find an increasing trend in diarrheal cases in Village A and a decreasing trend in Village B. Then, you may have compared these opposite trends in the two villages to think about what could have made the success in improving the situation in Village B while CHVs and members in Village A face the situation which urges them to rethink their activity and strategy. We call this process "interpretation of data."

Topic 4

Data Interpretation

Interpreting information involves examining it in ways that reveal the relationships, patterns, trends, etc. that can be found within it. To do that, the most important thing for the CHVs is to look at the data critically by asking yourself: "What do these numbers show?"

The followings are some other important questions for interpreting data:

- What makes my community unique?

- What does the data mean for my community's health?

- How has my community changed lately?

- Does recent change affect the health of my community members? The work of CHVs?

- What are my community's major health concerns and challenges?

- Where are these challenges coming from?

- What are the gaps in our community health services activity if any?

Sharing Community Health Information in the Community (feedback)

Once analysed data is now CHI which is the situation/picture of a given community that can be used for action and plans at decision making.

When and How to Share the CHI

When	How
During household visit.	- By sharing information with household members for them to take actions to improve health status. - By sharing information with household members for them to take specific action on disease control and prevention e.g. on issues of water treatment, building latrines etc. - By sharing information on how they can get referral for further health services.
During community event e.g. chiefs baraza, community dialogue, campaign, etc.	- By presenting the major health issues to plan and take community collective health action. - By presenting the major health issues with stakeholders for resource mobilization. - By presenting health indicators trends using the chalkboard (MoH516) for community action.
During monthly CHV/CHEW meeting.	- By looking at the health indicator trend and using the information to plan. - By using the health information to seek further assistance by facility health workers on challenging health issues.

Chalkboard (MoH516)

- The chalkboard displays the general health status of the community unit.
- The chalkboard displays the basic community information that is updated every 6 months
- The chalkboard also displays health indicators that are reported monthly by CHVs for the whole year
- The chalkboard is used during the community dialogue days to discuss the actions decided upon by the community.

"What is Action Planning?"

In some ways, an action plan is a "heroic" act: it helps us turn our dreams into a reality. An action plan is a way to make sure your community's vision is made concrete. It describes the way your group will use its strategies to meet its objectives. An action plan consists of a number of action steps or changes to be brought about in your community.

Each change to be sought should include the following information in an action plan:

● Where do we want to go? (Change we want to have)

● From where? (Baseline, or our current situation)

● How we can know where we are? (The way for measuring our change)

● How can we reach there? (Actions to be taken for the change)

● Who will take the action?

● By when do we expect the action to be done?

● What resources are needed to carry out our actions?

The following are criteria for a good action plan:

● Complete? Does it list all the action steps or changes to be sought in all relevant parts of the community (e.g. schools, business, government, faith community)?

● Clear? Is it apparent who will do what by when?

● Current? Does the action plan reflect the current work? Does it anticipate newly emerging opportunities and barriers?

To make an action plan, we need to know where we are now and based on that, we can determine what actions we need to do to reach where we want to reach. Therefore, knowing current situation by collecting and interpreting information from the community is very important for our activity.

Action planning can be done after conducting Household Registration because we can only know the exact situation of our community with the result of the Household Register. You can use your observation as data to describe the current situation in your community to develop an action plan till the result of the Household Register is availed.

The following framework can guide you for your action plan

Action Plan for XX Village From Day/Month/Year to Day/ Month/ Year

Targeted practice	Where we want to go	Where we are now	How we can know where we are	Actions to be taken	Who will take the action	By when we expect the action to be done	Resources needed for the action

Below is an example of an action plan

Action Plan for Kilongo Village   From 1/7/2012-1/10/2012

| Targeted practice	Where we want to go	Where we are now	How we can know where we are	Actions to be taken	Who will take the action	By when we expect the action to be done	Resources needed for the action
Hand washing	50% of community members wash hands properly	Only 10% of community members wash hands properly	Household Register Interview with community members	Health education on proper hand washing at Baraza and other social gathering	CHVs Chief	15/8/2012	Containers and soap for demonstra-tion
			Observation	Health education through H/H visit	CHVs	15/8/2012 1/9/2012	
				Demonstra-tion of how to make a leaky tin at Baraza, school and church	CHVs Chief Teacher Pester		
				Community Dialogue on the hand washing	CHVs & CHC	1/9/2012	
				Follow up H/H visit	CHVs	1/10/2012	

Unit 6.2

COMMUNITY-BASED DISEASE SURVEILLANCE
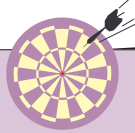
Objectives

By the end of the unit, the CHVs should be able to:

1. **Explain disease surveillance and its importance to the community.**

2. **Identify priority diseases under surveillance and explain the use of conditions to identify priority and other important diseases.**

4. **Explain the importance of rapid referral of patients with these conditions to a health facility for diagnosis and correct treatment.**

5. **Explain the importance of educating households on conditions that need rapid attention.**

6. **Explain the role of the community health worker in disease surveillance, outbreak investigation and response, and prevention and control of diseases.**

Topic 1

Disease Surveillance and its Importance to the Community

Disease Surveillance is: keeping watch on disease occurrences in the community with the aim of taking necessary action to avoid spread of the disease to others (outbreak); prevent serious illness or even death; and institute control measures to prevent the disease occurring again.

