
Volunteer manual

for Community-based health and first aid *in action* (CBHFA)

March 2009



The International Federation's Global Agenda (2006 – 2010)

Over the next two years, the collective focus of the Federation will be on achieving the following goals and priorities:

Our goals

Goal 1: Reduce the number of deaths, injuries and impact from disasters.

Goal 2: Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

Goal 3: Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

Goal 4: Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

Our priorities

Improving our local, regional and international capacity to respond to disasters and public health emergencies.

Scaling up our actions with vulnerable communities in health promotion, disease prevention and disaster risk reduction.

Increasing significantly our HIV/AIDS programming and advocacy.

Renewing our advocacy on priority humanitarian issues, especially fighting intolerance, stigma and discrimination, and promoting disaster risk reduction.

International Federation of Red Cross and Red Crescent Societies, Geneva, 2009

Copies and translations of all or part of this document may be made for non-commercial use, providing the source is acknowledged. The International Federation would appreciate receiving details of its use.

All photos: International Federation

2009

International Federation
of Red Cross and Red Crescent Societies

P.O. Box 372
CH-1211 Geneva 19
Switzerland
Telephone: +41 22 730 4222
Telefax: +41 22 733 0395
E-mail: secreteriat@ifrc.org
Web site: <http://www.ifrc.org>

Volunteer Manual

for Community-based health and first aid
in action (CBHFA)

International Federation of
Red Cross and Red Crescent Societies



Acknowledgments

Special thanks are due to the following National Societies who contributed to the development of the CBHFA in action training materials:

Afghanistan Red Crescent, American Red Cross, Bangladesh Red Crescent Society, Cameroon Red Cross Society, The Canadian Red Cross Society, Cook Islands Red Cross Society, Danish Red Cross, Red Cross Society of Eritrea, Ethiopian Red Cross Society, Fiji Red Cross Society, Finnish Red Cross, German Red Cross, Ghana Red Cross Society, Indian Red Cross Society, Indonesian Red Cross Society, Kenya Red Cross Society, Malawi Red Cross Society, Myanmar Red Cross Society, Nepal Red Cross Society, New Zealand Red Cross, Nigerian Red Cross Society, Norwegian Red Cross, Pakistan Red Crescent Society, Papua New Guinea Red Cross Society, Samoa Red Cross Society, The Solomon Islands Red Cross, Somali Red Crescent Society, The Sri Lanka Red Cross Society, The Sudanese Red Crescent, Swedish Red Cross, The Thai Red Cross Society, Timor Leste Red Cross Society, Zimbabwe Red Cross Society.

Thanks are also due to the following individuals and Red Cross Red Crescent volunteers and staff:

Project coordination

Grace Lo
Kate Elder

Project assistants

Melanie Caruso
Shannon Frame

Daniela Stow
Jocelyne Barbe

Field and expert reviewers

Tammam Aloudat
William Carter
Peter Carolan
Bernard Gardiner
Lasha Gogvadze
Libertad Gonzalez
Emma Hernandez
Julie Hoare
Dominique Praplan
Jari Vainio
Stefan Agerhem
Ayham Alomari
Maud Amren
Cecilia Anshelm
Katrien Beeckman
Graham Betts-symonds
Katherine Bundra

Eka Wulan Cahyasari
Pascal Cassan
Xavier Castellanos
Anette Cramer
Patricia David
Robert Davis
Pierre Duplessis
Kari Egge
Aida Elsayed
Marcy Erskine
Michael Favin
Astrid Firdianto
Manan Ganguli
Cynthia Green
John Gwynn
Marwan Hasibuan
Muhammad Khalid

Glenn King
Lasantha Kodituwakku
Jeanne Koepsell
Virginia Laino
Gerard Lautredou
Maryam Masyitoh Lubis
Agnes Madaras
Adelheid Marschang
Miro Modrusan
Marianne Monclair
Tom Musili
Iris Nolvi
Benny Oktavianus
Maryam Omar
Manish Pant
Sujata Ram
Niki Rattle

Rajeev Sadana
Lita Sarana
Yulia Sayanthi
Lieselotte Schmid
Susanne Schunder-
Tatzber
Stefan Seebacher
Lene Svendsen
Aida Syed
Helenlouise Taylor
Birikhty Tekletsion
Mija Tesse-Ververs
Hannele Virtanen
Nana Wiedemann
Asta Ytre
Salome Zan

Editor

Vivienne Seabright

Design and production

Jean-Charles Chamois,
coordination
and production
Sébastien Calmus,
design and layout

Illustration

Rod Shaw

Training and

**instructional design
consultants**

LINKS Consultants
International

The needs for living model adapted from the Living Through Time model (Betts-Symonds G in IFRC 2006a; 2006b; 2007; 2008a derived from a model by Robert Dilts [1991])

Contents

Foreword	5
Introduction	6
Module 1 The Red Cross Red Crescent CBHFA <i>in action</i> volunteer	8
Module 2 Community mobilization	32
Module 3 Assessment-based action in my community	56
Module 4 Basic first aid and injury prevention	94
Module 5 Community mobilization in major emergencies	188
Module 6 Disease prevention and health promotion	204
Module 7 Supplementary topics	318



Foreword

Volunteers and communities are at the heart of the International Federation of Red Cross and Red Crescent Societies' mission to mobilize the power of humanity and improve the lives of vulnerable people. Volunteers play a vital role in helping to meet today's humanitarian challenges, not just during disasters and emergencies, but also in early recovery and on a day to day basis in their own communities.

The International Federation of Red Cross and Red Crescent Societies has a long history of first aid and health promotion activities within communities. In the 1990s, community-based first aid (CBFA) was the principal method of teaching first aid to communities. Since then, we have learnt and accomplished a great deal. Now we propose to move to a broader and more comprehensive approach to injury and disease prevention and health promotion with our new community-based health and first aid (CBHFA) in action.

CBHFA's integrated approach trains and mobilizes volunteers from the community to carry out activities in the community. We believe that local volunteers understand better how a particular community lives and works. While they are promoting and maintaining good health behaviours, CBHFA's learning-by-doing approach gives volunteers skills and knowledge that they can adapt and take action with their communities.

Healthy communities can realize their development goals better as they become less vulnerable. Health is inextricably linked to other factors such as peace, preparedness and the ability to respond to any new challenge. These related issues demand that health programmes work hand in hand with the International Federation's other development activities. By working to strengthen and empower communities, we can move closer to the achievement of the Millennium Development Goals.

The integrated approach and tools of CBHFA are therefore developed in collaboration with partner departments and other organizations working in disaster preparedness and risk reduction, disaster management, organizational development, and principles and values.

A National Red Cross or Red Crescent Society implementing CBHFA is making a commitment to long-term health programming. CBHFA is about building healthier and safer communities and stronger volunteer management systems. With these come better local branch capacity and an ability to prepare for and recover from disasters and crises better. Many National Societies have already embarked upon CBHFA because it allows them to build on previous work and find more opportunities to strengthen their health and first aid activities. Helping to secure good community health and first aid by training volunteers who live and work in the community will take us one massive step closer to our vision.

Bekele Geleta
Secretary general





Introduction

The work that volunteers do within communities remains at the core of the International Red Cross and Red Crescent Movement. In many countries, volunteers come from and live in the communities where they work. Community-based volunteers can help their communities identify priority needs and solve their own problems.

Community-based health and first aid in action (CBHFA):

- brings first aid for common injuries to the community
- identifies and addresses community health priorities
- advocates health promotion and disease prevention
- prepares you and your fellow volunteers to respond to disasters

The CBHFA *in action* programme is **dynamic**. You and your fellow volunteers learn about different aspects of first aid, health promotion, disease prevention and disaster preparedness in the classroom. As you learn, you will go out into your own community and put what you have learnt into action. As you gain more and more experience of working with the community, you will bring that experience back into the classroom to share with others. This is the learning by doing method: learn in the classroom, do in the community.

The CBHFA *in action* programme is **flexible**. What you learn is in response to what your own community has decided are priority areas of concern. You as volunteers need to take responsibility for your own learning. To help you, the programme is designed to be interactive, interesting and enjoyable. Your facilitator will support you and provide feedback in your learning and development.

How CBHFA *in action* works

CBHFA *in action* seeks to strengthen a community, making it a healthier place to live during normal times. Well-prepared CBHFA volunteers can also help respond to emergencies. The concept of the CBHFA *in action* is quite simple. Learn in the classroom: do in the community.

Communities should be involved at every stage of CBHFA work. A volunteer acts as a role model by promoting healthy living and behaviours in the community. You as a volunteer will play a very important part in this process.

The first three modules of the CBHFA materials are obligatory, and will give you the background skills you need to help your community make decisions about its priority concerns. With the help of a facilitator in the classroom, you will join together with your fellow volunteers to learn about how the Red Cross Red Crescent Movement works with communities in different areas of first aid, health and safety. You will learn skills for assessing your community in terms of its priority in health, first aid and safety, and you will be supported to carry out the assessment in real life.

The remaining modules of the CBHFA materials contain topics covering different areas of first aid, health promotion and disease prevention. Some topics are obligatory, but many of them are optional. The community assessment will give your community the means to decide on what your priority learning needs are. Having identified these, you and the facilitator will make a choice among the options. You will be guided to learn the skills required for talking to community members about aspects of first aid and health, and you will also be supported in carrying out priority activities in the community.

The Volunteer Manual is for you to take home with you. It acts as a resource, containing material that you will have studied in the classroom setting. You may use it to remind yourself of what you have learnt, as well as to share the learning with your own household and those households that you will be supporting.

The Community Tools are a set of dialogue cue cards that you can use with household and community members. They are tools on promoting the Red Cross Red Crescent activities and fundamental principles, first aid and injury prevention, disaster preparedness, disease prevention and health promotion. They provide a visual aid for communicating with community members. In the classroom, you will practise using the Community Tools for communicating key messages on different topics before you take them out into the community.

Volunteer Manual

MODULE 1

The Red Cross
Red Crescent
in action volunteer

Goal

In this module you will discuss and learn your role and responsibilities in your National Red Cross or Red Crescent Society.

Topics

There are four topics in this module:

- Topic 1 International Red Cross Red Crescent Movement
- Topic 2 The local branch or chapter
- Topic 3 CBHFA *in action*
- Topic 4 Volunteering

Community Tools

Community Tools are provided for use in conjunction with Topic 2.

Topic 1

International Red Cross and Red Crescent Movement



Learning objectives

At the completion of this topic, you will be able to:

- describe the history and mission of the International Red Cross and Red Crescent Movement
- list the three components of the International Red Cross and Red Crescent Movement
- identify the emblems of the International Red Cross and Red Crescent Movement
- describe the seven Fundamental Principles of the International Red Cross and Red Crescent Movement and how they guide a volunteer's daily work
- explain your personal values and beliefs regarding the seven Fundamental Principles
- discuss respect for the emblems and the seven Fundamental Principles with members of your community



Main learning points

1. The three components of the International Red Cross and Red Crescent Movement are:
 - International Committee of the Red Cross
 - International Federation of Red Cross and Red Crescent Societies
 - National Red Cross and Red Crescent Societies
2. National societies organize health, first aid, social care, disaster management, and other programmes to meet relevant local needs.
3. The red cross, red crescent, and red crystal emblems are recognized internationally and provide protection to staff and volunteers.
4. It is the responsibility of all National Societies, their members and volunteers to protect and respect the emblems and guard against their misuse.
5. Volunteers are guided by the seven Fundamental Principles of the International Red Cross and Red Crescent Movement.

 **Topic summary**

History of the International Red Cross and Red Crescent Movement

In June 1859, a 31-year old man named Henry Dunant witnessed the suffering after the battle of Solferino. Although the battle had liberated northern Italy from Austrian domination, the combat had lasted 16 hours and left more than 40,000 men wounded or dead on the battlefield.

Henry Dunant heard the screams of wounded soldiers calling for help. He realized the medical services were insufficient for the enormous task of caring for all those who needed help. Dunant was driven to action. He did his utmost during three days and nights to organize local people to provide comfort and help to wounded soldiers.

After Henry Dunant returned home to Geneva, in order to alert public opinion, he wrote about his experience and published *Memories of War*. At his own expense he printed 1,600 copies.

Dunant then had the idea to create a neutral body which would serve to provide medical personnel in times of armed conflict. This eventually led to the creation of the International Committee for Relief to the Wounded, later to become the International Committee of the Red Cross (ICRC). The red crescent emblem was first used by ICRC volunteers during the armed conflict between Russia and Turkey, 1877-1878, and the symbol was officially adopted in 1929, alongside the red cross.

Henry Dunant died on 30 October 1910. The date of his birth, 8 May, is celebrated as World Red Cross and Red Crescent Day.



Henry Dunant

The International Red Cross and Red Crescent Movement

The International Red Cross and Red Crescent Movement is the world's largest humanitarian network, with a presence and activities in almost every country.

The three components of the International Red Cross and Red Crescent Movement are:

1. International Committee of the Red Cross (ICRC)

The ICRC is an impartial, neutral, and independent organization whose humanitarian mission is to protect the lives and dignity of victims of war and internal violence and to give them assistance. During situations of conflict, the ICRC is responsible for directing and coordinating the Movement's international relief activities. It also promotes the importance of international humanitarian law and draws attention to universal humanitarian principles. As the custodian of the Geneva Conventions, the ICRC has a permanent mandate under international law to visit prisons, organize relief operations, reunite separated families and undertake other humanitarian activities during armed conflicts. The ICRC also works to meet the needs of internally displaced persons, raise public awareness of the dangers of mines and explosive remnants of war, and trace people who have gone missing during conflicts.

The ICRC's headquarters are in Geneva, Switzerland.

2. The International Federation of Red Cross and Red Crescent Societies

The International Federation of Red Cross and Red Crescent Societies is the world's largest humanitarian organization, coordinating and directing international assistance following natural and man-made disasters in non-conflict situations. The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The International Federation works with National Societies to carry out relief operations to assist victims of disasters, and combines this with development work to strengthen the capacities of communities. The International Federation's work focuses on four core areas:

- promoting humanitarian values
- disaster response
- disaster preparedness
- health and community care

The International Federation membership is composed of 186 National Societies around the world. The headquarters of the International Federation are in Geneva, Switzerland.

3. National Societies

National Societies exist in 186 countries around the world. More are in process of formation. National Societies provide programmes in health, first aid, welfare, disaster preparedness and disaster management. The National Societies operate independently yet as a network form the backbone of the International Red Cross and Red Crescent Movement. In time of war, National Societies help in caring for the wounded and sick, refugees, prisoners and civilian returnees. Each National Society is made up of volunteers, members and staff who provide a wide variety of services. National Society volunteers are often the first on the scene when a disaster strikes.

The emblems

The red cross and the red crescent are among some of the most recognized symbols in the world. The International Federation of Red Cross and Red Crescent Societies uses as its "logo" two globally recognized emblems—the red cross and the red crescent—set on a white background within a red rectangle. The International Federation can use both emblems indicatively because it is neither a state nor a National Society.



The Federation's member National Societies use one of these emblems:



red cross



red crescent

Unfortunately, the emblems are sometimes perceived as having religious, cultural, or political connotations. This has affected respect for the emblems, especially in certain conflict situations, and has diminished the protection the emblems offer to victims and to humanitarian and medical personnel.

A new emblem, the red crystal, appears as a red frame in the shape of a square on edge, on a white background. It is free of religious, political and other connotation, making it universally acceptable for different cultures, devoid of religious connotation.



red crystal

The emblems have two uses:

Protection—In war times the use of large protective emblems identifies medical personnel, equipment, units, and transports.

Indication—Use of the small emblems during times of peace shows that volunteers are working for their National Society. The emblem identifies property, vehicles, and materials as being part of the National Society and International Red Cross and Red Crescent Movement.

The emblems must only be used by representatives including volunteers, the National Society, the International Federation and the International Committee of the Red Cross. It is the responsibility of all members of the Movement to protect and respect the emblems and guard against their misuse.



Volunteer helping with food distribution

The seven Fundamental Principles

These are the seven Fundamental Principles that all National Societies must follow:

1. Humanity

.....

The International Red Cross and Red Crescent Movement was born out of a desire to bring assistance without discrimination to the wounded on the battlefield. It aims, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

2. Impartiality

.....

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

3. Neutrality

.....

In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

4. Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

5. Voluntary Service

It is a voluntary relief movement not prompted in any manner by desire for gain.

6. Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

7. Universality

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

HUMANITY

IMPARTIALITY

NEUTRALITY

INDEPENDENCE

**VOLUNTARY
SERVICE**

UNITY

UNIVERSALITY

Module 1 Bingo

Describe the three components of the International Red Cross and Red Crescent Movement

List and define the seven Fundamental Principles of the Movement that guide a volunteer's daily work

Describe the proper use of the red cross, red crescent and red crystal emblems

Know where my local branch of the National Society is located

Name two branch leaders and describe their responsibilities

Describe three regular activities or community events my local branch is planning

Define what a community is

Define what CBHFA *in action* means

List the six areas of the basic needs for living and how they relate to each other

List three duties of a Red Cross Red Crescent volunteer

Describe what volunteering means

Know what volunteers' rights are

Check your understanding

1. Who had the idea to create a neutral society dedicated to assist those wounded in war?
↳ _____
2. What is the mission of the International Committee of the Red Cross?
↳ _____
3. What are the three components of the International Red Cross and Red Crescent Movement?
↳ _____
↳ _____
↳ _____
4. What are the three emblems in the International Red Cross and Red Crescent Movement?
↳ _____
↳ _____
↳ _____
5. Which of the following are the seven Fundamental Principles of the Red Cross and Red Crescent Movement?
 - Humanity.
 - Impartiality.
 - Neutrality.
 - Empathy.
 - Independence.
 - Voluntary Service.
 - Patience.
 - Unity.
 - Universality.
 - Triumph.
6. How do the Fundamental Principles guide a volunteer's daily work?
↳ _____

Notes

Topic 2

The local branch or chapter



Learning objectives

At the completion of this topic, you will be able to:

- locate the National Society and local branches or chapters in your country
- describe the work of your National Society and local branch or chapter
- list the activities of the local branch in your community
- prepare a contact list of branch leaders, coaches, supervisors and other volunteers
- explain the responsibilities of volunteers at the local branch
- begin to develop relationships with community partners and other volunteers
- identify three organizations that partner with your local branch
- describe the use of the Community Tools with community households



Main learning points

1. National Societies are recognized by the government of each country as a voluntary civil society organization and as an auxiliary to the public authorities.
2. The National Society is composed of the various local branches and chapters around the country.
3. The local branch is formed by members and volunteers.
4. Local branches will organize activities according to the community's needs and interests.
5. The National Society and local branches partner with local health centres and other organizations to provide first aid and work with the community in health priorities.

 **Topic summary****National Society**

National Red Cross or Red Crescent Societies exist in almost every country in the world.

The National Society is part of the International Red Cross and Red Crescent Movement. In each country, the National Society supports the public authorities.

The General Assembly is the highest authority of the National Society. The secretary general and the staff manage the day-to-day operations in cooperation with the volunteers. National Societies have the local knowledge and expertise, access to communities, and organizational structure to direct the right kind of help to where it is needed most.

The duties and responsibilities of a National Society include humanitarian aid in armed conflicts and emergencies, such as natural disasters. Its volunteers are often the first on the scene and remain active in the communities. Community-based volunteers and staff also play a vital role in development work, including disaster preparedness programmes, health and care activities, blood donor recruitment, and the promotion of humanitarian values.



Local Red Cross branch



Local Red Crescent branch

Local branch

The local branch of the National Society is formed by staff, members and volunteers. They come together to organize Red Cross or Red Crescent activities to help others and to manage the work of volunteers. The various local branches around the country form the National Society.

The local branches will organize activities according to the community's needs and interests. Activities such as recruiting blood donors or staffing first aid posts at various community events are common. Other activities may include:

- disaster preparedness
- emergency response to disasters
- restoring family contact for disaster victims
- community-based health promotion
- fund-raising for disaster relief
- first aid training and activities
- bed net distribution for malaria or dengue
- safe sex awareness campaigns



One on one conversation with a volunteer

Key messages

- The International Red Cross and Red Crescent Movement provides protection and assistance to people affected by disasters, emergencies, diseases and outbreaks, armed conflicts, and other situations of violence.
- The seven Fundamental Principles of the International Red Cross and Red Crescent Movement are humanity, impartiality, neutrality, independence, voluntary service, unity and universality.
- The red cross, red crescent, and red crystal are emblems of the Movement. They must be respected.
- The International Red Cross and Red Crescent Movement encourages respect for others.
- The Red Cross or Red Crescent local branch organizes activities with the community according to their needs and interests.

Map of my country with the location of the headquarters of the National Society, my local Red Cross or Red Crescent branch and other branches

Topic 3

CBHFA *in action*



Learning objectives

At the completion of this topic, you will be able to:

- list possible activities of Community-based first aid (CBHFA) *in action*
- describe Community-based first aid *in action* to your community
- list the six areas of the needs for living model
- describe how the six areas in the needs for living model affect each other



Main learning points

1. A community is a group of people who live in the same area and share the same culture and resources, and are exposed to the same threats.
2. National Societies and volunteers help communities reduce vulnerability to disease and injury, and to prepare for and respond to disasters and public health needs.
3. Volunteers involve the community in:
 - disease prevention
 - health promotion
 - control of communicable diseases
 - water and sanitation
 - first aid
 - disaster preparedness
 - disaster response
4. The needs for living model describes the interrelationship of the six areas people need in order to survive:
 - shelter
 - access to health
 - safe water and sanitation
 - food and nutrition
 - a job or some means to make a living
 - a sense of security
5. Each of the six areas in the needs for living system is connected and dependent on the others.

Topic summary

A community

A community is a group of people who live in the same area, village or neighbourhood. Community members share a similar culture, habits and resources. Communities are groups of people also exposed to the same threats such as diseases, political and economic issues and natural disasters.

Community-based first aid (CBHFA) *in action*

CBHFA *in action* is a comprehensive community-based approach to help Red Cross Red Crescent volunteers work with their community on all aspects of health, first aid, and disaster preparedness and response. The CBHFA *in action* programme is designed to respond to the priority health needs of the community.

Community participation is the core of CBHFA. Community involvement will empower families and community members to have ownership over, and to take responsibility for, their health and safety. CBHFA is strengthened by members and leaders of the local branches and other community partners working together to support and meet the health needs of the community.

The goal of Red Cross Red Crescent National Societies is to enable communities to reduce vulnerability to disease and injury, and to prepare for and respond to public health crises. The Red Cross Red Crescent presence in the community plays an important role in achieving improved health behaviours, especially among the most vulnerable. Red Cross Red Crescent volunteers are recruited from the communities where they live and work. As members of their communities, volunteers are best placed to promote healthy living, respond to emergencies, and actively engage community members to improve the overall health of their community.

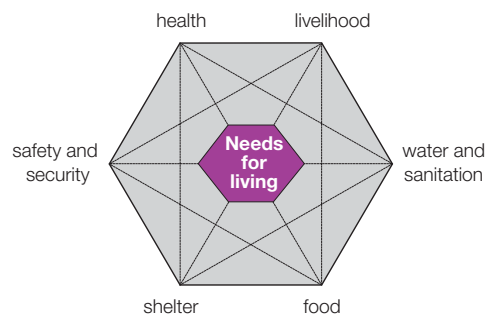


Volunteers performing first aid during a disaster

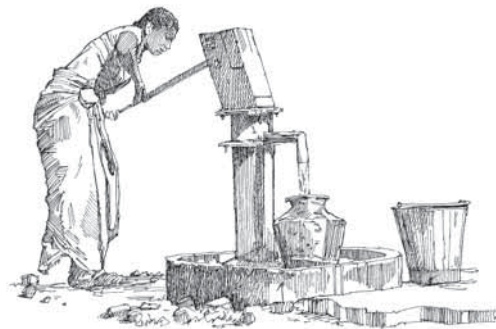
The needs for living model¹

The needs for living model describes a system of the six basic areas people need in order to survive. These are:

1. shelter
2. access to health
3. safe water and sanitation
4. food and nutrition
5. a job or some means to make a living (livelihood)
6. a sense of security



A variety of food



Safe water and sanitation



Livelihood

¹ Model adapted by G Betts-Symonds from a model derived by Robert Dilts (1991).

Check your understanding

1. In which areas do CBHFA *in action* volunteers work with their communities? (circle all that apply)
 - Disease prevention.
 - Health promotion.
 - Control of communicable diseases.
 - Water and sanitation.
 - First aid.
 - Disaster preparedness.
 - Disaster response.
2. Which of the following are included in the six areas in the needs for living model? (circle all that apply)
 - Shelter.
 - Health.
 - Transportation.
 - Safe water and sanitation.
 - Food and nutrition.
 - Clothing.
 - A job or some means to make a living.
 - Communication.
 - A sense of security.
 - Good weather.

Notes

Topic 4

Volunteering



Learning objectives

At the completion of this topic, you will be able to:

- describe what “volunteering” means
- explain what it means to be a volunteer
- describe five responsibilities of a volunteer
- describe the required quality and attitude of volunteers
- list the rights of a volunteer
- identify two personal goals regarding becoming a volunteer



Main learning points

1. Volunteering in the International Red Cross and Red Crescent Movement is:
 - motivated by free will, not by a desire for material or financial gain, or by external social, economic or political pressure
 - intended to benefit vulnerable people and their communities
 - organized by recognized representatives of a National Society
2. Volunteers are expected to:
 - model the Fundamental Principles
 - respect the use of the red cross, red crescent and red crystal emblems
 - be available in an emergency as agreed with the National Society
 - work with various members of the community
 - assist vulnerable people
 - educate community members to help them develop healthy behaviours
3. Volunteers have rights, responsibilities, and commitment.



Topic summary

International Red Cross and Red Crescent Movement

The International Red Cross and Red Crescent Movement has about 97 million members/volunteers. A Red Cross or Red Crescent member is a person who has formally agreed to the conditions of membership as required under the National Society's constitution or rules, and is usually entitled to elect representatives on governing bodies, and to stand for election. Red Cross Red Crescent volunteers may or may not be members of their National Society.

Volunteering

The International Federation of Red Cross and Red Crescent Societies' definitions of volunteering are outlined in the volunteering policy adopted in 1999.

Volunteering in the Red Cross and Red Crescent Movement is an activity that is:

- motivated by the free will of the person volunteering, and not by a desire for material or financial gain or by external social, economic or political pressure
- intended to benefit vulnerable people and their communities in accordance with the Fundamental Principles of the Red Cross and Red Crescent
- organized by recognized representatives of a National Red Cross or Red Crescent Society

The role of a Red Cross Red Crescent volunteer

At the local level, Red Cross and Red Crescent volunteers assist vulnerable people. Working under a team leader or supervisor, volunteers are assigned to specific tasks depending on the needs of the community. For example, first aid, disease prevention and health promotion activities, running a help-line telephone service, food distributions, disaster preparedness, fund-raising or visiting old people may all be undertaken by volunteers.

- A volunteer is motivated by free will, and not by a desire for material or financial gain, or by external pressure.
 - A volunteer contributes in different ways without the expectation of profit or reward.
 - A volunteer believes that his/her activity is beneficial to the community as well as satisfying to him/herself.
 - A volunteer is organized by recognized representatives of a national Red Cross or Red Crescent Society.
 - A volunteer lives and volunteers in his/her community.
 - A volunteer carries out volunteer activities regularly or occasionally.
 - A volunteer is familiar with priority health problems of the community.
 - A volunteer knows the traditional beliefs about health and diseases.
 - A volunteer treats everybody equally regardless of race, gender, ethnicity or social status.
 - A volunteer acknowledges that people are different and have different care needs.
 - A volunteer is able to show empathy.
-

Volunteer responsibilities

- A volunteer represents the Movement and uses learnt skills to attend to the health needs of others in the community.
- A volunteer fulfils duties without discrimination against nationality, race, sex, political views or religious belief.
- A volunteer is able to take responsibility in times of disaster or conflict.
- A volunteer assists the vulnerable and the poor in the community.
- A volunteer seeks advice from the coach or supervisor on any Red Cross Red Crescent matters.
- A volunteer acts as a role model in his/her community:
 - respects individuals
 - respects the confidentiality of those assisted
 - promotes mutual understanding
 - strives and works for the highest standard of service
 - responds to the needs of others in a humanitarian and compassionate way
 - promotes healthy living and behaviours in the community
- A volunteer helps to raise awareness in the community to:
 - prevent common diseases
 - know where to find healthcare in the community
 - encourage the community to share responsibility for health
 - help others, including children, to help themselves by teaching good health practices and first aid
- A volunteer supports and communicates to:
 - give feedback on activities to the coach or supervisor and local branch
 - work with other volunteers
 - improve and refresh knowledge and skills
 - give basic psychosocial support
 - work together with leaders and members of local health and government organizations
 - work with local health committees

Expectations of all Red Cross and Red Crescent volunteers

- Act in accordance with the seven Fundamental Principles of the International Red Cross and Red Crescent Movement and promote their dissemination.
- Respect the regulations on the use of the emblems and prevent their misuse.
- Strive and work for the highest standards of quality.
- Sign, and behave in accordance with, the National Society's Code of Conduct for volunteers, and/or the International Federation of Red Cross and Red Crescent Societies' Code of Ethics and Fundamentals of Voluntary Services.
- Be available in an emergency, as agreed with the National Society, and according to their skills and abilities.
- Respond to the needs of beneficiaries and strengthen their capacity for self-help and active volunteering.
- Keep information confidential.
- Be reliable and respected in the community.
- Be willing to volunteer more hours if necessary, such as in disasters or emergencies.
- Take adequate rest for health and safety reasons.

A Red Cross Red Crescent volunteer has the right to:

- become a member of the National Society
- have appropriate training or personal development
- agree to tasks and roles
- have appropriate equipment for agreed role and tasks
- insurance
- rewards and reimbursement for out-of-pocket expenses
- accept or refuse any task or role in accordance with the Code of Ethics and Fundamentals of Voluntary Service
- be informed of the National Society's activities

Volunteers should avoid:

- using resources of the National Society without permission
- misuse of National Society resources
- misusing the Red Cross or Red Crescent position for personal advantage
- taking advantage of their status as a volunteer to perform private transactions or sales for a profit for themselves or a third party



Volunteer talking to the community



Volunteer talking to village elders



Volunteers promoting the Fundamental Principles

Goal setting

You should identify two personal goals regarding being a volunteer.

My goal	Be specific, e.g. amount of time you will spend on volunteer activities	How will you know you have achieved your goal	Family or household members, colleagues or community members who can support you.
<hr/>			
<hr/>			
<hr/>			

Answer keys

Check your understanding

Module 1, Topic 1: International Red Cross and Red Crescent Movement

Answer key

1. **Who had the idea to create a neutral society dedicated to assist those wounded in war?**
 - Henry Dunant.
2. **What is the mission of the International Committee of the Red Cross?**
 - The mission of the International Committee of the Red Cross (ICRC) is to protect the lives and dignity of victims of war and internal violence and to provide them with assistance.
3. **What are the three components of the International Red Cross and Red Crescent Movement?**
 - International Committee of the Red Cross (ICRC).
 - International Federation of Red Cross and Red Crescent Societies.
 - National Societies.
4. **What are the three emblems in the International Red Cross and Red Crescent Movement?**
 - Red cross.
 - Red crescent.
 - Red crystal.
5. **Which of the following are the seven Fundamental Principles of the Red Cross and Red Crescent Movement?**
 - Humanity.
 - Impartiality.
 - Neutrality.
 - Empathy.
 - Independence.
 - Voluntary Service.
 - Patience.
 - Unity.
 - Universality.
 - Triumph.
6. **How do the Fundamental Principles guide a volunteer's daily work?**
 - Volunteers should provide assistance and work with their communities without discrimination regarding nationality, race, religious beliefs, class or political opinions.

Check your understanding

Module 1, Topic 3: CBHFA *in action*

Answer key

- 1. In which areas do CBHFA *in action* volunteers work with their communities? (circle all that apply)**
 - ↳ Disease prevention.
 - ↳ Health promotion.
 - ↳ Control of communicable diseases.
 - ↳ Water and sanitation.
 - ↳ First aid.
 - ↳ Disaster preparedness.
 - ↳ Disaster response.
- 2. Which of the following are included in the six areas in the needs for living model? (circle all that apply)**
 - ↳ Shelter.
 - ↳ Health.
 - ↳ Transportation.
 - ↳ Safe water and sanitation.
 - ↳ Food and nutrition.
 - ↳ Clothing.
 - ↳ A job or some means to make a living.
 - ↳ Communication.
 - ↳ A sense of security.
 - ↳ Good weather.

Volunteer Manual

MODULE 2

Community mobilization

Goal

In this module you will discuss and plan how to involve community members in the CBHFA *in action* learning by doing process. In meeting this goal, you will learn and practise the skills that help you to build relationships and organize activities that will sensitize the communities to CBHFA *in action*.

Topics

There are four topics in this module:

- Topic 1 Communicating and building relationships
 - Topic 2 Organizing communities
 - Topic 3 Sensitizing the community to CBHFA *in action*
 - Topic 4 Social mobilization and the Community Tools
-

Topic 1

Communicating and building relationships



Learning objectives

At the completion of this topic, you will be able to:

- describe the basic requirements for effective communication
- list and practise five good communication skills
- describe and practise how to overcome barriers to communication



Main learning points

1. Volunteers need to communicate with others.
2. Volunteer communication includes communicating with people in the community, facilitators/coaches and other volunteers.
3. Effective communication is a skill that can be practised and developed.
4. Communicating effectively means:
 - following traditional practices and culture
 - making eye contact (if culturally appropriate)
 - being friendly
 - showing interest and respect
 - matching posture with the person with whom you are communicating
 - understanding problems
 - active listening
 - checking that people understand the message
5. Overcoming barriers to communication includes:
 - understanding the situation
 - being flexible
 - respecting all viewpoints



Topic summary

CBHFA encourages volunteers to work with community members to address their identified health priorities. To work effectively as a volunteer, it is important to communicate effectively. Communication is a skill that can be learnt and developed, and one that gets easier the more that it is practised.

Communication with the community

CBHFA volunteers need to communicate and work with their community members in many ways, such as in community meetings, during the community assessment and afterwards in different activities. When visiting households to talk to household members or facilitating discussions with groups of household members, effective communication is essential.

Volunteers can help individuals adopt healthy practices and avoid risky behaviours by performing house-to-house health promotion. This is done by providing information and demonstrating skills to individuals or a group. Effective communication is an essential part of this process.

Effective communication (verbal and non-verbal)

Communicating effectively includes:

- **looking at individuals or groups when speaking to them**
- maintaining eye contact, if this is an appropriate cultural norm. Do not stare, as staring may be seen as threatening and uncomfortable for some people
- **showing interest and respect while communicating**, by not interrupting people when they are speaking and listening to everyone's contribution
- matching the posture of the person or group with whom you are communicating, for example by sitting if they are sitting
- showing respect for a community leader's position and valuing his/her contribution. Support from local leaders is important as they can help access the community
- **understanding and empathizing with people's problems as they see them**. Adapt ideas to enable people to "own" them
- **using simple and clear messages**
- **repeating the message many times**, and checking understanding by asking the recipients to repeat it
- combining education with entertainment

Communication is a two-way process. It is very important to listen to people when communicating. Active listening can indicate how well (or not) the message is communicated to that person.

Sometimes barriers exist that can make communication less effective. Communication barriers happen when:

- distance is created at the beginning of the communication
- people do not agree
- people have conflicting interests or needs
- people are anxious, in pain or under threat
- the communicator is seen as too different

Reducing communication barriers

To remove barriers to communication it is important to:

- understand what is happening in the situation
- listen to what people are saying, and ask for clarification if necessary, to avoid misunderstandings
- avoid talking about other people
- try to understand and acknowledge the other person's feelings
- be prepared to adapt your message and be flexible
- respect people's views in the community
- keep calm and learn to express views gently

Good effective communication skills will help volunteers establish links with community members in order to help them learn and appreciate the need to change behaviours for improved health, leading ultimately to healthier communities.



Volunteers facilitating community drama

Action	Behaviours
Looking	Observe people. Are they happy, sad, frightened, anxious? Observe their environment. Is it safe, secure and comfortable?
Listening	Practise listening to individuals and groups. Listen to what is actually said, without reacting to the person's style of presentation. Listen carefully to find the exact meaning of what has been said.
Feeling	Show understanding of people's situations and be respectful.
Learning	Learn to understand why others may find something is a priority or a problem, even if you do not agree. Learn to change ideas if the situation changes. Learn from mistakes. Learn from each other.
Knowing how to organize	Work with others to solve problems. When organizing health campaigns or disaster response, remember people are volunteering to help. Motivate and encourage them.
Checking whether people have understood	Pay attention to check whether people understand what you are saying. Take time to find out if people understand you.

Check your understanding

1. List five skills that CBHFA volunteers can use to communicate effectively:

- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____

2. List three behaviours to demonstrate when communicating with community members:

- ↳ _____
- ↳ _____
- ↳ _____

3. List three actions that can reduce barriers to communication:

- ↳ _____
- ↳ _____
- ↳ _____

Notes

Topic 2

Organizing communities



Learning objectives

At the completion of this topic, you will be able to:

- describe how to organize a community, identifying roles and responsibilities for volunteers and community members so as to help implement CBHFA activities
- identify human and physical resources available in the community, such as leaders, committees or organizations (for example women's groups or health groups)
- support the local branch to prepare terms of reference for a community health committee
- describe how to partner with the community health committee to plan for community sensitization and CBHFA activities



Main learning points

1. Organizing a community involves:
 - meeting with community leaders
 - identifying existing resources
 - identifying roles for community volunteers
 - supporting the development of a community health committee, if it does not already exist
 2. It is important to involve the whole community to address health behaviours and issues.
 3. Learn how a community works by identifying:
 - resources in the community
 - committees, groups and organizations
 - community leaders, political, religious and health
 - political and community elements that keep a community together
 - knowledge, attitudes and skills of community members
 4. A community health committee is important for working with the community and supporting volunteers' activities.
 5. A community health committee is an important leadership group to measure progress and give feedback on CBHFA *in action* activities. Its purpose will be defined by the community after the CBHFA *in action* sensitization meeting.
 6. A community health committee should have a connection to the health facility and include representatives who are informed about political and community priorities in the community.
 7. With the support of the facilitators and branch staff, volunteers can assist the community to establish a community health committee if this group does NOT already exist.
-



Topic summary

Community organizing and participation requires involvement of both leaders and community members.



Organizing a community includes identifying resources that already exist. Resources include:

- committees, groups and organizations working in the community
- leaders active in political, religious or health causes
- community elements that keep a community together
- knowledge and skills of community members.

Volunteers can work with their community members to identify these resources as part of the CBHFA process.

It is important to remember that for community members, this is not merely an exercise about identifying resources and health issues. This is real life. CBHFA volunteers must be committed to identifying health priorities and finding workable solutions to problems together with community members.

During the first visit to the community it is important that the national society and/or branch staff gather information about the community and complete the following tasks, aided by CBHFA in action volunteers:

- Meet formal and informal leaders.
- Make a list of leaders, including their contact information. Make sure that the community leaders receive contact information for local Red Cross Red Crescent staff (and CBHFA volunteers).
- Identify the layout of the community.
- Determine the “rhythm” of the community:
 - when people work
 - when people are at home
 - the best time to organize meetings
 - the best place to organize meetings, remembering that men and women in the community may have different gathering points

- Identify:
 - other resource groups working in activities or projects that complement CBHFA
 - level of organization in the community
 - local government structure
 - major problems
- The national society and/or branch staff will need to work with community members to manage expectations and communicate where the Red Cross Red Crescent can or cannot intervene.

Gathering information about the community

Community members can help identify community organizations and members of those organizations. They may also help to make contact with the leaders, so that interviews can be arranged. Interviews with community organizations should answer the following questions:

- What is the history of the organization?
- When was it created?
- Why was it created?
- How many active members does it have?
- Is this number of members decreasing or increasing? Why?
- How are decisions made?
- Does the group have a community development plan?
- What has the group contributed to the community in the past?

The purpose of collecting this information is to understand the community infrastructure better. Identifying how different organizations work with the community and how they manage problems and share results is useful.

Community health committee

When organizing CBHFA, a community health committee is an important group to have as a partner.

The community health committee should be able to help CBHFA volunteers with:

- communicating between groups interested in the community's health
- forming and maintaining networks
- identifying and mobilizing human and financial resources to work with CBHFA volunteers
- linking with households, and with public and NGO facilities and agencies
- identifying goals and objectives, indicators and activities
- implementing the programme
- planning the community assessment that will prioritize CBHFA activities (discussed in Module 3)
- evaluating progress and redesigning what needs to be adjusted

The community health committee may also help CBHFA volunteers to establish a strong working relationship with the local health facility and health workers. Health workers will offer support and guide CBHFA work and can support CBHFA facilitators by teaching health topics and sharing information on common diseases and health problems in the community.

The development of a working and reporting relationship between the community health committee and CBHFA volunteers and branch staff is very important.

Composition of the community health committee (traditionally between 5 and 15 members)

- Health professionals working for the ministry of health and the local health facility
- Traditional health workers
- Community members, including:
 - leaders
 - at least one woman
 - a representative who will speak for vulnerable groups
 - a teacher
 - a youth advocate

Representatives serving on the community health committee will be informed about political and community priorities in the community. They need to be able to work in the best interests of the community's health, and advocate health promotion and disease prevention. They should also be able to work together, to communicate well with others, and represent all members of the community fairly.



Volunteers working with the community health committee

Activity in the community

1. Coordinate with the branch staff co-facilitator to visit and organize a discussion with the community health committee about CBHFA.
2. Encourage volunteers to share how to work best with the community health committee.
3. These activities will only be organized either during or after the sensitization meeting described in Topic 3.