Importance of Disease Surveillance

- Identify diseases early (before they become severe) and refer patients to a health facility for investigation and correct treatment

- Identify populations at high risk for certain diseases

- Know what control and preventive health measures are needed for certain diseases, and whether they are working

- Check changes in occurrence of diseases, and provide a valuable record for future use

- Support planning for good health and the sharing of appropriate resources in the community.

Case identification

Following are pictorial presentation of some of the diseases under surveillance in our communities.

Fig.31 Pictorial presentation of diseases

Read the following story and identify the disease

A community health volunteer from Mbogoini Health Unit, in the course of house visits, comes across a 3 year old child with weakness of the left lower limb, and fever. The weakness developed within a day and was followed by the fever.

LAY CASE DEFINITIONS

PRIORITY DISEASES	CONDITIONS	SIMPLIFIED CASE DEFINITIONS
Childhood diarrhoea Cholera Diarrhoea with blood	Sudden diarrhoea	Any person with 3 or more watery or blood-stained diarrhoea stools in 24 hours
Childhood pneumonia Influenza-like illness Plague Tuberculosis (TB)	Chest problem	• Any person with cough and/or difficulty breathing and/or chest pain • Any person with body hotness and cough Any person with cough for more than 2 weeks
Typhoid fever Malaria Meningitis Viral Haemorrhagic Fevers (VHFs) Brucellosis Leishmaniasis Trypanosomiasis Plague	Fever (body hotness)	Any person with body hotness, or who has died after an illness with body hotness. Body hotness is more serious if accompanied by: • drowsiness, confusion • fits • skin rash • bleeding from nose, mouth, skin or other sites • painful groin swellings
Measles	Fever (body hotness) and rash	Any person with body hotness and widespread rash on face and body
Yellow fever Acute jaundice	Sudden yellowness of eyes or skin	Any person with sudden yellowness of the eyes or skin for not more than two weeks, with or without body hotness
New AIDS, cancer, diabetes	Severe weight loss	Any person with rapid weight loss and frequent illness, and frequent urination
Sexually Transmitted Infection	STI, urine problem	Any person with discharge, ulcer, pimple or itching on his/her private parts
Urinary schistosomiasis		Any person with blood in urine
Guinea worm	Skin worm	Any person with a worm emerging from the skin
Leprosy Leishmaniasis Anthrax	Skin problem	Any person with a skin patch Any person with a skin ulcer or rapidly growing pimple
Trachoma	Eye problem	Any person with soreness of the eyes or pus or watery discharge from the eyes
Acute Flaccid Paralysis (AFP)	Sudden weakness or loss of movement of arms or legs	Any person less than 15 years with sudden loss of movement in one or both arms or legs (not due to injury)
Neonatal tetanus (NNT)	Newborn tetanus	Any newborn who is normal at birth, then after 2 days is unable to suck or feed and has body stiffness
Severe malnutrition	Malnutrition	Any child less than 5 years with severe weight loss, swelling of both legs and change in hair colour

The reporting tools used in community disease surveillance are Form A and the CHV Referral Form.

| **Fill Form A for** CHV DISEASE SURVEILLANCE WEEKLY REPORTING CARD
Only report new cases for the week | FORM A |

| CHV Name: | | CHU Name: | | Week Ending:
(Sunday) | |
| Sub-LocationD | | ivision: | | District: | |

WEEKLY SUMMARY DATA **Complete at the end of every week**	
Total Households	
Households contacted	
Households NOT contacted	

WEEKLY SUMMARY DATA *Complete data for the previous w eek e nding Sunday*	
Total Cases	
Total cases r eferred to a Health Facility	
Total cases who attended a Health Facility	

August 2012

COMMUNITY REFERRAL FORM

Conditions	Household No.	Date:	Age		TOTAL CASES
			< 5 Years	≥ 5 Years	
Sudden diarrhoea					
Chest problems					
Fever (body hotness)					
Fever (body hotness) and rash					
Sudden yellowness of eyes or skin					
Severe weight loss					
Sexually Transmitted Infection (STI), urine problem					
Skin worm					
Skin problem					
Eye problem					
Sudden weakness or loss of movement of arms or legs					
Newborn tetanus				▒	
Malnutrition					
Animal bites					
Maternal death			▒		
			▒		
Newborn death				▒	
				▒	
TOTAL		▒			

Notify the CHEW of any other health issues of concern, e.g. unusual sickness or death in people or animals

It is important to report surveillance data weekly. Please give your completed Form A to the CHEW each week on the due date or SMS the CHEW with the suspected cases and submit the form at the monthly meeting.

MINISTRY OF HEALTH