Notes

Topic 3

Sensitizing the community to CBHFA *in action*



Learning objectives

At the completion of this topic, you will be able to:

- describe the five main messages of CBHFA *in action*
- prepare and present the five main messages on flipcharts
- plan and implement a sensitization or awareness-raising meeting with community members, supported by branch staff and facilitators/coaches



Main learning points

1. The CBHFA *in action* programme needs to be simplified into five main messages:
 - community-based volunteers
 - community participation
 - links with health facilities
 - positioned to respond to emergencies including epidemic outbreaks
 - partnerships
2. CBHFA *in action* involves the community in a participatory way.
3. Characteristics of a healthy community, as defined by the World Health Organization (WHO) include:
 - physical environment is clean and safe
 - environment meets everyone's basic needs
 - environment promotes community harmony and actively involves everyone
 - there is an understanding of the local health and environment issues
 - community participates in identifying local solutions to local problems
 - community members have access to varied experiences, interaction and communication
 - health services are accessible and appropriate
 - historical and cultural heritage is promoted and celebrated
 - there is a diverse and innovative economy
 - there is a sustainable use of available resources for all



Topic summary

The goal of CBHFA is the creation of a healthy community. Developing and maintaining a healthy community is a lifelong process requiring persistence and constant nurturing. Characteristics of a healthy community, as defined by the World Health Organization² include:

- physical environment is clean and safe
- environment meets everyone's basic needs
- environment promotes community harmony and actively involves everyone
- there is an understanding of the local health and environment issues
- community participates in identifying local solutions to local problems
- community members have access to varied experiences, interaction and communication
- health services are accessible and appropriate
- historical and cultural heritage is promoted and celebrated
- there is a diverse and innovative economy
- there is a sustainable use of available resources for all

Guiding principles of CBHFA

Community-based volunteers: Community-based volunteers are important for successful implementation of the CBHFA programme. Contributing a few hours each week or every month, volunteers can be prepared to bring together their own communities to identify and solve problems. In addition, volunteers can nurture a link with their Red Cross Red Crescent branches and the local health facility. They are also able to respond to disasters or provide long-term community service.

If volunteers are involved with programmes over a long period of time, they build capacity that strengthens the community's organizing and response systems.

Community participation: Community participation helps to increase community ownership and to make programmes more sustainable. At the same time family and community members are empowered. Participation can include:

- providing labour (for example digging wells and maintaining hand pumps)
- cleaning up the environment
- sitting on a community health committee
- contributing to health education sessions

Community participation should exist at every stage of CBHFA programme implementation.

Links with health facilities: Red Cross Red Crescent volunteers can establish a strong relationship with their local health facility and health workers. Health workers may offer support and guide CBHFA work and can help facilitators by teaching health topics and sharing information on common diseases and health problems in the community.

² World Health Organization, *Healthy villages: A guide for communities and community health*. Available from www.who.int/water_sanitation_health/hygiene/settings/healthvillages/en/.

Positioned to respond to emergencies including epidemic outbreaks: Red Cross Red Crescent volunteers living in their own communities are in a good position to respond to disasters including earthquakes, floods and famines. During epidemic outbreaks, it is possible to activate networks of trained volunteers in the communities. They can be mobilized and trained with key messages to help in disease prevention and response.

Partnerships: The CBHFA programme encourages national societies to work with partners. Partners include community leaders, donors, other groups working in the community and government sectors such as the health ministry and health workers.

CBHFA programmes can connect with short-term social mobilization campaigns such as immunization campaigns and partners working in similar activities.

A CBHFA *in action* sensitization meeting

A sensitization meeting will introduce CBHFA *in action* to the community. It is important to provide information to everyone who is involved in the CBHFA *in action* programme. The information can help the community to make an informed decision about whether they would like to start CBHFA *in action*.

The meeting will include :

- the importance of community commitment
- the benefits of participatory community development
- the process of CBHFA *in action*, including community participation and the setting of priorities
- the CBHFA *in action* resource materials
- the role of household and community groups
- how CBHFA *in action* builds on local activities and can strengthen existing community programmes

In order to prepare for the meeting, key points to remember are:

- Ensure participation and involvement of as many community leaders as possible in order to gain their approval and commitment to the CBHFA process.
- Make sure that all participants are aware of who else will attend the meeting.
- Prepare an agenda.
- Avoid creating unrealistic expectations in the community.
- Plan participative activities. Make sure that participants enjoy the meeting experience.

After the meeting, the community should have a basic understanding of what CBHFA *in action* includes, and the benefits to communities from using a participatory process. By the end of the meeting the following should be clear:

- who in the community will work with and support CBHFA volunteers
- realistic idea of community interests, needs and responsibilities
- community ownership and commitment to the CBHFA goals and health priorities (although specific health priorities may not yet be defined)
- tentative, simple CBHFA action plan with a proposed timeline, developed with and agreed by the community leaders
- reporting expectations



Facilitating a sensitization meeting



Sensitizing the community to CBHFA

Check your understanding

1. List at least four characteristics of a healthy community:

- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____

2. What is a sensitization meeting?

- ↳ _____
- _____
- _____

3. List the five main messages of the CBHFA *in action* programme:

- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____

Activity in the community

With the support of the branch staff and/or facilitators, this activity is in two parts:

community activity instructions

Preparation and presentation of invitations

- Using the information from the classroom session, prepare a written invitation to go out to all stakeholders (community members and health workers). Ensure that the invitation has the following information:
 - a. introduction to CBHFA *in action*
 - b. an indication of the purpose and agenda for the meeting
 - c. list of those invited
 - d. suggested date and time of the meeting
 - e. official signature of appropriate branch or national society staff person
- Ensure that there is sufficient time for those invited to respond.

Implementing the sensitization meeting

- Meet the community group. Explain the purpose of the meeting. Ask all participants to introduce themselves.
- Explain the role of the Red Cross Red Crescent very briefly.
- Ask the community to think of the health problems, hazards and risks that they face in the community. Write their responses down on the flipchart paper. Keep encouraging community members to ask questions.
- Ask the community to think about what is already being done to respond to community health problems, hazards, risks and challenges.
- When ending the meeting, revisit the main messages flipchart as well as any other important agreements or discussions. Remind community participants that the volunteers are beginning the CBHFA work in the community, and that it will be some weeks before they start coordinating meetings and working with community members.
- Invite the community to ask any questions they may have about CBHFA *in action*. This should be the start of community dialogue during the CBHFA *in action* process.

Notes

Topic 4

Social mobilization and the Community Tools



Learning objectives

At the completion of this topic, you will be able to:

- describe social mobilization
- list steps in social mobilization in the community
- describe the Community Tools and how they are used to promote health
- describe the use of the Community Tools with household and community groups



Main learning points

1. Identify social mobilization opportunities for CBHFA *in action* in the community by speaking with community health workers about:
 - participating in health campaigns
 - participating in community meetings
 - going to places where groups gather
 - identifying media and communication resources
2. Volunteers should promote the rights of vulnerable populations.
3. Volunteers should disseminate information on services to the community without discrimination.
4. Volunteers should reflect the seven Fundamental Principles in their social mobilization actions.
5. The Community Tools are a valuable resource to communicate health messages to household members and community groups.
6. Community Tools and good communication skills help to promote healthy behaviour change.
7. Use the Community Tools to introduce an idea and facilitate a dialogue.



Topic summary

Social mobilization

CBHFA *in action* volunteers play an important role in connecting the community with health information and available health services. Social mobilization can be defined as the actions of volunteers in raising awareness. This might include giving information about CBHFA and what it aims to achieve, promoting healthy behaviour changes, informing about disease prevention or disaster preparedness and supporting community development. Social mobilization is a participatory process conducted at the local level to achieve a specific purpose. Examples of social mobilization activities for the prevention of malaria are:

- identification of free bed nets
- making posters that promote bed net use to post in community market and other locations
- encouraging community members to “pledge” that bed nets will be used
- distributing bed nets
- visiting households to educate about proper bed net hanging
- recording number of bed nets distributed and households that received nets

Social mobilization at this stage of the training involves planned actions to reach, influence and involve all relevant segments of the community in CBHFA *in action*.

One of the most important areas of social mobilization is promoting the rights of vulnerable populations. A CBHFA volunteer can help to give a voice to vulnerable groups, and make sure that their needs are addressed in community actions. Volunteers’ actions should always reflect the seven Fundamental Principles.

Social mobilization is used to:

- increase community awareness and knowledge
- change behaviour and build capacity to act on specific issues
- bring resources together on important community issues
- build connections between local and national levels

Social mobilization is one of the most important Red Cross Red Crescent activities. For example, in the malaria prevention example noted above, the volunteers will have identified a resource (free bed nets), promoted the use of the resource (by making posters), involved the beneficiaries (the community members), trained the beneficiaries in how to use the resource (visiting households to hang the nets properly) and finally reported results.



Community dialogue for social mobilization

Introduction to the Community Tools

To complement CBHFA *in action* activities, volunteers will use the CBHFA Community Tools when working with household and community groups. Each tool is a simple summary of accurate information. The Community Tools are designed to start conversations with household and community members about health promotion and disease prevention. Each tool provides expert information that supports the behaviour change communication process that will be presented in Module 6.

Volunteers and community groups have found that the simple messages and discussion questions in each tool, when adapted to their local community needs, can help promote healthy behaviours and practices. Volunteers can use one or several tools together during community work.

One of the most important social mobilization efforts for a CBHFA volunteer is to promote healthy behaviour by modelling it within his/her own household and by sharing information with neighbouring households.

How to use the Community Tools

The Community Tools are used to help CBHFA volunteers advocate for healthy living in their communities. They remind the volunteer of important messages and simple actions to bring about change in the community. Each one is designed as a discussion guide to help promote healthy actions and activities of community members. They assist in beginning conversations with community members by including:

- pictures
- questions to support a discussion about the topic
- key messages for the community about the topic

The Community Tools are part of the CBHFA *in action* resource materials.

Check your understanding

1. What is social mobilization?

↳ _____

↳ _____

2. List three benefits to communities of social mobilization activities:

↳ _____

↳ _____

↳ _____

Notes

Answer keys

Check your understanding

Module 2, Topic 1: Communicating and building relationships

Answer key

- 1. List five skills that CBHFA volunteers can use to communicate effectively:**
 - ↳ Looking at individuals or groups when speaking to them.
 - ↳ Showing interest and respect while communicating.
 - ↳ Understanding and empathizing with people's problems as they see them.
 - ↳ Using simple and clear messages.
 - ↳ Repeating the message many times.
- 2. List three behaviours to demonstrate when communicating with community members:**
 - ↳ Sit in a circle so that the whole group engages in the discussion.
 - ↳ Avoid a traditional classroom setup with rows of desks and chairs.
 - ↳ Use simple words, easily understood language, clear and large visual materials.
 - ↳ Listen more and speak less.
 - ↳ Invite the leader/elder to speak, when appropriate.
 - ↳ Be aware of traditional practices and culture, and follow them.
- 3. List three actions that can reduce barriers to communication:**
 - ↳ Understand what is happening in the situation.
 - ↳ Listen to what people are saying, and ask for clarification if necessary, to avoid misunderstandings.
 - ↳ Avoid talking about other people.
 - ↳ Try to understand and acknowledge the other person's feelings.
 - ↳ Prepare to adapt your message and be flexible.
 - ↳ Respect people's views in the community.
 - ↳ Keep calm and learn to express views gently.

Check your understanding

Module 2, Topic 3: Sensitizing the community to CBHFA *in action*

Answer key

1. **List at least four characteristics of a healthy community:**
 - The physical environment is clean and safe.
 - The environment meets everyone's basic needs.
 - The environment promotes community harmony and actively involves everyone.
 - There is an understanding of the local health and environment issues.
 - The community participates in identifying local solutions to local problems.
 - Community members have access to varied experiences, interaction and communication.
 - The health services are accessible and appropriate.
 - The historical and cultural heritage is promoted and celebrated.
 - There is a diverse and innovative economy.
 - There is a sustainable use of available resources for all.
2. **What is a sensitization meeting?**
 - A meeting of the stakeholders (or members of the community) to inform them about the CBHFA *in action* programme. It is an important opportunity to educate them and to answer any questions.
3. **List the five main messages of the CBHFA *in action* programme:**
 - Answer will be on the flipchart prepared during the training.

Check your understanding

Module 2, Topic 4: Social mobilization and the Community Tools

Answer key

1. What is social mobilization?

- Social mobilization can be defined as the actions of volunteers in raising awareness, promoting healthy behaviour changes and supporting community development.
- Social mobilization is a participatory process conducted at the local level to achieve a specific purpose. Examples include disease prevention, health promotion and disaster preparedness.

2. List three benefits to communities of social mobilization activities:

- Increase community awareness and knowledge.
- Change behaviour and build capacity to act on specific issues.
- Bring resources together on important community issues.
- Build connections between local and national levels.



Household interview by a volunteer

Volunteer Manual

MODULE 3

Assessment-based action in my community

Goal

In this module you will explore the community to identify potential resources that may help achieve CBHFA and community goals. To help you explore your community, assessment tools will be described and used. This will help you understand the community's health, first aid, safety and disaster preparedness priorities better, while at the same time developing skills and knowledge to aid you and community members to address priorities.

With the support of the facilitator and the local branch staff, you will develop an action plan to identify **where, when, and how** CBHFA *in action* can be implemented effectively in the community.

Module 3 outcomes include:

- Assessment of the community by volunteers, using tools that will help you map community resources and community vulnerabilities.
- Identification and prioritization of health, first aid and safety issues.
- Development of the CBHFA plan of action, and customization of CBHFA activities, so that you learn specific skills and knowledge based on health and safety needs identified during the assessment.
- Discussion and clarification of reporting, with practice in completing a report form.

Topics

There are eight topics in this module:

- Topic 1 Assessing my community: an overview
 - Topic 2 Community assessment: secondary information resources
 - Topic 3 Community assessment tools: direct observation, transect walk, community map and seasonal calendar
 - Topic 4 Community assessment tools: focus group discussions and household visits
 - Topic 5 Performing the community assessment: learning by doing
 - Topic 6 Making sense of the data
 - Topic 7 Preparing an action plan based on my community assessment
 - Topic 8 Reporting on CBHFA activities in my community
-

Topic 1

Assessing my community: an overview



Learning objectives

At the completion of this topic, you will be able to:

- recognize the need to work with community members to plan a community assessment of health, safety and first aid
- develop a simple plan for conducting an assessment of the community
- present the community assessment plan to one another during training



Main learning points

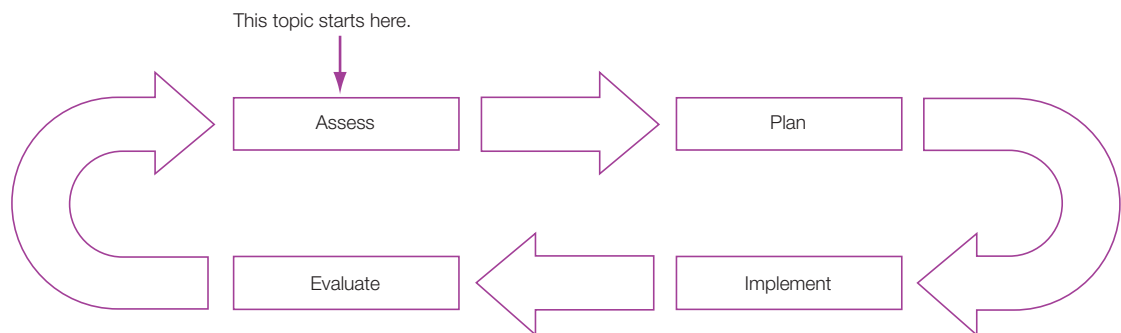
1. A community assessment that involves community members will identify health, first aid and safety priorities.
2. Steps to a community assessment include:
 - defining the scope of the assessment to determine who will do what, when it will be done and how it will be done
 - performing the assessment and collecting information. Learning how to use different assessment tools will enrich the information that is collected. Good, accurate information needs to be collected
 - analysing the information that is collected
 - validating the information with community leaders and members
 - prioritizing needs and planning CBHFA actions and learning
3. A plan of action helps to organize a community assessment with the support of the local branch staff and facilitator. The plan will need to be presented to the community leaders and members.



Topic summary

CBHFA volunteers will support and work with communities to identify and address priority needs. In order to identify these priorities, a community assessment should be planned and implemented. It is important to assess the needs of the community and to involve community members in the assessment process. It is part of the planning cycle.

Project planning cycle



Without community assessment, volunteers will not know which future projects or actions are most appropriate. After the community assessment has taken place, it is possible to plan activities that address the identified priorities, implement the activities, and evaluate progress in how well (or not) the activities are implemented. Community members need to be included in all phases of the project planning cycle so that they can own the results, feel good about the successes and learn from what does not succeed.

Once the project planning cycle has been completed, there is a further stage. It is important to report on the activities in order to document lessons that are learnt. Community members, branch managers and staff, and other stakeholders should be informed of CBHFA activities and lessons learnt. The project planning cycle then begins again.

Assess the community

Different assessment tools will help volunteers to learn about their community in terms of:

- risks and vulnerabilities
- resources and capacities

During the assessment activities, it is expected that volunteers will learn new information about the community and community members. Volunteers live in the community and already know a great deal about it. However, because a community is always changing it is important to return to and update the information that is collected on a continuous basis.

Working with and involving community leaders (business leaders, women's groups, store owners, religious leaders, elected officials and others), community health officials, other community members as well as representatives from vulnerable populations (the elderly, youth, people living with illnesses or disabilities) is basic to the community assessment process. All these groups need to be kept informed about the assessment and the CBHFA activities. They are the people who will make CBHFA successful.

Step 1: Plan the community assessment

The scope for the community assessment must be defined. It is important to limit the scope to health, safety and first aid priorities. Setting limits enables a realistic community assessment to be conducted. Such an assessment will assist in the development of an achievable action plan that addresses realistic community health, safety and first aid priorities. When planning the assessment, the volunteers, the local branch staff and facilitators need to decide:

- **What** needs to be found out about health, first aid and safety needs of the community? This includes treatment and prevention of acute and chronic diseases, sanitation, hygiene, nutrition, response to emergency health needs and accidents, safety issues in the home.
- **What** needs to be done to set up the assessment? Do you need permission from community leaders or government officials? How will target participants be notified? Which materials do you need to bring to conduct the assessment exercises?
- **What** existing information can you find out about the community before conducting the assessment? Is there existing information from government reports, other agencies working in the community, health centres, hospitals or clinics?
- **Who** from the community should participate in the assessment? Who are the leaders of the community (political, religious, social, age, religious)? Which are the vulnerable or minority groups that need to be represented?
- **When** is it convenient to visit community members and how much time is available to collect the information?
- **Where** will volunteers go in the community (depending on how much time is available)? To be as effective and efficient as possible, groups of volunteers can communicate with different people in the community. It is best for volunteers to divide into groups of two to four volunteers to meet with community leaders, teachers, health workers, mothers and children, and others.

Talk to community groups or organizations

Volunteers need to find out which other organizations or groups are working in the community. It is important to recognize that there is no need to duplicate information collecting by asking the same questions to all people. Tailor or target your questions to the audience. Ask people questions that they will be able to answer.

Non-health professionals such as agricultural workers and teachers are additional sources of relevant information. Consult with local institutions and groups such as the health centre, government authorities, community leaders or elders, and local community health committee. Religious leaders can answer questions and will have access to important information. Women's groups, youth organizations, political parties, political leaders, prominent businessmen and informal leaders are all useful sources of information.

How volunteers communicate with the community is important. Volunteers need to be sensitive and polite, asking clear and simple questions. Remember that the cooperation of community members is essential to CBHFA activities.

As volunteers gather information, they will need to explain to community members what CBHFA activities CAN, and CANNOT do. This is imperative to avoid creating unrealistic expectations.

Identify vulnerable groups

Additionally, identifying gaps in community services is necessary. Who in the community is underserved? Who are the most vulnerable people and are their health needs being addressed? Vulnerable people may include the elderly, people living with HIV and AIDS, mothers and children, the disabled, adolescents, refugees and internally displaced persons. Often the voices of these groups are not heard. In the assessment, volunteers need to talk to representatives of these groups and determine their needs and priorities too.

Step 2: Perform the community assessment

Community members should know that CBHFA volunteers are performing the community assessment before it is implemented. Interested community members can be included in the assessment process as part of the assessment teams.

Recording the information is important. The information that is collected during the activities in this module will be used again and again as the CBHFA activities grow and mature. Many of the activities in Modules 4, 5, 6 and 7 will be based on the information collected during the community assessment in this module.

Step 3: Analyse the information

Information that is collected will need to be reviewed, prioritized and recorded in formats that are useful to volunteers and to community members. It may happen that different sources of information will contradict each other. If so, it is helpful to return to the source(s) to verify accuracy.

Analysing the information and ranking identified community needs will enable CBHFA volunteers to define realistic, actionable health, safety and first aid activities. The information that is collected should focus on activities that the CBHFA volunteers will be able to achieve.

Step 4: Validate information with community members

Assessment findings must be shared with community members to check the accuracy. It is recommended that all individuals who helped volunteers collect the information should be informed of findings, as a matter of courtesy. Other volunteers and community agencies may find the information helpful to their work with the community.

Step 5: Develop an action plan that prioritizes health and safety needs

Once the information is analysed, an action plan will be developed and discussed. Discussion of the action plan will be conducted with CBHFA volunteers, branch staff and community members. In the initial plan of action it will be necessary to identify the training and learning that CBHFA volunteers should receive in order to implement activities. An action plan should be achievable within specifically defined time periods, with roles, responsibilities and resources clearly identified. It is recommended that the action plan should be revisited periodically to keep it up to date.

My own reflection on planning the community assessment

During the training session, you will have worked with the other volunteers to start planning the community assessment. You prepared a master list of questions, and discussed additional issues. Now try to recall the discussion by making some notes on each of the questions. Remember to concentrate on health, first aid and safety. If possible, share the task with your own household and with other members of the community.

Resource group/person to visit	Topic to discuss and questions to ask	Information to collect about person/group	How to collect information

- What do you want to find out about health, first aid and safety needs of the community?
- What needs to be done to set up the assessment?
- What existing information can you find out about the community before conducting the assessment?
- Who from the community should participate in the assessment?
- When would be a convenient time to conduct the assessment?
- Where in the community will you go?
- Which community groups and community leaders should you inform about the assessment?
- Who are the vulnerable groups and where can they be found?

Notes

Topic 2

Community assessment: secondary information resources



Learning objectives

At the completion of this topic, you will be able to:

- identify and list collection sources of secondary information
- collect secondary information from some of the identified sources. Additional secondary information will be collected during the community assessment
- describe how you might be able to collect additional information that you need to perform a community assessment



Main learning points

1. Identifying information that already exists will help volunteers to become familiar with the background information and identify gaps in information that they need to address during the community assessment.
 2. Sources of secondary information may include newspapers or other news media, national censuses, reports from ministry of health, community service organizations, the fire and police authorities, the internet, the branch or national society and other sources.
 3. Secondary information can provide information and will help to validate information in the community assessment.
 4. Listing and describing issues that affect the community, and linking those issues with what causes them, will help to prioritize health, first aid and safety issues.
-

Topic summary

Identifying secondary information resources

Collecting information that already exists about the community is an important task. Information from newspapers, reports from resource groups working in the community, national censuses, health surveys, or knowledgeable local people can help develop information that will form the background for CBHFA activities. Sources for such information include local government organizations, resource groups, health facilities, health responders or rescue people, media agencies, libraries and the internet.

Information that already exists for a different purpose is called “secondary information” or “secondary data”. Secondary information will help CBHFA volunteers get an overview of the health, safety and first aid priorities previously identified by other sources, such as earlier assessment by local branch staff and volunteers. It will also help them cross-check information that they collect during the community assessment.



Volunteer talking to health worker

Important information for a community assessment

Important information to collect is:

- location and geography of the community
- population information, such as number of inhabitants, births, deaths, age distribution, disease indicators
- main economic activity. Local employers will know about health and safety issues that affect their employees
- community resources and community organizations. These may be registered with local authorities
- common diseases and injuries, and local health services provided by the health facilities
- health and safety issues that affect students in schools
- identification of vulnerable areas and vulnerable populations
- location of emergency services, such as fire department, police, shelters
- political parties or social movements
- security issues

Some of this information will already exist and will be available from resources in the community. Secondary information should be identified and processed before performing the community assessment, as it will guide what additional information needs to be collected or where conflicts between information sources need to be resolved.

My own reflection on sources of secondary information

During the training session, you and the other volunteers discussed sources of secondary information. During that process, as you listened to each presentation, a number of new ideas might have occurred to you. Now you should make notes on these ideas. Remember to concentrate on health, first aid and safety issues.

Resource group/person to visit	Topic to discuss and questions to ask	Information to collect about person/group	How to collect information

My own reflection on identifying additional information for the community assessment

Once secondary information has been identified, collected and analysed it is important to consider what additional information can be gathered during the community assessment process.

During the training session, you discussed gaps in information. Is there any obvious information missing? How will you plan to collect this information during the community assessment? Make some notes on your discussion during the training, and add ideas of your own about identifying and collecting additional information

Notes

.....

Topic 3

Community assessment tools: direct observation, transect walk, community map and seasonal calendar



Learning objectives

At the completion of this topic, you will be able to:

- describe which information can be gathered from direct observation, a transect walk, drawing a community map, and drawing a seasonal calendar
- draw a community map and seasonal calendar and practise how to use them
- discuss how this information will help you to learn about the behaviours, life experiences and physical aspects of the community



Main learning points

1. Direct observation
 - direct observation is the process of observing people, behaviours, events and relationships in the community. Direct observation will help identify the physical aspects of a community
 - direct observation is a good initial point for a community assessment
2. Transect walk
 - a transect walk involves walking through the community to observe the people, the physical aspects and the community resources
 - a transect walk helps to understand the effect on the community of the geography and landscape. It is a useful exercise to get a feeling for the issues and capacities that exist in the community
3. Community maps
 - a map of the community indicates where resources can be found as well as where potential health hazards and disasters may occur
 - involve community members to help place additional resources and risks on the map
 - validate the map using direct observation during the community visit
4. Seasonal calendar
 - a seasonal calendar can be used to identify periods of disasters, health concerns, diseases, safety issues, hunger and vulnerability
 - a seasonal calendar can also show people's workload and activities at different times of the year
 - knowing when a health or safety problem happened at different times of the year can help communities be prepared to prevent problems in the future and reduce hazard risks



Topic summary

In this topic different assessment tools will be used to explore the community and to gather information. The information will be used to prioritize, plan and implement CBHFA activities.

Volunteers should remember to use existing information while also collecting new information from informed resource groups and community members.

Community assessment tools

Direct observation

Volunteers are knowledgeable sources of information about the community in which they live. As such, they are a valuable resource to begin the community assessment process. Direct observation of community members, events and relationships can gather information about how people interact with each other and about daily activities. Additionally, direct observation can fill in gaps in information or help to reconcile differences when information does not agree, or support the observations and conclusions made while performing other community assessment activities.

Direct observation is a good starting activity for the community assessment. With direct observation, as with all of the community assessment tools, it is important to have a structured method for recording information. It may be helpful to take notes at the time and develop a format for recording information: who was observed, under which conditions, at what time, and why was it important. Because direct observation can be subjective or influenced by the observer, it is always good to validate observations with other community assessment methods.

Information that can be collected with direct observation includes:

- distribution of community members, for example, the identification of socio-economic influences that affect where people live and work
- daily routine, for example, where men and women gather at different times of the day
- family structure
- types of housing and infrastructure, for example, the use of latrines or water resources or the effects of weather or environment on the housing structure (building materials)
- types of roads
- health, sanitation, electricity and other essential services
- animals in streets or fields of crops
- daily activities, for example, what people eat, where community members shop, when religion is practised, recreational activities
- visible vulnerabilities and capacities

Transect walk

A transect walk is a walk through the community to observe people, the surroundings and community resources. During the walk, it is important to note different sites and the landscape of the area, and to consider the effect on the community of their environment. Allied with direct observation, a transect walk can help to identify issues and capacities that exist in a community. It will give a good overview of the community, and can help identify aspects that need further research or more information to be gathered. It can also be used to verify information that is gathered by other methods.

A transect walk is useful at the beginning of the community assessment process because it is highly visible, allowing volunteers to explain why information is being collected about the community.

Information that can be gathered with a transect walk includes:

- danger zones, shelters and local resources
- land use and the effect of the environment on the community
- health issues
- commercial activity
- roles of men, women and children
- social environment, such as sports fields, markets, religious buildings, shopping areas, restaurants
- physical environment, such as water resources, housing, roads, waste disposal

The route for the transect walk can be decided by drawing a line through a community map that transects or goes through all the different zones in the community. Alternatively, one could walk from the highest to the lowest point or from north to south. It is important to plan the walk and to agree on how to record the information that is collected. Make sure to talk to community members and to ask their opinions about what is observed or recorded. After the transect walk, all important information must be recorded systematically.

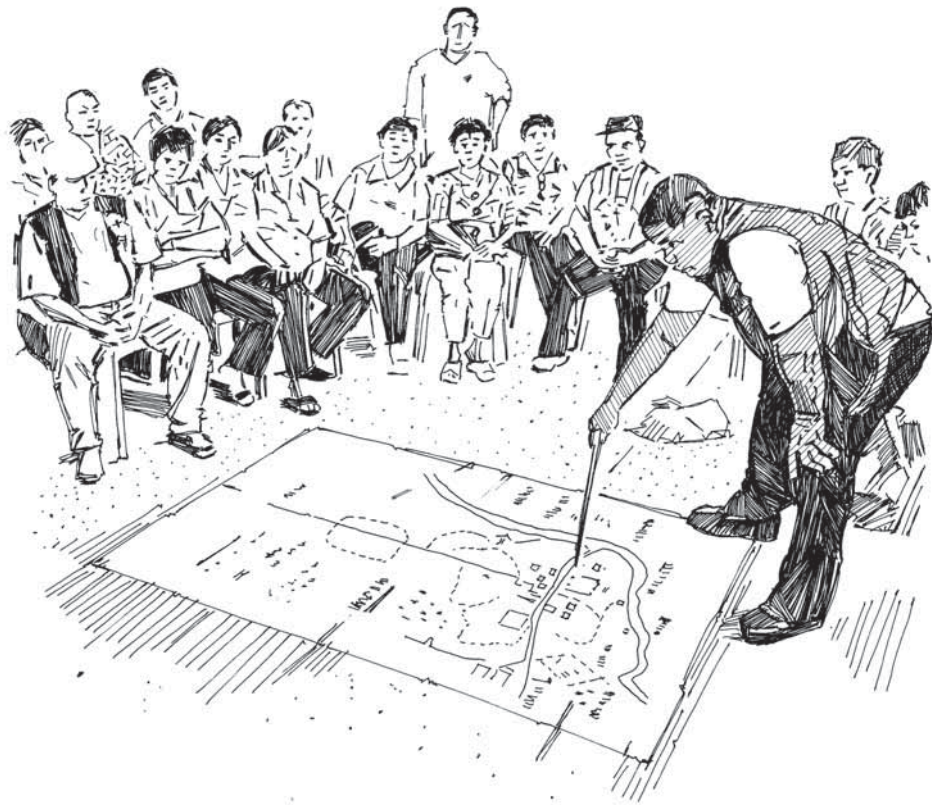
Community maps

Mapping is an assessment tool that helps to visualize resources, services, vulnerabilities and risks in a community. Features may include roads and bridges, health clinics, schools, water sources, markets and shelter, as well as other important factors in the community. The community map is appropriate for identifying risks such as flood areas, health hazards and vulnerable locations or groups.

Maps facilitate communication and stimulate discussion on important issues in the community. They help people to understand complex relationships and encourage a visual comparison of information. A community map can give a broad overview of topics including health, disaster, and financial and human resources that affect the community.

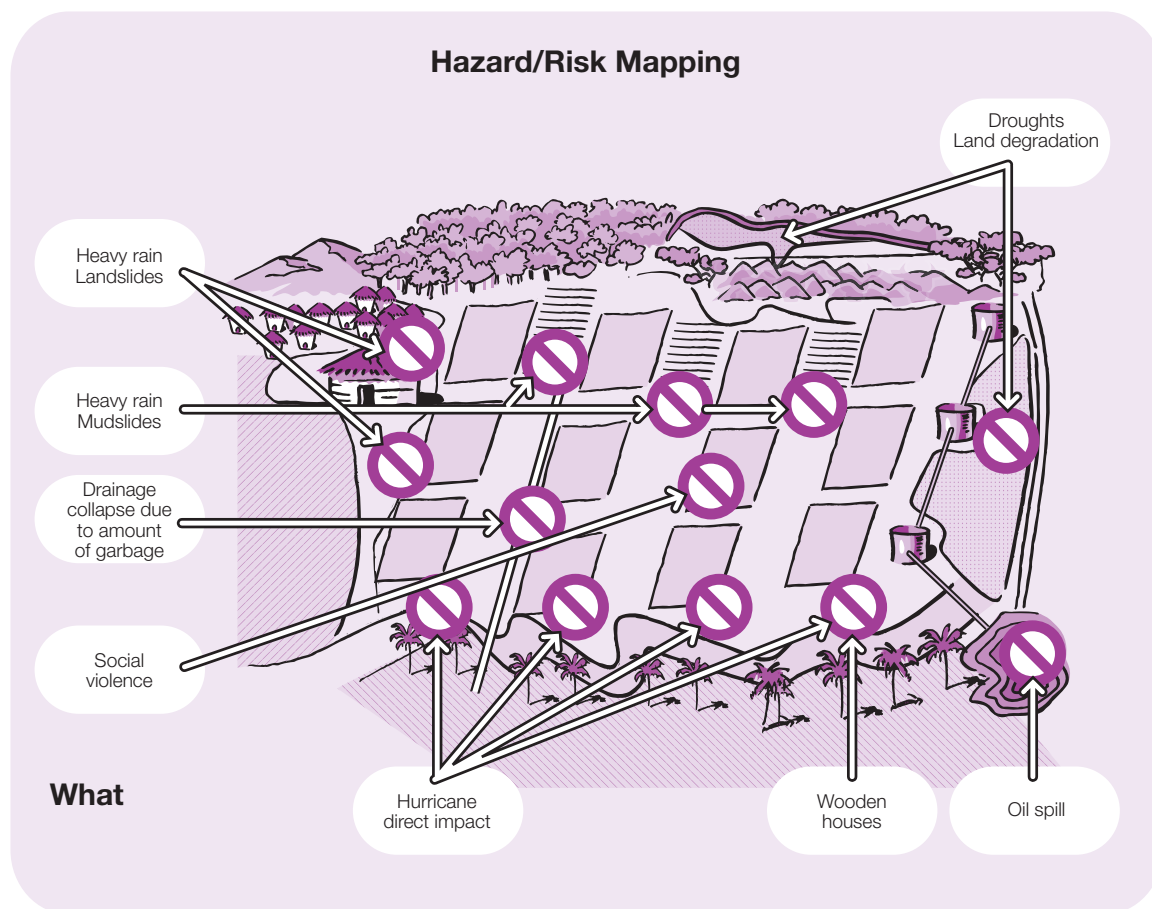
Several types of community assessment maps can be prepared. The best map for CBHFA work will combine characteristics of these maps:

- Hazard/risk map indicates hazards or risks and their frequency and severity. Vulnerable populations can be identified on the map.
- Spatial map presents an overview of the main geographical features. Features such as arrangement of houses, fields, roads, rivers and other land uses, resources that are assessable and owned by the community and individuals, can be shown.
- Capacity resource map indicates local resources and capacities as well as land use zones.

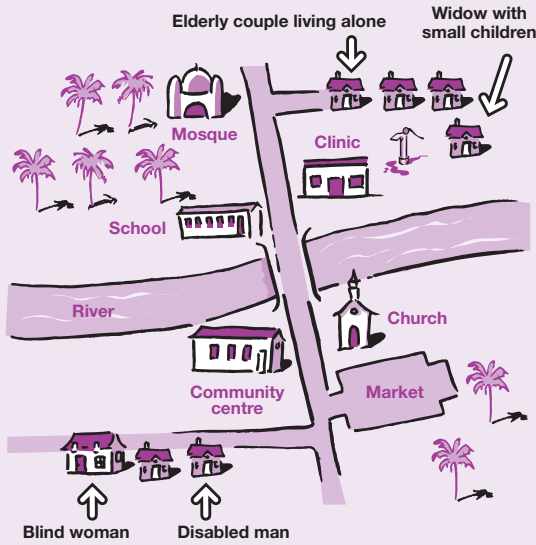


Developing a map with the community

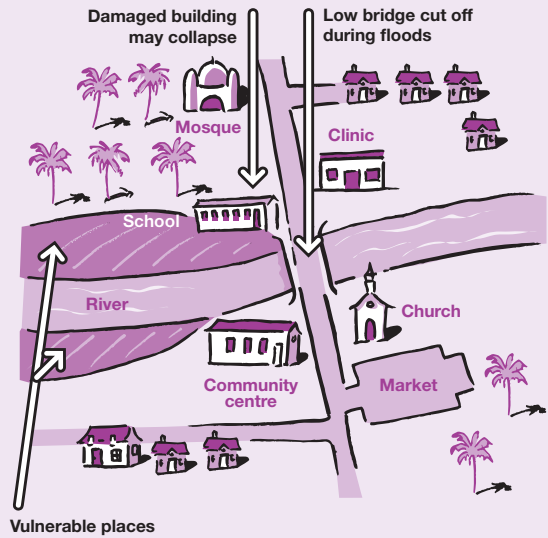
How to prepare the maps will depend on the skills and resources available to the CBHFA volunteers. One suggestion is to enlist a cross section of community members to help prepare, draw and validate the community maps. This can be done with the community members on sand, floor or flipcharts. However, additional features will be added as more information is collected. It may be best to prepare a map out of long-lasting material, or good quality paper. In CBHFA *in action*, the map will be used to update information, and should also be made available to community members.



Vulnerable people



Vulnerable places



Capacity



Seasonal calendar

A seasonal calendar is a community assessment tool that helps explore changes taking place in a community over one year. It can be used to show events such as hurricanes or floods, social and economic conditions including economic recession, long periods of drought, and activities such as carnivals, holidays and harvest.

A seasonal calendar can be used to identify periods of stress, hazards, disease, hunger, debt or vulnerability. It identifies what people do during these periods, their coping strategies, when they need to use their savings, and when they have time for community activities. The calendar can be used to identify division of work between men and women in the community, as well as acting as a planning tool for the best time to implement a project. A seasonal calendar can:

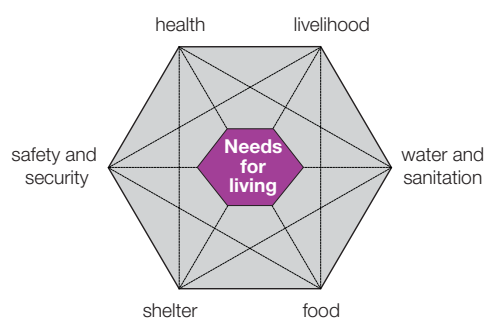
- identify community members' workloads at different times of the year
- record variations in availability of resources (such as food, water and income) through the year
- examine the local relationship between weather, disease outbreaks and natural disasters

Use a reference period of 12 months. Start at the beginning of the year as used locally. In other words, the beginning does not have to be January. The starting point may coincide with the harvest season, the rainy or dry season, or important community celebrations.

Decide which events will be recorded on the calendar. Write a list of key events and copy these onto the calendar.

Time intervals are created across the top (these can be the months of the year or seasons such as dry period and wet period) with the six needs for living areas along the side (health, water and sanitation, shelter and housing, livelihood, safety and security, food and nutrition).

For CBHFA activities, however, it is important to focus on health, first aid and safety considerations when assessing the community.



My own reflection on community assessment tools

During the training session, you practised using four community assessment tools. In your small group, you will have discussed direct observation, planned a route for a transect walk, drawn a map or maps and started a simple seasonal calendar. You also received feedback, with suggestions on how to strengthen each tool. You may want to make some notes on how to do that.

Notes

It could be helpful if you reproduce below the community map your group developed. Can you now add any more useful information? Keep the map and add information as it occurs to you.

Your group also produced a simple seasonal calendar. Reproduce below the calendar and add events or periods of time that are significant in the community. Keep the calendar ready to add information as it occurs to you.

Topic 4

Community assessment tools: focus group discussions and household visits



Learning objectives

At the completion of this topic, you will be able to:

- practise, during training, how to do household visits and/or several focus group discussions, using the visit/questionnaire guide and effective communication skills
- revise the simple plan for the community assessment developed in Topic 1



Main learning points

1. Focus group discussions and/or household visits will provide valuable information for the community maps and seasonal calendars and give opportunities for direct observation.
 2. Focus group discussions and/or household visits identify causes and possible solutions to problems in implementing a CBHFA project or activities. A discussion or visit may focus on one specific topic, such as family planning needs, or road safety.
 3. Focus groups and household visits are important sources of information about cultural beliefs, values, behaviour, health practices, and solutions to health, first aid and safety issues.
 4. It is important to develop the key questions in advance in order to conduct household visits and focus group discussions. However, group members should be encouraged to talk freely.
 5. It is also important to practise performing household visits and focus group discussions with peers before beginning them in the community.
 6. Use the plan developed in Topic 1 to organize the community assessment.
-

Topic summary

Focus group discussions

A focus group discussion gathers information from a group of selected individuals who, guided by a volunteer with the support of the facilitator and local branch staff, are asked to give their thoughts and opinions on a specific issue. The volunteer, supported by the facilitator and local branch staff develops questions, planned in advance, that will guide the discussion.

A focus group discussion is useful in identifying causes and possible solutions to problems. For CBHFA work the focus group can help to prioritize safety, health or first aid priorities. During the discussion it is important to record information expressed by participants accurately. The participants in the focus group must be in agreement with the conclusions and the information that is recorded. The role of recorder may be shared by several people.

In deciding who to include in the focus groups, it should be noted that participants need to feel comfortable speaking openly with each other. Contributions from all participants should be encouraged. During the focus group, ask community members:

- Where do health risks, safety issues or first aid needs exist in the community (for example, rubbish dumps, lakes or ponds, dangerous roads)?
- What are the dangers and disaster risks in the community?
- When are disasters most likely to occur? How is the community prepared to respond to a disaster?
- What are the common emergencies and priority health problems among the more vulnerable people?
- Which epidemic and diseases outbreaks have occurred in recent years in the community?
- Which factors do community members think are causing health problems? For example, is diarrhoea caused by poor hygiene and sanitation, or lack of health education and poverty?
- How much is the community aware of volunteers' activities, the local branch, and the National Society? How do community members think the local branch can best work with them?



Focus group discussion

Household visits

Household visits work well with a semi-structured interview or discussion. This means that the volunteer does not use a formal survey questionnaire, but instead prepares just a few questions on relevant topics (such as specific health issues) to cover during the discussion with a household or community member. As the household visit progresses the volunteer will want to ask additional questions that have not been prepared in advance. Many or even most of the questions will be developed during the course of the discussion.

Household visits will provide a chance for the volunteers to learn about the home condition and the vulnerability of households in different sectors of the community. The discussion can:

- examine values and attitudes as well as understanding and knowledge
- be flexible in asking questions and less intrusive to those being interviewed as the community member can ask questions of the interviewer
- allow volunteers to respond to questions asked by community members
- often provide more detailed answers
- be more open to sensitive issues, as the household visit allows direct contact with potential beneficiaries

Household visits and focus group discussions

Both household visits and focus group discussions are good community assessment tools to gather information about cultural beliefs, values, behaviours, health practices and solutions to health or safety issues. For both tools:

Step 1: Plan: decide who will conduct the household visits/focus group

It is recommended that a small team of volunteers should create the questions that will guide the process. The volunteers should practise conducting the activity with each other before approaching community members.

When conducting a focus group, it may be possible to talk to a small group of people at the same time so that they can share ideas together. It may also be beneficial to interview people individually to get a number of different answers related to the same topic.

Conduct the household visits informally and mix questions with general discussion.

Step 2: Implement: identify receptive community members

During the household visits volunteers write brief notes during the interview or discussion. Immediately following the interview write up the notes. During the focus group discussion ask volunteer peers to record the information. List on flipchart paper any conclusions or priorities that are reached. In both cases, validate the information, as shown in Step 4 below.

Step 3: Analyse

The information that is gathered should be discussed and analysed as soon as possible after the focus group or the household visit so that the memory remains fresh from the experience. Information that was not included in the notes can be recorded at this time. It is, however, important to remember the issue of confidentiality.

Step 4: Validate

Discuss the overall results of the analysis with community members so that they can challenge the perceptions of the volunteers. This will make the process one in which community members participate, while keeping them informed about the information-gathering process.

Volunteers must always inform the community about why they are collecting information and how they plan to use that information to make the community a healthier place in which to live.

My own reflection on preparing for the community assessment

In the next topic, you will conduct the community assessment, supported by the facilitator and branch staff. Do you feel prepared? Do you know exactly what your role and responsibilities are? To be fully prepared, it could be helpful to make some notes about what you are expecting to do, and how you will achieve it.

Add notes about the kind of information that you would like to know about the community.

Notes

Topic 5

Performing the community assessment: learning by doing



Learning objectives

At the completion of this topic, with the support of the facilitator and local branch staff, you will be able to:

- conduct the community assessment
- present and discuss the information collected
- give feedback to your peers on the information and tools used during the presentations
- reflect on and share your experiences of using the tools and working with the community



Main learning points

NOTE: no main learning points are associated with this session.

Activity in the community: performing the community assessment

- All volunteers must be well prepared for their roles and responsibilities during the community assessment visits.
 - A proper briefing from the local branch staff and community leaders must be given before the assessment visits.
 - Volunteers will be grouped and a leader selected for each group. During the whole community field visit, you will be supported and accompanied by the local branch staff and facilitator.
 - You will conduct the community assessment visits, using the assessment tools that were learnt and practised in Topics 2, 3 and 4.
 - All local customs and cultures must be respected.
 - You should put all the information collected in the community assessment onto flipchart papers. As the assessment visits are completed, you should meet up with other members of your team to organize the collected information and to plan your presentation.
 - Each small group will present to the large group the information collected, and the tools used to collect it, and will receive feedback.
 - Invited community members may be asked to help explain the information.
 - Reflect on and share your experiences and what you have learnt while working with the community.
-

My own reflection on performing the community assessment

Having completed the assessment, think about what you experienced and what you learnt. One way of reflecting on what you learnt is to ask yourself what you might do differently if you conducted the community assessment again. It could be very helpful to you to take some notes on the kind of information you would like to share with the other volunteers.

Notes

Topic 6

Making sense of the data



Learning objectives

At the completion of this topic, with the support of the facilitator and local branch staff, you will be able to:

- review and describe the information collected using all the community assessment tools: direct observation, transect walk, the community maps, the seasonal calendars, and common results from the focus group discussions and household interviews
- discuss and rank or prioritize assessment findings
- present assessment results to community leaders



Main learning points

1. Documenting and interpreting the results of the community assessment, combined with other available health information, will indicate health priorities in the community.
 2. Three to five health and safety priorities that can be addressed by community volunteer activities will be selected for CBHFA activities. Consider:
 - health risks
 - disaster hazards
 - first aid needs
 - disease patterns
 - common health issues
 3. The community assessment data will identify:
 - risks to community health (for example, wells, latrines, waste disposal sites, mosquito breeding areas) for possible CBHFA activities
 - vulnerable groups where community actions may take priorities
 - resources, capacities and local solutions
 4. Findings will be discussed with the community. Community members should “own” CBHFA activities.
-

Topic summary

Volunteers, with the support of the facilitator and local branch staff, have collected a great deal of information about the community with the different assessment tools.

You have prepared lists that prioritize health or safety issues, and common emergencies. Before action can be planned to address the priorities, the information will need analysing. One effective way to analyse the information is to identify common themes. By comparing and making connections between pieces of information collected by the different assessment tools, it is possible to draw some conclusions. To analyse, consider:

- Which are the principal and the most common health and disaster hazards/risks? Why?
- Which are the main and most common first aid needs and types of injuries? Why?
- How do the different seasons affect health issues?
- What are the disease patterns and epidemic risks? How do they relate to the seasonal charts?
- What are common causes for the main and most frequent preventable health, safety and first aid issues?

Identification of common themes as well as where the data suggest contradictory or opposing responses is useful information. Before developing the action plan, it is helpful to determine if any contradictions can be resolved, possibly by seeking further information.

Ranking the information

The list of priorities will need to be grouped, then ranked or prioritized. In ranking, a group of similar items is evaluated according to set criteria. An example would be to list known natural disasters, and to determine which are more serious in terms of impact on health. When ranking problems, volunteers and community members should ask:

- what can be changed about the situation?
- what can be influenced about the situation?
- what must be accepted about the situation?

After ranking the information, volunteers and community members will make sense of the information and state which issues are important and which items are most urgent and need to be given priority attention.

Information from different sources must be grouped together, ranked and reduced to more specific main themes: those concerning health, first aid and safety. Look for similarities and make conclusions from all the different sources which should contain different types of data that support the conclusions.

Activity in the community: Verifying the information with community members

The activity in the community for this topic is to return and report back to the community, the community health committee and the local branch staff. It is important to make sure that the information that has been gathered is accurate. This is called verifying the information. The following steps should be included in the plan for the verification:

1. Discuss with the community how the information was gathered and who was involved in the information-gathering process.
2. Share the information that was collected with them. Show community members the lists, maps and calendars.
3. Discuss how this information and findings can be used to perform community action.
4. Discuss the selection of the three to five health, first aid and safety priorities that can be addressed by community volunteer activities. Consider:
 - health risks
 - disaster hazards
 - first aid needs
 - safety needs
 - disease patterns
5. Reinforce what CBHFA can and cannot do, and the roles and responsibilities of community members.
6. By the end of the community meeting, the desired outcome is a ranked or prioritized list of between three to five health, safety or first aid priorities. These priorities will be the focus of the learning and training that you will plan in the action plan in the next topic.

My own reflection on health, first aid and safety priorities

During the training session, you identified three to five health, first aid and safety priorities that you would take back to the community meeting. It would be helpful to make some notes for why some issues were selected as priorities over others.

Notes

Topic 7

Preparing an action plan based on my community assessment



Learning objectives

At the completion of this topic, with the support of the facilitator and local branch staff, you will be able to:

- discuss an action plan to implement CBHFA *in action* community activities
- prepare an initial action plan that will identify tasks (training and learning needs), resources needed, timeframe, and the person or group responsible for implementing the task
- discuss the CBHFA action plan with the community health committee and/or the community members
- select the health and safety issues in the CBHFA *in action* modules that will meet the training and learning needs identified in the action plan



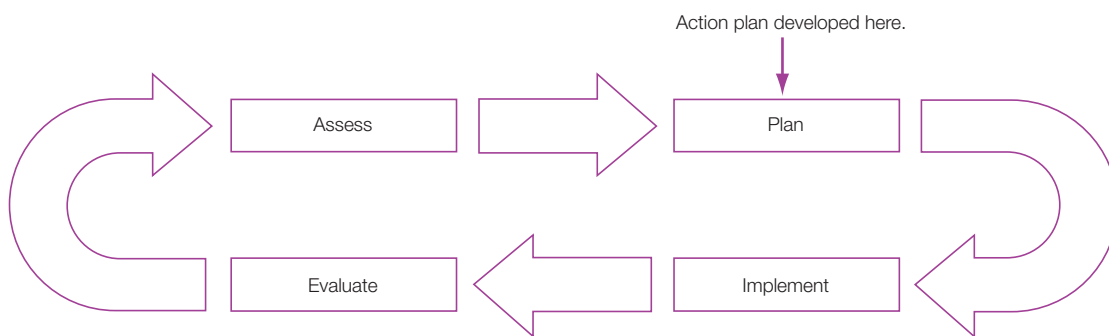
Main learning points

1. CBHFA *in action* creates learning and actions that will support the community to address its health priorities.
 2. The action plan should be developed with the community health committee and local branch staff.
 3. An action plan helps to define who will perform actions within a defined time period. It is a planning tool that needs to be updated occasionally in order to reflect work that has been completed or to add tasks or activities that have become apparent as work progresses. An action plan includes:
 - purpose and objective of the community actions and learning
 - tasks (for the initial action plan the tasks will highlight the training and learning needs required by volunteers to best address and implement health, first aid and safety priorities that have been identified)
 - resources
 - timeframe
 - responsible person (to make sure that the task is completed)
 4. The action plan will need to be revisited and updated as CBHFA activities progress. There may be a need to make changes if things are not working well.
-

Topic summary

To make sure the CBHFA project achieves its goals, a realistic action plan will need to be developed during the planning phase. It is important to involve community members in the action planning process.

Project planning cycle



The objectives of the action plan are to take the information collected during the community analysis and to think about how to make things happen in a step-by-step manner, noting the kind of changes that are the desired result. Once the health, first aid and safety priorities have been identified, the volunteers will need to learn the content to address those specific priorities.

For example, in the action plan, if road safety is identified as a safety priority, volunteers will identify the topic in Module 7 that will need to be learnt. An example of what volunteers may identify can be seen in the chart below:

Action plan example for road safety

Tasks for road safety	Resources	Timeframe	Responsibility
1. Learn about road safety.	1. Training from CBHFA Module 7.	1. Throughout the year and during holidays with high road use.	1. CBHFA facilitators and volunteers.
2. Present and promote how to prevent road traffic injuries in our community.	2a. CBHFA volunteers plus community members.	2a. Throughout the year.	2a. CBHFA volunteers plus 10 community members.
	2b. Local transportation officials plus CBHFA volunteers.	2b. Before periods with high road use.	2b. CBHFA volunteers plus transportation officials.

Note that in the example above, and with most action plans, the tasks will need to be revisited with new tasks identified once the training in Module 7 has been completed. At that point new tasks might be stated that result from the knowledge that volunteers have gained. An action plan is flexible, and should be revisited often to make sure that it is up to date.

Step 1: Tasks

Tasks are activities or action that move a process forward. Once the health, first aid and safety priorities are established, think about which activities need to happen. It is expected that CBHFA volunteers will identify learning content from the CBHFA materials (Modules 4, 5, 6 and 7) and perhaps other resources to learn about the topics. Other resources could include:

- linking with the health centre and government officials
- identifying sources that provide equipment
- working collaboratively with resource groups that have previously been identified in the community

Be creative, but realistic, when establishing tasks. It is important that not too many tasks are identified. Realistic action planning needs to take into account limited resources in terms of money and time.

A number of tasks should be identified for each health, first aid or safety priority established by the community. In the example above, notice that the task title included the term “road safety” to identify that all of the tasks are specific to the priority.

Step 2: Resources

Resources are inputs that need to be in place for the task to be achieved. Identifying local resources available in the community is essential. One resource that is assumed, but that is important to write into the action plan, is the CBHFA volunteer. Frequently, community members will also need to be listed as a resource. Whenever possible be as specific as possible. In the road safety action plan example above, note that “transportation officials” were identified. It is not always possible initially to be that specific.

Step 3: Timeframe

A timeframe indicates the duration of the task, and should contain an end date. It is important to revisit the action plan before the end date occurs to determine if the task can actually be completed on time. If not, then a discussion should take place about why it was not possible to complete the task by the time stated, and a new timeframe will need to be set. It is recommended that tasks are planned chronologically.

Step 4: Responsibility

Responsibility indicates the person or people who are responsible for making a task happen. It is important that if a person (or group) is identified as the responsible party then they should be involved in defining the task, identifying resources and setting the timeframe and end date.

Action planning is a vital task. It establishes priorities and plans in detail how to address them. Action plans, however are not static. They must be dynamic and flexible, able to be changed as time progresses to reflect new or better information.

My own reflection on presenting the action plan

Arranged by the branch staff and facilitator, you will be supported to share the action plan with the community health committee and/or other community leaders.

After the community members have discussed and accepted the action plan, including any suggested changes, remember to make notes of what the action plan contains and what the suggested changes are. The local branch staff and facilitator will work with you to organize the CBHFA materials so that the learning and community activities meet the needs identified in the action plan.

Action plan example

Tasks	Resources	Timeframe	Responsibility



Sharing the action plan with the community

Notes

Topic 8

Reporting on CBHFA activities in my community



Learning objectives

At the completion of this topic, with the support of the facilitator and local branch staff, you will be able to:

- describe why reporting activities and keeping records are important tasks
- use a report form so that activities can be reported to the local branch staff or supervisor
- prepare a report based on a case study



Main learning points

1. The community and people who have supported CBHFA activities need to have information about progress and see results.
 2. Reporting on activities and action is necessary for official records.
 3. Reporting on activities helps indicate if planned tasks have been completed.
 4. A report will inform the community about activities that have been completed as well as about progress and changes.
 5. Activities can be reported in different ways, including verbally and with pictures.
 6. Reports should be shared with the local branch staff or supervisor for advice and support.
-



Topic summary

Information must be recorded in order to indicate how successfully, or not, activities meet expected results. Reporting provides evidence on which to base decisions that will enable volunteers and community members to measure how well activities work in addressing health, first aid or safety issues. All stakeholders, especially the local branch staff and supervisors, need to be part of the reporting process.

Reporting on positive health differences will demonstrate to the community members that the CBHFA *in action* programme is working and making a difference in their community. Each CBHFA community action may need volunteers to report back on specific information.

A sample CBHFA report form is provided on the next page and explained below.

The sample CBHFA report form documents important information about CBHFA activities. The names of the households that are visited, the activities and communication process that are performed, and the specific time period for the activities provide information about how much time and energy must be invested by the volunteer to provide CBHFA information. It is important to check out if the health in the household improves as a result of the volunteer activities. If household health does not improve, it will be necessary to visit the indicated households to gather more information about the reason why.

A report form should be completed after each household visit or whenever CBHFA activities are performed in the community. CBHFA *in action* volunteers need to learn how to document their actions.

My own reflection on reporting

During the training session, you were asked to discuss the following case studies, and to decide on how to report them. You were asked to discuss:

- What is the important information to report?
- How do you report the information?
- To whom do you report, and why?

Case study 1

Three people have been injured in a traffic accident. Two are adults and one is a five-year-old child. All three casualties are bleeding from multiple wounds. One of the adults appears to be unconscious but breathing. The child is crying uncontrollably. One of the adults appears to be in shock. You and a fellow volunteer arrive on the scene and treat the casualties successfully. After you have given first aid to all three of the injured, you arrange transportation to the community health facility. All of the casualties are from your community.

Case study 2

The health facility staff in coordination with the community health committee decide to have a one-day vaccination campaign. The CBHFA volunteers have been asked to assist, and have regular meetings with the health facility staff to plan the event. It is decided that the CBHFA volunteers will:

- work with parents by visiting households
- speak to school-aged children by giving health education talks in the school
- develop vaccination advocacy materials, such as posters, that are posted up in the municipal office, the town market and other appropriate locations around the community
- staff the registration table where parents bring their children to receive the vaccinations

At the end of the day of the vaccination campaign the registration table information indicates that 70 per cent of the children in the community received vaccinations. The children's names were recorded, and a vaccination card was given to parents. Ten children came to receive vaccinations but did not receive vaccinations for various reasons.

For each case study, make some notes on the answers to these questions:

- What is the important information to report?
- How do you report the information?
- To whom do you report, and why?

Add some notes on the method of reporting and why it is essential to record the information.

Notes

Volunteer Manual

MODULE 4

Basic first aid and injury prevention

Goal

In this module you will learn how to assess, plan, implement and evaluate first aid for various injuries and illnesses. You will practise communicating injury prevention messages with members of your community.

Topics

There are 20 topics in this module, five of which are optional:

- Topic 1 Principles of first aid
- Topic 2 Psychological first aid
- Topic 3 Basic life support (Part 1)
- Topic 4 Basic first aid for choking
- Topic 5 Basic first aid for bleeding and wounds
- Topic 6 Basic first aid for shock
- Topic 7 Basic first aid for burns and scalds
- Topic 8 Basic first aid for head, neck or back injuries
- Topic 9 Basic first aid for injury to bones, muscles or joints
- Topic 10 Basic first aid for poisoning
- Topic 11 Basic first aid for chest pain
- Topic 12 Basic first aid for stroke (optional)
- Topic 13 Basic first aid for electrical injury (optional)
- Topic 14 Basic first aid for drowning (optional)
- Topic 15 Basic first aid for eye injuries and eye problems (optional)
- Topic 16 Basic first aid for animal and insect bites or stings (optional)
- Topic 17 Basic first aid for fever
- Topic 18 Basic first aid for convulsions
- Topic 19 Infection control in first aid
- Topic 20 Basic first aid kit
- Annex Basic life support (Part 2)

Topic 1

Principles of first aid



Learning objectives

At the completion of this topic, you will be able to:

- describe first aid
- list the four principles of first aid management
- describe the four steps for first aid action: assess, plan, implement, and evaluate
- state when and how to refer an ill or injured person
- demonstrate how to assess an injured person's condition



Main learning points

1. First aid is the immediate assistance given to an ill or injured person until professional medical help arrives.
2. The four principles of first aid management are:
 - Stay calm. Do NOT take risks for yourself, the injured person or any witnesses.
 - Manage the situation to give safe access to the person.
 - Manage the person.
 - Do things step by step.
3. The four steps for all first aid action are:
 - Assess safety at the scene and the condition of the person.
 - Plan first aid interventions based on the assessment.
 - Implement first aid and psychological support.
 - Evaluate the effect of the first aid and monitor the person.



Topic summary

The four steps for first aid action

Assess

Assess the situation and check for dangers:

- check for safety before rushing to the person
- make sure the situation is safe for you, the casualty, and other people or bystanders

Assess the person's condition:

- is the victim suffocating or bleeding? In these cases, act immediately and appropriately
- is the person conscious?
- is the person breathing?

Assess for injuries

Assess for signs of shock or psychological trauma

Plan

Get help:

- call for help or ask someone to call for medical or professional help

Plan first aid interventions:

- plan what action to take until professional help arrives, based on the initial or primary assessment
- determine how much help you can give based on what you know and what skills you have
- ensure your own safety as a volunteer

Implement

Implement first aid:

- give first aid for life-threatening emergencies and specific injuries based on the initial assessment
- if emergency services are arriving very soon, do not splint injuries
- maintain safety and wait for assistance

Give psychological first aid:

- talk to person and family
- inform them what is happening and what you are doing

If it is necessary, prepare the person for transportation

Evaluate

Evaluate first aid actions:

- check that medical or professional assistance will arrive soon
- check that the scene remains safe. If not, consider moving the person as carefully as possible with help
- re-check the actions in the initial assessment
- check that bandages are still in place and bleeding has stopped. If not, do NOT remove existing dressings, but simply add more dressings and apply pressure
- if the person becomes unconscious, follow actions for basic life support
- hand over the person to medical or professional personnel
- find out which hospital, clinic or health centre will provide care
- inform family and relatives

Check your understanding

1. What is first aid?

↳ _____

2. What are the four principles of first aid management?

↳ _____
↳ _____
↳ _____
↳ _____

3. What are the four steps for first aid?

↳ _____
↳ _____
↳ _____
↳ _____

Notes

Topic 2

Psychological first aid



Learning objectives

At the completion of this topic, you will be able to:

- describe how to recognize the need for psychological first aid
- describe how to recognize signs of shock and emotional distress
- describe how to recognize signs of stress
- discuss the four elements of psychological first aid
- discuss the steps that can be taken to provide psychological first aid
- identify elements of volunteer self-care and peer support



Main learning points

1. Psychological first aid should be taken into consideration in all volunteer community action.
2. Psychological first aid is necessary when somebody is in shock or has had long-term stress.
3. Signs of emotional distress can include hopelessness, confusion or violent emotions.
4. Elements of psychological first aid require the volunteer to:
 - stay close and build trust
 - listen attentively
 - accept feelings
 - give general care and practical help



Topic summary

Psychological first aid is a cornerstone of the support extended by the Red Cross and Red Crescent Movement. Psychological first aid should be considered for all first aid procedures. It can be the starting point for many other forms of support.

Psychological first aid is about being “on the spot” in order to extend basic, human support, deliver practical information, and show empathy, concern, respect and confidence in the abilities of the affected person. Affected persons who may need psychological first aid include survivors, relatives, witnesses, carers and relief workers. Situations that may create a need for psychological first aid include all types of critical events, such as disasters, illness, accidents and conflicts.

Four elements of psychological first aid

- 1. Stay close.** A person in crisis temporarily loses their basic sense of security and trust in the world. Volunteers can help rebuild trust and security by staying close and not becoming alarmed by the other person’s anxiety or extreme show of emotions.
- 2. Listen attentively.** It is important to take time to listen carefully in order to help someone going through a difficult time, listening without hurrying him or her and showing active listening by asking questions to clarify what the affected person is talking about. At the scene of an accident there may not be much time, but it is still important to listen and be there for the person until the ambulance personnel take over. For many people, interference can seem intrusive. It is, therefore, important to maintain a balance and listen carefully without intruding.
- 3. Accept feelings.** Keep an open mind about what is being said and accept the affected person’s interpretation of the events. Acknowledge and respect feelings. Do not correct factual information or the affected person’s perception of the sequence of events. Be prepared to encounter violent outbursts of feelings. The person might even shout or reject help. It is important to be able to see beyond the immediate facade and maintain contact in case the person needs to talk about what has happened. At the scene of an accident this could mean moving away slightly, while keeping an eye out for any signs that the person might need help.
- 4. Give general care and practical help.** When someone is in a crisis situation, it is a great help if another person lends a hand with the practical things. Contact someone who can be with the affected person, arrange for children to be looked after, or drive the person home or to the medical facility. This practical help is a way to show care and compassion. Follow the wishes of the affected person. Avoid taking over more responsibility for the situation than the person actually needs.

Immediate psychological first aid

In a situation where an individual needs support immediately after a critical event has occurred, the following steps could be pursued:

1. Establish contact with the person by introducing yourself and offering assistance.
2. If at all possible, remove the person from the stressful situation.
3. Limit their exposure to sights, sounds and smells.
4. Protect them from bystanders and the media.
5. Give the person adequate food and fluids but avoid alcohol.
6. Make sure that someone stays with the person at all times.
7. Ask the person what happened, how they are doing and allow them to talk about their experiences, concerns and feelings.
8. Do not force anyone to talk.
9. Reassure the person that any reactions are normal.
10. Help the person in decision-making if necessary.
11. Ask the affected person if they have a place to go. If not, help to find shelter.
12. Ask the affected person if they have someone to stay with them or someone to talk to after getting home. If not, help in establishing contact with family members or others.
13. Give factual information about where and how to locate specific resources.



Volunteer offering help to others



Volunteer offering help to a grieving man

Volunteer self-care

Looking after yourself means that you remain fit to help others and to keep on doing so. Self-care techniques include:

- remembering that you may have a quite normal and unavoidable reaction
- taking good care of yourself, by eating well, limiting the intake of alcohol and tobacco, and exercising to relieve tension
- remembering that it takes time to process what has happened
- not trying to self-medicate. Seek professional advice if reactions are still difficult to deal with after a few weeks

Training session

During the training session, you will be asked to discuss the following case studies:

Case study 1

A ten-year-old girl in your community is accidentally scalded on both legs with hot water. The child is crying with severe pain. The child's mother is very upset because she feels responsible.

- What immediate psychological first aid can you give?
- What other principles of psychological first aid can you give to the child and her family over a longer period of time?
- What can you do to care for yourself?
- What can your peers do to support you?

Case study 2

You have been called to give first aid to people who have been in a bus accident. When you arrive at the scene you assess that there are multiple injuries. You give basic life support to one person but the person dies. The person's family has witnessed this. They are also injured.

- What psychological first aid can you give to the family and the other people on the bus right away?
- What other psychological first aid can you give over a longer period of time?
- What can you do to care for yourself?
- What can your peers do to support you?

Case study 3

There has recently been a disaster in your community. Several of your neighbours have been injured, some have died and many of them have lost their shelter. You have been doing volunteer work for several long days and you are very tired.

- What psychological first aid can you give to your neighbours?
- What psychological first aid can you give to your neighbours over the next few months?
- What can you do to care for yourself?
- What can your volunteer peers do to support you?
- What can you do to support your volunteer peers?

Make a few notes to remind you of your discussions with your fellow volunteers and the feedback received during the training session.

Notes

Topic 3

Basic life support (Part 1)



Learning objectives

At the completion of this topic, you will be able to:

- demonstrate the steps for basic life support (BLS) for an adult who is unconscious and breathing
- demonstrate the steps to put a person in recovery position



Main learning points

1. If the area is unsafe for you or the person, move the person to a safe location.
2. If the person is face down and needs basic life support, turn the person face up.
3. If the person is unconscious, has an open airway, and is breathing, turn the person onto his or her side (recovery position) with the person's hand in front.



Topic summary

These skills must be trained by qualified first aid trainers recognized by the National Society. Further information is included in the Annex.

What is basic life support?

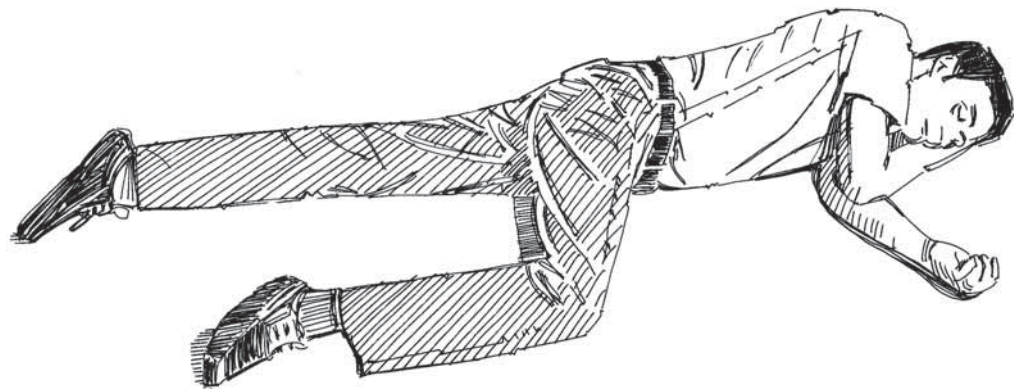
Basic life support is a life-saving technique to maintain the **A**irway, **B**reathing and **C**irculation (ABCs) of an injured or sick person before professional medical help arrives.

- Airway: keeping the nose, mouth and throat open and free from obstruction so air can get to the lungs.
- Breathing: keeping air flowing in and out of the lungs.
- Circulation: keeping the movement of blood through the heart and the body.

Recovery position

If the person is unresponsive, has an open airway, and is breathing, place him/her in the recovery position:

1. Lift one arm up and out, place the other arm over the chest.
2. Push the foot up towards the chest so that the knee is at a right angle (on the same side as the arm over the chest).
3. Roll the person over on his/her side towards you by placing your hands on the person's hip and shoulder.
4. Put the person's hand on the upper arm under his chin. Tilt the head backwards and keep the airway open.
5. Check for breathing by looking at the chest for rise and fall, feel with your hand in front of the mouth and nose and listen for breathing sounds.



Recovery position

ABC steps to check airway, breathing and circulation

Assessment: determine unresponsiveness by:

- tap or gently shake shoulders
- ask, “Are you alright?”
- if person is conscious, leave in position you found him, unless in danger. Determine what happened and whether help is needed. Monitor until help arrives

Get help:

- shout “Help!”
- if unconscious, position on back
- turn slowly on to back, while supporting the head and neck

A. Airway

Open the airway with head tilt/chin lift:

- carefully tilt the head back
- lift the chin to open the airway
- if the person is unresponsive, has an open airway, and is breathing, turn the person onto his or her side (recovery position) with the person’s hand in front. This will prevent choking if the person vomits



Open airway – Head tilt and chin lift

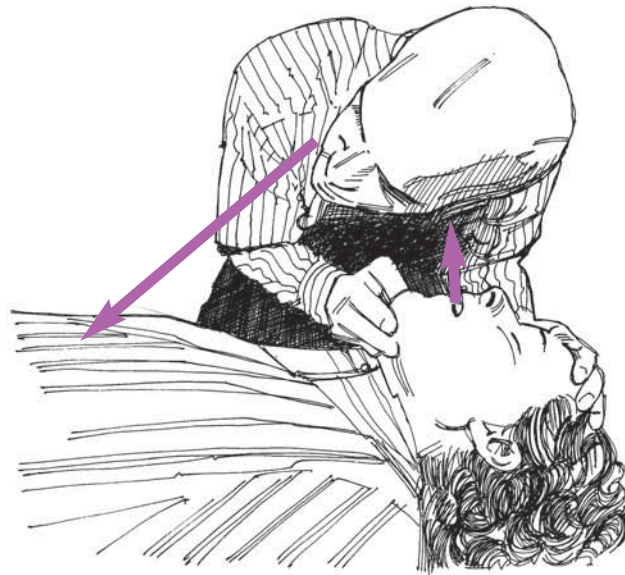
B. Breathing

Assessment. Determine if breathing (allow ten seconds):

- look to see if chest is moving up and down
- listen for sounds of breathing at the person's mouth
- feel for breath on cheek

If obstructed, clear the airway:

- reposition head tilt/chin lift
- check inside the mouth for an obstruction and clear the airway



Listen for breathing sounds

C. Circulation

- Continue to check for breathing by looking at the chest for rise and fall, feel with your hand in front of the mouth and nose and listen for breathing sounds. Monitor until professional help arrives.
-

Practice checklist for basic life support (BLS) for an unconscious person who is breathing

		Yes	No
Assessment	Assess the scene		
	Assess the person: <ul style="list-style-type: none"> ■ determine unresponsiveness ■ get help ■ if unconscious, put person in recovery position 		
Airway	Open the airway with head tilt/chin lift		
Breathing	Determine if breathing (allow ten seconds): <ul style="list-style-type: none"> ■ look to see if chest is moving up and down ■ listen for sound of breathing ■ feel for the breath against the cheek 		
	If the person is breathing normally, put the person into the recovery position		
Circulation	Continue to check for breathing by looking at the chest for rise and fall, feel with your hand in front of the mouth and nose and listen for breathing sounds. Monitor until professional help arrives.		

Topic 4

Basic first aid for choking



Learning objectives

At the completion of this topic, you will be able to:

- list the signs of choking
- demonstrate how to assess first aid actions for an adult who is choking
- demonstrate how to plan first aid actions for an adult who is choking
- demonstrate how to implement first aid actions for an adult who is choking
- demonstrate how to evaluate first aid actions for an adult who is choking
- demonstrate how to implement first aid actions for a pregnant woman or obese person who is choking
- demonstrate how to implement first aid actions for a child or infant less than one year of age who is choking



Main learning points

1. Choking is life-threatening. Send for help immediately.
 2. Choking happens when a person cannot breathe properly because something is stuck in the windpipe.
 3. When someone is choking:
 - they CANNOT make a sound
 - they hold their throat
 - lips and tongue turn blue
 - they will die if the blockage is not removed
 4. Assess person's condition.
 5. Give first aid for choking:
 - encourage coughing
 - if the person CANNOT cough, give five back blows
 - give five abdominal thrusts
 6. Give basic life support if choking person becomes unconscious.
-

Topic summary

Choking happens more often to small children because they put things in their mouths when they are learning to chew. Elderly people are also at risk of choking because they may be unable to chew their food properly.

Signs of choking

The universal sign for choking is hands clutching the throat.

In addition signs are:

- not able to talk, not able to make a sound, or not able to cry
- difficulty breathing or noisy breathing
- not being able to cough
- lips and tongue turn blue
- loss of consciousness if the blockage is not removed



Universal sign for choking

Basic first aid steps for choking adults and children over one year of age

Assess

- assess the scene and observe what is happening
- assess the person's condition. Ask, "Are you choking? Can you talk?"

Plan

- send for medical help if the person CANNOT talk

Implement

If the person can speak, cough or breathe:

- encourage the person to keep coughing to clear the blockage. If the blockage clears, no further action is needed
- stay with the person until they breathe normally

If the person CANNOT speak, cough or breathe, use the five and five approach:

- Give five blows to the back between the person's shoulder blades with the heel of your hand:
 - check if blockage has cleared after each blow
 - stop if blockage has cleared
- Give five abdominal thrusts:
 - stand behind the person
 - wrap your arms around the waist
 - tip the person forward slightly
 - make a fist with one hand
 - position it slightly above the person's navel
 - grasp your fist with the other hand
 - press hard into the abdomen with a quick, upward thrust, as if trying to lift the person upRepeat alternating between five back blows and five abdominal thrusts until the blockage is dislodged.
- Refer person to a hospital, clinic or health centre for professional evaluation.
- If the person becomes unconscious, follow steps for basic life support.

Evaluate

- Check back blow and abdominal thrust technique.
 - Stay with the person until medical help arrives.
-



Abdominal thrust

Basic first aid steps for choking in infants and children under one year of age

Assessment, planning and evaluation stages stay the same. There are some differences in implementation, however. Make sure that you know how to deal with choking in pregnant women and in infants under one year of age.



Back blows on an infant

Practice checklist for choking

		Yes	No
Assess	Assess the scene		
	Assess the person. Ask "Can you talk? Are you choking?"		
Plan	Send for professional help		
Implement	Give five back blows: <ul style="list-style-type: none"> ■ bend the person forward ■ give the blows between shoulder blades 		
	Give five abdominal thrusts: <ul style="list-style-type: none"> ■ stand behind person ■ wrap arms around the waist ■ tip the person forward slightly ■ make a fist with one hand ■ position fist above person's navel ■ grasp the fist with other hand ■ press hard into the abdomen with a quick, upward thrust 		
	Refer to hospital, clinic or health centre		
	Give basic life support if unconscious		
Evaluate	Check back blow and abdominal thrust technique		
	Remain with the person until medical or professional help arrives		

Topic 5

Basic first aid for bleeding and wounds



Learning objectives

At the completion of this topic, you will be able to:

- describe external and internal bleeding
- demonstrate how to assess bleeding
- demonstrate how to plan first aid actions for a person who is bleeding
- demonstrate how to implement first aid actions for a person who is bleeding
- demonstrate how to evaluate first aid actions for a person who is bleeding



Main learning points

1. Heavy bleeding can be life-threatening.
2. Check scene safety.
3. Protect self.
4. Call for help.
5. Apply direct pressure to the wound to stop bleeding.
6. Lie the person down.
7. Apply a pad or clean cloth and bandage.
8. Press on the wound and ensure bleeding is controlled.
9. Give psychological first aid by reassuring the person and explaining what is happening.
10. Avoid direct contact with blood and wash hands after first aid.



Topic summary

Severe bleeding is a potentially life-threatening problem which needs immediate medical attention. Excessive blood loss can lead to shock and death.

Signs of bleeding

Bleeding can be external or internal.

External bleeding is bleeding from a wound through the skin. It is usually caused by accidents and injuries. External bleeding can also be caused by complications of pregnancy such as a miscarriage or during labour and delivery.

Internal bleeding is bleeding inside the body that is not visible. Internal bleeding is usually caused by a hard blow to the body. Sometimes a broken bone can puncture an internal organ or injuries cause bleeding inside the body. Internal bleeding can be difficult to assess. Internal bleeding can be life-threatening and needs immediate medical attention.

Some signs of internal bleeding include:

- shock
- swelling and hardness of the abdomen or belly
- pain in the abdomen or belly
- vomiting blood
- pale or bluish skin
- headache
- bruising
- feeling cold
- feeling thirsty
- bleeding from openings such as the mouth, nose or ears

Complications of bleeding and wounds

- The immediate danger of bleeding is shock.
 - Other risks are injuries to nerves and organs inside the body.
 - Open wounds with haemorrhage can become infected.
 - Pain.
-

Basic first aid steps for external bleeding

Assess

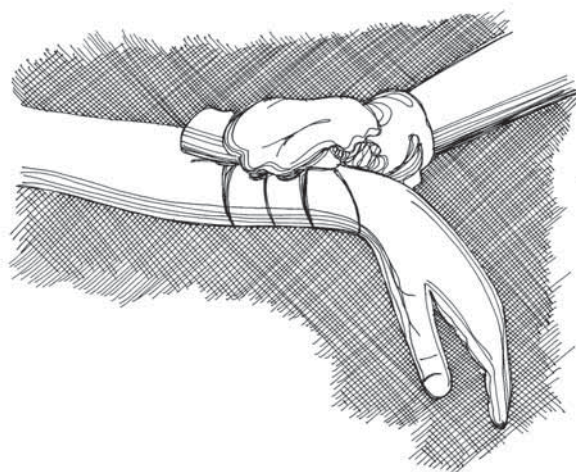
- Check the scene for safety.
- Introduce yourself as a volunteer and tell the person what you will do.
- Assess the person to identify wounds and the source of the bleeding.
- Assess for signs of shock.

Plan

- Send for medical help.
- If alone, stop bleeding, and if possible teach the injured person to stop the bleeding while you go for help.
- If possible, avoid direct contact with the person's blood. Wear gloves if they are available. If there are no gloves, look for a plastic bag to use as a barrier.

Implement

- Ask the person to apply pressure to the wound themselves.
- Help the person to lie down.
- Cover the wound with any clean cloth.
- Press down and apply pressure on the wound. Apply the bandage firmly enough to stop bleeding but not so tight as to cut off circulation.
- Instruct the bleeding person to apply pressure to the wound.
- Do NOT use a tourniquet.
- If the person is in shock, cover the person to keep warm, but do not overheat.
- Give psychological first aid by explaining what is happening and giving reassurance.
- If the person becomes unconscious, follow the steps for basic life support.



Applying pressure to a wound while avoiding direct contact with blood

Evaluate

- Check if bleeding has stopped.
- If the bleeding continues, press on the wound more firmly and apply more dressings (bandages). Do NOT remove the first dressings.
- Continue to apply pressure until medical help arrives.
- Ensure help is on the way or transport person to nearest medical facility.
- Wash hands with soap and water after giving first aid.

Basic first aid steps for wounds or cuts

The steps to assess, plan and evaluate remain the same.

Implement

- If possible, wash your hands with soap and water.
 - Wash any dirt and debris from the wound with clean water. Continue until the debris is removed. Do NOT rub the wound to get the debris out.
 - If there is an object sticking out of the wound, do NOT remove it. Leave it there. Try to stop the bleeding and stop the object from moving with pads and bandage.
 - Dry the area around the wound but do not touch the wound directly.
 - Cover the wound with a sterile pad or a clean cloth.
 - Advise the person to seek medical help especially if the wounds look red, hot and painful to touch after some days.
 - Make sure you are protected against tetanus.
-

Basic first aid steps for spontaneous nosebleeds

Implement

- Ask the person to sit down with their head forward.
- Apply pressure by pinching the soft part of the nose with the fingers.
- Make sure they can breathe through the mouth.
- Tell them to avoid swallowing the blood because it will make them sick.
- Continue to hold for ten minutes.

Evaluate

- If bleeding does not stop, seek medical attention.
- After bleeding has stopped instruct the person not to touch or blow the nose for a few hours.



Stopping a nose bleed

Practice checklist for severe external bleeding

		Yes	No
Assess	Assess the scene		
	Introduce self to person and explain what you will do		
	Assess the person		
	Assess for signs of shock		
Plan	Send for professional help		
	Identify a barrier to protect self such as gloves or plastic bag		
Implement	Help person lie down		
	Use dressing to apply pressure to wound		
	Instruct person to apply pressure with bandage		
	Give psychological first aid		
	Refer to hospital, clinic or health centre		
	Give basic life support if unconscious		
Evaluate	Check to see if bleeding has stopped		
	Continue to apply pressure and apply more dressing if needed until medical or professional help arrives		
	Remain with the person until medical or professional help arrives		

Topic 6

Basic first aid for shock



Learning objectives

At the completion of this topic, you will be able to:

- describe shock
- demonstrate how to assess if a person is in shock
- demonstrate how to plan first aid actions for a person in shock
- demonstrate how to implement first aid actions for a person in shock
- demonstrate how to evaluate first aid actions for a person in shock



Main learning points

1. Shock happens when the body has lost a great deal of fluid or blood.
2. Shock is DANGEROUS. Give first aid and get medical help immediately.
3. Signs of shock are:
 - skin looks pale
 - skin feels moist and clammy
 - breathing is fast
 - anxiety, restlessness and feeling faint
 - feeling thirsty, sick or vomiting
4. Check scene safety.
5. Call for help.
6. Lie the person down.
7. If unconscious, give basic life support.
8. Stop external bleeding by applying direct pressure to any wound.
9. Keep warm.
10. Arrange for medical help and transport.



Topic summary

Shock is caused when a large amount of fluid is lost from the body. For example, excessive bleeding, severe diarrhoea, severe vomiting or burns over large areas of the body can cause shock. Shock can be brought on by:

- electrical injury
- severe pain
- allergic reactions
- severe infection
- poisoning
- heat stroke
- fear

Signs of shock

- Skin feels cold, moist, and clammy.
 - A light-skinned person will look pale. A dark-skinned person will have blueness or greyness inside the lips.
 - Fast breathing with small shallow breaths.
 - Weak and fast pulse.
 - Feeling anxious or restless, feeling faint.
 - Thirst or feeling sick and vomiting.
 - May become unconscious and die if untreated.
-

Basic first aid steps for shock

Assess

- Assess scene and personal safety, such as electrical hazards.
- Introduce yourself and explain what you are going to do.
- Assess the person's condition. Look for wounds and bleeding.

Plan

- Send for medical help.
- Arrange for emergency transportation to the hospital, clinic or health centre.

Implement

- Reassure the person by providing psychological first aid.
- Help the person to lie down.
- Stop any external bleeding.
- Cover and keep the person warm, but do NOT overheat.
- Loosen any tight clothing.
- Do NOT give any food or liquids.
- If the person becomes unconscious, follow the actions for basic life support.
- Arrange for urgent transportation to a medical facility.

Some people may feel faint and show signs of shock for a short period of time. Make sure they are helped to lie down. Check their breathing. Normally without any further action, the person will recover.

Evaluate

- Check to see if the person's condition has improved.
- Check if the skin colour has returned to normal and if the skin feels warmer and dry.
- Check to see whether help is on its way or take the person to a hospital, clinic or health centre as soon as possible.

Practice checklist for shock

		Yes	No
Assess	Assess the scene		
	Introduce yourself to the person and explain what you will do		
	Assess the person <ul style="list-style-type: none"> ■ check for bleeding ■ feel skin ■ check breathing 		
Plan	Send for medical help		
	Plan for transportation to medical facility		
Implement	Give psychological first aid		
	Help person to lie down		
	Stop any external bleeding		
	Cover person		
	Refer to hospital, clinic or health centre		
	Give basic life support if unconscious		
Evaluate	Check skin to see if colour has returned to normal and is dry and warm		
	Check to see if help or transportation is on the way		
	Remain with the person until medical or professional help arrives		

Topic 7

Basic first aid for burns and scalds



Learning objectives

At the completion of this topic, you will be able to:

- list causes of burns and scalds
- demonstrate how to assess burns
- demonstrate how to plan first aid actions for a burned person
- demonstrate how to implement first aid actions for a burned person
- demonstrate how to evaluate first aid actions for a burned person
- list the conditions when a burned adult or child needs to seek medical help
- discuss how to prevent burns in the community



Main learning points

1. Burns are injuries caused by heat, electricity or chemicals. Scalds are caused by hot liquids.
2. Large burns and scalds may be life-threatening due to rapid fluid loss.
3. Children are most at risk of burns and scalds.
4. Check scene safety.
5. Assess person's condition.
6. Call for help.
7. Cool the burned area quickly with cool clean water for 15 to 20 minutes.
8. Remove any clothing or jewellery if they are not stuck to the skin.
9. Do NOT open unbroken burn blisters.
10. Do NOT apply creams or ointments to burns.
11. Advise the person to see a doctor.

Topic summary

Burns are injuries caused by heat, electricity and chemicals. Scalds are caused by hot liquids.

Small burns and scalds can be treated by volunteers. Large burns and scalds may be life-threatening due to loss of body fluids and shock. Large burns and scalds need immediate medical help.

Swallowing very hot or corrosive fluids can cause burns to the mouth, throat and stomach.

Children may be most at risk of burns and scalds from touching heat sources near cooking stoves or fires.

People who work in the kitchen or in factories with corrosive chemicals are at risk of burns.



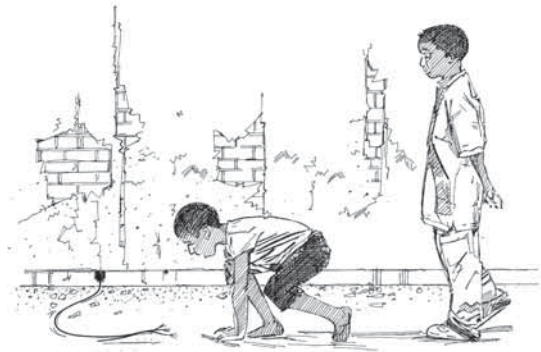
Child reaching for a hot pot



Causes of burns – Fire



Causes of burns – Chemicals



Children playing near a live wire

Signs of burns and scalds

Minor: the skin turns red, feels hot, and is swollen but not broken.

Serious: the skin may blister and there is severe pain and swelling.

Very severe: sometimes the burned area may be charred black or appear dry and white. These burns are very dangerous because of risk of infection, shock and death.

Basic first aid steps for small and minor burns and scalds

Assess

- Check the scene for safety.
- Assess the person for severity of burns.

Plan

- Send for medical help.
- Remove person from danger or contact with burning materials if it is safe for volunteer to do so.

Implement

- Cool the burned area quickly with cool clean water for 15 to 20 minutes until the pain is reduced.
- Remove any clothing or jewellery if they are not stuck to the skin.
- Do NOT open blisters that are unbroken.
- Do NOT apply any cream or ointments.

Evaluate

- Continue cooling the burn until pain has been reduced.
- Refer the person for professional medical help for any of the following:
 - the person is under five years old or over 60 years old
 - burns are on the face, ears, hands, feet, limbs, genitals or joints
 - burns are in the mouth or near the airway such as neck or chest
 - burn was caused by electricity, chemicals, radiation or high pressure steam
 - burn covers more than 5 per cent of the total body area in children under 16 years old or 10 per cent in adults. Size of a person's hand can be measured as around 1 per cent of the body area

Basic first aid steps for large and severe burns and scalds

Assess

- Is the situation safe for the volunteer?
- Assess person's condition.

Implement

- Send for help immediately.
- If the person is unconscious, follow basic life support.
- Do NOT remove any burnt clothing.
- Do NOT immerse large severe burns in cold water. This could cause shock.
- Cover the area of the burn. Use a moist cloth or moist towels.

Evaluate

- Ensure help is on the way or transport person to nearest medical facility.
- Check the person does not become too cold. Cover with a blanket but do NOT overheat.

Prevention

Volunteers can encourage community household members to look for ways to prevent burns and scalds in the community. Volunteers can begin by using the Community Map of dangerous places they developed in Module 3 to assess which hazards and risks may exist for heat, electrical or chemical burns. Volunteers can communicate the following key prevention messages to community members:

Key messages

- Burns can be caused by fire, hot liquids, hot stove, chemical or electric wires.
 - Prevent burns when cooking:
 - stay nearby when food is cooking
 - keep children away from the cooking area
 - turn pot handles inward
 - do not leave spoons or other utensils in pots while cooking
 - Keep matches and electrical appliances out of children's reach.
 - Keep dangerous chemicals out of children's reach.
 - Teach your children about household objects that can burn them.
-

Check your understanding

True or false?

1. Large burns and scalds may be life-threatening.
↳ _____
2. Cool all burns with clean water for 15 to 20 minutes.
↳ _____
3. Do NOT open unbroken blisters.
↳ _____
4. Apply oil or butter to a burn.
↳ _____
5. Cover a large burn with a clean, moist cloth or towel.
↳ _____

Notes

Topic 8

Basic first aid for head, neck or back injuries



Learning objectives

At the completion of this topic, you will be able to:

- list signs of a head, neck or back injury
- demonstrate how to assess first aid actions for a person with a head, neck or back injury
- demonstrate how to implement first aid actions for a person with a head, neck or back injury
- demonstrate how to evaluate first aid actions for a head, neck or back injury
- discuss how to prevent head, neck and back injuries in the community



Main learning points

1. Injuries to the head, neck or back can be serious and lead to unconsciousness, coma or death.
 2. Signs of a head, neck or back injury include:
 - sleepiness, agitation or unconsciousness
 - loss of memory
 - severe headache, nausea and vomiting
 - strange behaviour or irritability
 - convulsions
 - loss of feeling or tingling
 - pain or tenderness in neck or back
 3. Assess the person's condition.
 4. Do NOT hold the person's head and neck if he/she is agitated or resisting.
 5. Get medical help.
 6. Give psychological first aid.
 7. Immobilize the injured person:
 - kneel beside injured person's head
 - slide both hands carefully under the neck without moving the head
 - support the neck and stabilize the head until emergency services arrive
 8. Maintain an open airway.
 9. If unconscious, give basic life support.
-



Topic summary

Injuries to the head, neck or back are potentially serious because they can lead to permanent loss of movement, coma, unconsciousness and death. Damage to spine can make breathing difficult. In some cases spine injuries can cause breathing to stop.

It is important NOT to move a person with head, neck or back injuries to prevent additional injury to the spine. However, if the person is NOT breathing and it is necessary to move the person to give basic life support, maintaining a clear airway will take priority over a potential spine injury.

Signs of head, neck or back injuries

- person has been in a traffic accident or fall
- sleepiness, agitation or unconsciousness
- loss of memory
- severe headache, nausea and vomiting
- strange behaviour or irritability
- convulsions
- visible head injuries
- loss of feeling or tingling
- pain or tenderness in neck or back

Basic first aid steps for head, neck or back injuries

Assess

- Ensure that the accident scene is safe to approach.
- Assess the person's condition and level of consciousness.

Plan

- Send for medical help or the emergency services. If alone, go for help.
- Plan first aid actions.
- If no emergency transport is available, arrange to transport person to hospital, clinic or health centre. If possible, get medical help to assist in immobilizing the person for transport.

Implement

- Give psychological first aid. Give reassurance by talking to the person and explaining what is happening. The person may panic if they are unable to move or feel their limbs.
- Immobilize the person if s/he agrees:
 - kneel beside the injured person's head
 - slide both hands carefully under the neck without moving the head
 - support the neck and stabilize the head until emergency services arrive
- If the person becomes restless and agitated, do NOT hold the head and neck if person resists.
- Maintain an airway and make sure the person is breathing. This is more important than the suspected spine injury.
- If the person is unconscious, follow actions for basic life support.

Evaluate

- Check if emergency services or medical help are on their way.
 - Monitor the person's condition.
-

Topic 9

Basic first aid for injury to bones, muscles or joints



Learning objectives

At the completion of this topic, you will be able to:

- demonstrate how to assess a person for injury to bones, muscles or joints
- demonstrate how to plan first aid actions for a person with injury to bones, muscles or joints
- demonstrate how to implement first aid actions for a person with injury to bones, muscles or joints
- demonstrate how to evaluate first aid actions for a person with injury to bones, muscles or joints
- demonstrate how to make a simple stretcher using local resources



Main learning points

1. Look for swelling or abnormal positioning of injured limb, muscle or joint.
2. Prevent further injury.
3. Treat bleeding and shock.
4. Give psychological first aid.
5. Do NOT try to re-set limbs that are in abnormal shape.
6. If emergency services are coming for the injured person, do NOT splint injuries.
7. Avoid bearing weight on an injured lower limb.
8. If unconscious, give basic life support.



Topic summary

Injuries to bones, muscles or joints are usually caused by trauma. The aim of first aid for injured bones, muscles and joints is to:

- reduce pain
- prevent further injury
- prevent major bleeding and shock
- manage unconsciousness

Broken bones can be closed (no wound at the site of the break), or open (has a wound at the site or the bone is sticking out of the skin).

Signs of bone, muscle or joint injuries

Look

- If there is an obvious injury to a bone, muscle or joint, the injured person will NOT be able to move the injured part.
- In some cases, there may be swelling at the site of the injury.
- Sometimes the limb or joint will be in an abnormal position compared to the one on the other side of the body.
- There may be bleeding from the injury.

Listen

- The person will complain of pain.
- Let the person explain what happened.

Feel

- In some cases, injury may not be obvious to see. Gentle touching of the area may identify the problem.

Basic first aid steps for bone, muscle or joint injuries

Assess

- Check scene safety for the volunteer and the injured person.
- Check the person's condition. Look, listen and feel.

Plan

- Send for medical help or emergency services.
 - Consider first aid actions according to the situation and surroundings.
 - If the person is in danger, move or drag the person to safety quickly and carefully.
 - If emergency services are coming, do NOT try to move or splint the injury.
-

Implement

- Attend to immediate life-threatening problems such as obvious external bleeding or breathing problems.
- Give psychological first aid by offering reassurance, talking and explaining what is happening.
- Do NOT try to re-set limbs that are in abnormal shape.
- Cool the injury with ice wrapped in a towel if ice is available.
- Cool the injured part for 20 minutes at a time.
- If emergency services are coming, do NOT splint injuries.
- Avoid bearing weight on an injured lower limb.

Evaluate

- Continue to evaluate the first aid actions and the condition of the injured person.
- Give first aid actions according to changes in condition.
- If the person becomes unconscious, follow the actions for basic life support.

Basic first aid if no emergency service is available

If the accident happens in a remote area and no emergency service is available, get other people to help. Prepare the injured person for transport to a hospital, clinic or health centre:

For upper limb injury

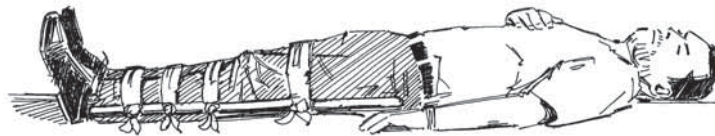
Ask the injured person to support the injured upper arm against his/her body with the other arm.



Immobilizing an upper limb fracture

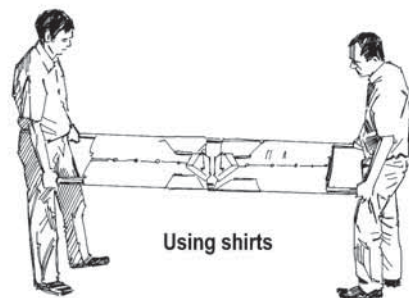
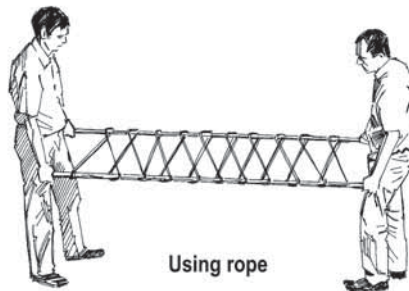
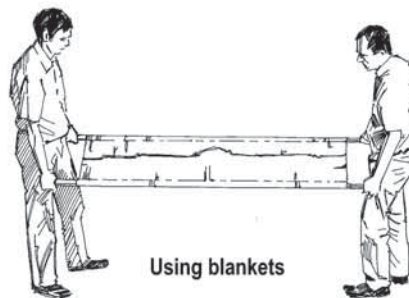
For lower limb and pelvis

- Use a belt, folded cloth, or bandage to tie the injured leg to the uninjured limb without moving the broken bones.
- Find some suitable pieces of wood, rolled-up hard paper, and bandages or other materials to use as a splint.
- Splint the limb and tie the limb in the position it is in.
- Do NOT move the broken bones.



*Im-
mo-*

Immobilizing a lower limb fracture



Im-

provised stretchers

Check your understanding

1. What is the aim of first aid for injured bones, muscles or joints?

↳ _____
↳ _____
↳ _____
↳ _____

2. What is an open broken bone?

↳ _____

3. How long should you cool the injury with ice wrapped in a towel?

↳ _____

4. If emergency services are coming, should you splint the injury?

↳ _____

Notes

Topic 10

Basic first aid for poisoning



Learning objectives

At the completion of this topic, you will be able to:

- list causes of poisoning
- demonstrate how to assess first aid actions for a person who is poisoned
- demonstrate how to plan first aid actions for a person who is poisoned
- demonstrate how to implement first aid actions for a person who is poisoned
- demonstrate how to evaluate first aid actions for a person who is poisoned
- discuss how to prevent poisoning in the community



Main learning points

1. Poisoning can occur by swallowing, inhaling or touching harmful substances.
 2. Assess the person's condition.
 3. Get medical help or contact a poison centre.
 4. Give psychological first aid.
 5. Do NOT give any fluid to drink if you suspect a person has been poisoned.
 6. Do NOT induce vomiting if you suspect a person has been poisoned.
 7. If unconscious, give basic life support.
-

Topic summary

Poisons exist in many forms and can enter the body by swallowing, inhaling, through wounds, bites, or through the skin. Poisoning can happen quickly or slowly. Some poisons can cause death. If you think a person has been poisoned, get medical help immediately.

There are many types of poisons in the home, workplace and surroundings such as:

- chemicals used for cleaning
- all types of medicines, especially if not taken according to directions
- some wild plants, mushrooms, roots and berries
- pesticides used for gardening and farming
- gasoline, kerosene, lighter fluid, lamp oil
- cosmetics

Children are particularly at risk of poisoning because they experiment by putting many things in their mouths. It is important to prevent poisoning by keeping poisons out of children's reach.



Hazardous substances

Signs of poisoning

- Drinking certain poisons can cause burns or redness around the mouth and lips.
- A person may have a breath that smells like chemicals such as gasoline.
- You may find empty medication bottles or pills on the ground if a child has been poisoned.
- The person may suddenly begin vomiting, have difficulty breathing, or become confused or sleepy.

Basic first aid steps for poisoning

Assess

- Check the scene for safety.
- Assess the person's condition.
- Look around for possible poisons or ask the person about the possible cause and source of poison.

Plan

- Arrange for emergency service or arrange for transport to the hospital, clinic or health centre.

Implement

- Give psychological first aid and reassurance to reduce fear.
- Contact the Poison Control Centre or healthcare professional. Describe what happened and give information on the poison. Follow their instructions.
- If professional medical help is NOT available, transport immediately to hospital, clinic or health centre.
- Do NOT induce vomiting.
- Do NOT give liquids to drink.
- If unconscious, give basic life support.

Evaluate

- Observe and continue to reassure the person.

Key messages

- Store all medicines, cleaners and household chemicals out of the reach of children.
 - Do NOT eat unknown wild plants, mushrooms, roots or berries.
 - Teach children about the dangers of substances that contain poison.
 - Label poisons.
 - Do NOT store household chemicals in food containers.
-

Topic 11

Basic first aid for chest pain



Learning objectives

At the completion of this topic, you will be able to:

- demonstrate how to assess first aid actions for chest pain
- demonstrate how to plan first aid actions for chest pain
- demonstrate how to implement first aid actions for chest pain
- demonstrate how to evaluate first aid actions for chest pain



Main learning points

1. Chest pain can be a sign of heart attack.
2. Signs of heart attack include:
 - pain in the chest
 - pain in the arm, shoulder, neck, lower jaw or stomach
 - shortness of breath, sweating, dizziness or fainting
 - nausea (feeling sick)
3. Get medical help immediately.
4. Sit the person in a comfortable position, lying down or half-sitting if the person prefers.
5. Provide psychological first aid.
6. If unconscious, give basic life support.



Topic summary

Chest pain can be a sign of serious medical emergency such as heart attack. All chest pain should be referred to a medical professional for evaluation.

Signs of chest pain and a heart attack

- uncomfortable pressure or squeezing pain in the centre of the chest
- pain spreads to shoulders, neck or arms
- difficulty breathing or shortness of breath
- heavy sweating
- feeling dizzy or fainting
- nausea (feeling sick)



Sign of severe chest pain

Basic first aid steps for chest pain

Assess

- Assess person's condition for signs of chest pain.

Plan

- Send for medical help.
- Arrange for emergency transportation to the hospital, clinic or health centre.

Implement

- The person is likely to be frightened. Give psychological first aid by reassuring the person and explaining what is happening.
- Help the person to a comfortable position, half-sitting or lying down.
- Ask person to rest and try not to move.

Evaluate

- Assess the person's condition regularly.
- Assess if the person is breathing properly.
- If the person becomes unconscious give basic life support.

Topic 12 (optional)

Basic first aid for stroke



Learning objectives

At the completion of this topic, you will be able to:

- describe causes of stroke
- demonstrate how to assess first aid actions for a person with a stroke
- demonstrate how to plan first aid actions for a person with a stroke
- demonstrate how to implement first aid actions for a person with a stroke
- demonstrate how to evaluate first aid actions for a person with a stroke



Main learning points

1. A stroke occurs when blood to the brain is interrupted.
 2. Signs of a stroke include sudden numbness in the face, arms or legs, dizziness, confusion, speech problems or unconsciousness.
 3. Assess the person's condition:
 - can the person smile?
 - can the person close his/her eyes?
 - can the person lift both arms at the same time?
 - can the person repeat what you say?
 4. Get medical help immediately.
 5. Provide psychological first aid.
 6. If unconscious, give basic life support.
-

Topic summary

A stroke is when there is bleeding in the brain, or the normal flow of blood to the brain is blocked. Stroke can happen to anyone, but is more common in people with high blood pressure, heart disease or diabetes.

Stroke is an emergency. Arrange for emergency transportation to the hospital, clinic or health centre. The sooner treatment is given the better the chance that permanent brain damage can be reduced.

Signs of stroke

A person who experiences a stroke may have any of the following signs. Some of these signs may be minor initially and get worse over time:

- sudden and severe headache
- sudden weakness or numbness in the face, arms or legs
- dizziness, confusion or blurring vision
- loss of speech, trouble talking or understanding others talking
- difficulty walking or keeping balance
- sudden unconsciousness



Stroke victim

Basic first aid steps for stroke

Assess

- Assess the scene for safety.
- Assess the person's condition by asking the person to do the following:
 1. can you smile?
 2. can you close your eyes and lift both arms above your head?
 3. can you repeat the words I say?
- A person who is NOT able to do one or more of these three things may be having, or has had, a stroke.

Plan

- Send for medical help.
- Arrange for emergency transportation to the hospital, clinic or health centre.

Implement

- Give psychological first aid by reassuring the person and explaining what is happening.
- Help the person to a comfortable position, lying down if possible. Ask person to rest and try not to move.

Evaluate

- Assess the person's condition regularly.
 - Assess if the person is breathing properly.
 - If the person becomes unconscious give basic life support.
-

Check your understanding

1. What can cause a person to have a stroke?

↳ _____

2. What are signs a person may be having a stroke?

↳ _____
↳ _____
↳ _____
↳ _____
↳ _____
↳ _____

3. What three questions should you ask a person who may be having a stroke?

↳ _____
↳ _____
↳ _____

4. What should you do for a person who is having a stroke?

↳ _____
↳ _____
↳ _____
↳ _____
↳ _____
↳ _____

Notes

Topic 13 (optional)

Basic first aid for electrical injury



Learning objectives

At the completion of this topic, you will be able to:

- list two causes of electrical injury
- demonstrate how to assess first aid actions for a person with an electrical injury
- demonstrate how to plan first aid actions for a person with an electrical injury
- demonstrate how to implement first aid actions for a person with an electrical injury
- demonstrate how to evaluate first aid actions for a person with an electrical injury



Main learning points

1. Electrical injuries are caused by live electric wires, or lightning.
 2. Electrical injuries can cause burns, shock and death.
 3. Safety first.
 4. Turn off electricity or remove person from electrical source before giving first aid.
 5. Get help.
 6. Provide psychological first aid.
 7. If unconscious, give basic life support.
-

Topic summary

Electrical injury is caused by touching live, bare electrical wires or by being struck by lightning. Electrical injuries can cause:

- unconsciousness
- the heart to stop
- burns
- shock
- convulsions
- death

Basic first aid steps for a person with an electrical injury

Assess

- Check the scene for safety.
- Warn people to stay away.
- Ensure the source of electricity has been turned off before approaching.
- If the electrical source CANNOT be turned off, remove the electrical source from the person:
 - stand on a piece of dry wood and wear rubber shoes
 - using a piece of dry wood or plastic, knock the electrical source away from the person
- Check the person for signs of breathing and circulation.
- Check the person for signs of shock.
- Check the person for burns.
- Avoid trees and electrical equipment during a storm.
- Beware of water which can conduct electricity.



Accident from an electrical cable

Plan

- Send for medical help.
- Arrange for emergency transportation to the hospital, clinic or health centre if person is unconscious, in shock, or has burns.

Implement

- If unconscious, give basic life support.
- Give psychological first aid by reassuring the person and explaining what is happening.
- Treat shock.
- Treat burns.

Evaluate

- Monitor the person's condition until medical help arrives or until person can be transferred to hospital, clinic or health centre.
-

Practice checklist for electrical injury

		Yes	No
Assess	Assess the scene for safety		
	Warn people to stay away		
	Check to verify that source of electricity is turned off before approaching		
	Remove electrical source from the person or turn off the electrical source		
	Assess person for signs of: <ul style="list-style-type: none"> ■ breathing ■ shock ■ burns 		
Plan	Send for professional help		
	Arrange for emergency transportation to the hospital, clinic or health centre if the person is unconscious, in shock, or has burns		
Implement	Give psychological first aid: reassure the injured person and explain what is happening		
	Lie the person down		
	Treat for shock		
	Treat for burns		
	Refer to hospital, clinic or health centre		
	Give basic life support if unconscious		
Evaluate	Monitor person's condition until medical or professional help arrives, or until person can be moved to the hospital, clinic or health centre		
	Remain with person until medical or professional help arrives		

Topic 14 (optional)

Basic first aid for drowning



Learning objectives

At the completion of this topic, you will be able to:

- demonstrate how to assess first aid actions for a person who has drowned
- demonstrate how to plan first aid actions for a person who has drowned
- demonstrate how to implement first aid actions for a person who has drowned
- demonstrate how to evaluate first aid actions for a person who has drowned
- discuss how to prevent drowning in the community



Main learning points

1. Drowning occurs when one cannot breathe because of being under water.
 2. To rescue a person in the water:
 - extend upper body over water, making sure you have a firm foothold
 - grasp the person's wrists
 - extend a pole, towel, shirt or branch to person
 - move person to safety. Do NOT let person pull you into water
 - do NOT attempt a swimming rescue unless trained in water rescue
 3. Get help.
 4. Once out of the water, assess the person's condition.
 5. If unconscious, give basic life support.
 6. Provide psychological first aid.
-



Topic summary

A person can drown when water or any fluid stops air from entering into the mouth and nose. Drowning commonly occurs in deep water. It is also possible to drown in shallow water if the person is lying downward and is unable to move. Unconscious people can drown in their own vomit if their head is not tilted back.

Small children are most at risk of drowning because they are unable to judge the depth of water, are not able to swim, or are not strong enough to get out of dangerous water. It is important to watch small children closely when they are near water, no matter how deep.

Good swimmers can drown in water from exhaustion, or by misjudging the depth of water when diving.

A person who is drowning CANNOT usually shout for help. Signs that a person may be drowning are:

- being in the water fully clothed
- uneven swimming motions, indicating a swimmer is tired
- body sinks, and only the head shows above water

Signs a person has drowned

- bloated stomach
- blue skin, especially around the lips
- cold and pale skin
- cough pink and bubbly sputum
- confusion and/or irritability
- tiredness
- unconsciousness
- shallow breathing or gasping for air
- person NOT breathing, near or in water

Basic first aid steps for a person who has drowned

Assess

- Check scene for safety, including electrical hazard.
- Check the person's condition and level of consciousness.

Plan

- Send for help such as a lifeguard or person trained in water rescue.
- Look for a long pole, branch or rope to extend to person.
- If possible find a life jacket, lifebelt, or something that floats, to throw to person.

Implement

- Do NOT get into the water unless you are sure it is safe.
- If it is safe and you are able to get to the person, lift the person's head above the water and carry the person to safety.
- If the person is unconscious, give basic life support:
 - if person is NOT breathing, and if you are trained to do so, give CPR (see Annex, Basic life support (Part 2))
 - when breathing starts, place person in the recovery position to prevent drowning again from vomiting
- Cover the person with a blanket or towel to keep warm. Do NOT overheat.

Evaluate

- Check airway to make sure it remains clear and breathing continues.
 - Maintain the person in the recovery position if unconscious and breathing.
 - If the person has recovered from a drowning accident, refer to a hospital, clinic or health centre for evaluation by a medical professional.
-

Practice checklist for drowning

		Yes	No
Assess	Assess the scene for safety		
	Check the person's condition and level of consciousness		
Plan	Send for professional help		
	Look for a long pole, branch, shirt or rope to extend to person, or life jacket or flotation device such as a lifebelt to throw to person		
Implement	If safe, swim to the person and carry person to safety		
	Give basic life support if unconscious and NOT breathing (see Annex BLS Part 2)		
	Place person in recovery position if breathing		
	Cover the person with a blanket or towel to keep warm		
Evaluate	Check airway to make sure it remains clear and person is breathing		
	Maintain in the recovery position until the person is strong enough to get up and walk		
	Refer person to a hospital, clinic or health centre for evaluation by a medical professional		
	Remain with the person until medical or professional help arrives		

Topic 15 (optional)

Basic first aid for eye injuries and eye problems



Learning objectives

At the completion of this topic, you will be able to:

- demonstrate how to assess first aid actions for a person with an eye injury or eye problem
- demonstrate how to plan first aid actions for a person with an eye injury or eye problem
- demonstrate how to implement first aid actions for a person with an eye injury or eye problem
- demonstrate how to evaluate first aid actions for a person with an eye injury or eye problem



Main learning points

1. Eye injuries can be caused by a cut or blow to the eye, an object in the eye, harmful liquids or infections.
 2. Injury to the eye:
 - cover eyes with clean pad
 - apply cold compresses over the eye for about 30 minutes
 - get medical help
 3. Small object in the eye:
 - gently brush away
 - rinse with clean water
 4. Puncture/ big object in the eye:
 - cover eye loosely
 - transfer to hospital, clinic or health centre
 5. Infections:
 - wash your hands
 - clean the eyes with clean water
 - seek medical attention if not improved
-



Topic summary

Eye problems can be caused by:

- injury to the eye such as a cut or a strike to the eye
- a small object entering the eye such as dirt or glass
- a large object entering the eye or puncturing the eye
- chemicals or harmful liquids that enter the eye
- infections of the eye
- diseases
- poor nutrition in children, such as lack of Vitamin A

Eye problems can be dangerous because they may cause permanent loss of vision. It is important to seek medical attention for eye problems.

Signs of eye infection

Eye infections are common in small children and can spread from one person to another. Signs of an eye infection are when one or both eyes are:

- red
- painful
- swollen
- watery or teary
- pus draining from the eye

Basic first aid steps for eye injuries

Assess

- Check the scene for safety.
- Check the person's condition.

Plan

- Send for medical help.
- Arrange for emergency transportation to the hospital, clinic or health centre.

Implement

For injury, cut or strike to the eye:

- Cover eye with a clean soft pad and loose bandage.
- Make a cold compress by soaking a piece of cloth in cold water:
 - if available, place ice wrapped in plastic or cloth on the eye
 - keep the cold compress over the eye for about 30 minutes to reduce swelling, pain and bruising (black eye)
- Prepare to transport the injured person to the hospital, clinic or health centre.
- Ensure someone stays with the injured person.



Placing a cold compress on the eye

For small object in the eye:

- Ask the person to sit comfortably and to slowly look up, down, right, and left, until the foreign body is seen.
- Gently brush it away with a clean, soft piece of cloth or cotton pad, if possible.
- Rinse the bits out with clean cool water, working from the nose outwards.

For a large object sticking in the eye:

- If a foreign body is sticking in the eye do NOT pull it out.
 - Cover the eye loosely.
 - Transfer to a clinic or hospital.
-

For harmful liquids:

- Quickly rinse the eye(s) with clean water, working gently from the nose outwards to keep harmful liquid from getting into the other eye.



Rinsing the eye with clean water

For infection:

- Wash your hands first.
- Use clean cool water to bathe each eye.
- Use soft cotton pad and wipe each eye separately from the nose outward. Use a clean pad each time.
- Refer the person to hospital, clinic or health centre.

Evaluate

- Check to see if the eye condition has improved, and that no redness, bruising, swelling or pus exists.

Check your understanding

1. List four things that can cause eye problems:

- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____

2. What are signs of an eye infection?

- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____

3. True or false: If there is a foreign body sticking in the eye, you should NOT pull it out.

- ↳ _____

4. What can you do for a cut to the eye?

- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____

5. What can you do for an infected eye?

- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____

Notes

Practice checklist for eye problems

		Yes	No
Assess	Check the scene for safety		
	Check the person's condition		
Plan	Send for medical help		
	Arrange for emergency transportation to the hospital, clinic or health centre		
Implement	For injury, cut or strike to the eye: <ul style="list-style-type: none"> ■ Cover eye with a clean soft pad and loose bandage ■ Make a cold compress by soaking a piece of cloth in cold water ■ Prepare to transport the injured person to the hospital, clinic or health centre ■ Ensure someone stays with the injured person 		
	For a large object sticking in the eye: <ul style="list-style-type: none"> ■ Do NOT pull foreign body out of the eye ■ Cover the eye loosely ■ Transfer to a clinic, hospital or health centre 		
Evaluate	Evaluate the eye for reduced swelling and redness		
	Remain with the person until medical or professional help arrives		

Topic 16 (optional)

Basic first aid for animal and insect bites or stings



Learning objectives

At the completion of this topic, you will be able to:

- demonstrate how to assess first aid actions for animal and insect bites or stings
- demonstrate how to plan first aid actions for animal and insect bites or stings
- demonstrate how to implement first aid actions for animal and insect bites or stings
- demonstrate how to evaluate first aid actions for animal and insect bites or stings
- discuss ways to prevent animal and insect bites in the community



Main learning points

1. Animal and insect bites or stings can be dangerous.
 2. Check scene safety.
 3. Do NOT suck the wounds.
 4. Animal bites:
 - clean with soap and water
 - take person to hospital, clinic or health centre
 5. Bee sting:
 - scrape away sting
 - apply cold compress
 6. Snake bite:
 - lie down and keep person quiet
 - provide psychological first aid
 - wash away venom with water
 - do NOT use a tourniquet or suck the wound
 - transport to hospital, clinic or health centre.
 - try to identify snake
 7. Scorpion sting and spider bites:
 - apply cold compress
-



Topic summary

An animal or insect bite or sting can be dangerous. Bites or stings can cause infection, pain, shock, an allergic reaction and in some cases death. Babies and young children are most at risk. Some insect and animal bites can be poisonous and lead to unconsciousness.

Animal bites, especially from dogs, cats, foxes, rats, horses or bats can carry many germs including rabies. If a person is bitten by a dog it is important to find out whether the dog has been ill or behaving strangely. Signs of rabies in a dog are foaming around the mouth and severe thirst. A person bitten by a dog with rabies will need to be referred to a hospital, clinic or health centre where anti-rabies vaccine is available.

Some people have allergic reactions to bee stings. Signs of allergic reaction are swelling of the lips or throat, itching, difficulty breathing and sometimes death. It is important to get immediate medical attention if the person develops an allergic reaction.

To reduce the risk of a snake bite, avoid picking up and playing with snakes. Snakes often bite when they are afraid or surprised.

Scorpion stings are painful but not fatal.

Most spider bites are not dangerous, although some spiders have venom that can cause pain, swelling, fever, numbness, headache, sweating and nausea.

First aid steps for animal and insect bites or stings

Assess

- Check scene for safety, to ensure the animal is no longer present.
- Check the person's condition.
- Assess the wound.

Plan

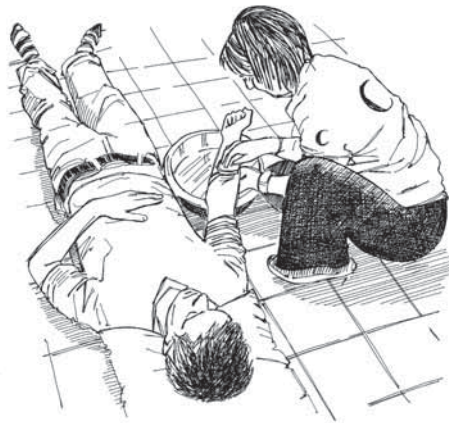
- Send for help.
- Protect yourself.

Implement

- Provide psychological first aid.
- Reassure person that first aid will be given and explain what is happening.

Animal bites:

- Clean the wound with water.
- Stop any bleeding.
- Apply clean dressing and cover the wound.
- Ask the person to identify the animal and describe the animal's behaviour.
- Send the person to get professional medical attention.



Volunteer washing out a wound

Bee or wasp sting:

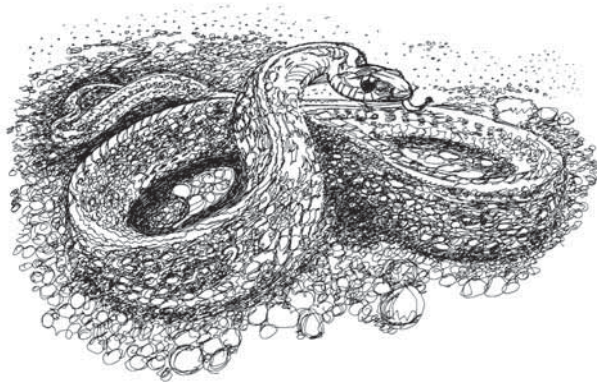
- Scrape away the sting if still in the wound.
- Apply a cold pack to the wound to keep swelling down.
- If person is allergic to bee stings, transport to hospital, clinic or health centre immediately.



Bee

Snake bite:

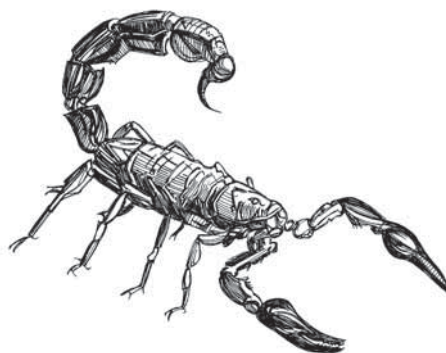
- Remain calm.
- Ask the person to lie down and keep still.
- Immobilize the bitten arm or leg.
- Use water to wash out the wound. Do NOT scrub the wound.
- Remove any jewellery, because swelling can spread quickly.
- Do NOT use a tourniquet or suction material.
- Do NOT cut the wound to remove the venom.
- Do NOT suck on the wound.
- If possible, identify the type of snake.
- Transport to hospital, clinic or health centre immediately, while keeping the person as still as possible.



Snake

Scorpion sting:

- Apply a cold pack to the wound to keep swelling down.
- Send for medical help if the pain does not decrease.



Scorpion

Spider bite:

- Clean the area with water.
- Apply a cold pack to the wound to keep swelling down.
- Send for medical help if the pain does not decrease.

Evaluate

- Check that qualified assistance has been called or transportation has been arranged to hospital, clinic or health centre.
 - Observe the person's condition.
 - If the person becomes unconscious, give basic life support.
-

Topic 17

Basic first aid for fever



Learning objectives

At the completion of this topic, you will be able to:

- demonstrate how to assess first aid actions for a person with fever
- demonstrate how to plan first aid actions for a person with fever
- demonstrate how to implement first aid actions for a person with fever
- demonstrate how to evaluate first aid actions for a person with fever



Main learning points

1. Fever is most common and serious in children and babies.
2. Fever is when the body temperature rises causing a person to feel hot.
3. Fever is caused by infections, such as malaria, pneumonia and others.
4. Signs of fever include skin feeling hot and dry, and person may shiver.
5. Assess the person's condition, conscious or unconscious.
6. Encourage to drink liquids.
7. Remove excess clothing.
8. Sponge with warm water.
9. If high fever, seek medical help, especially in areas with malaria.
10. The person with a fever in a malaria area will need anti-malarial drug.
11. Convulsions sometimes occur with high fever especially in infants.
12. Check the person's condition regularly.



Topic summary

Fever occurs when a person's body feels hot to touch. Fever is your body's reaction to infection. Fevers can cause the body to lose water and become dehydrated. It is important to give plenty of fluids to drink if the person is conscious.

Fever in very young children and babies may be a sign of serious illness. Fever can be a sign of malaria, dengue, tuberculosis or respiratory infection. If the person has a high fever in an area where there is malaria, it is important to seek medical help immediately. People with fever in a malaria area need to be treated with the correct anti-malaria medicine as soon as possible.

Signs of fever

- skin feels hot to touch, hotter than your own body
- shivering or the person will feel cold
- sweating

Basic first aid steps for a person with fever

Assess

- Check the person's condition.
- The person's body will feel hot to touch.
- Ask about other symptoms such as rash, headache, vomiting, cough or pain.

Plan

- If the fever is very high, send for medical help.
- If the fever is in a baby or young child, arrange transport to hospital, clinic or health centre.

Implement

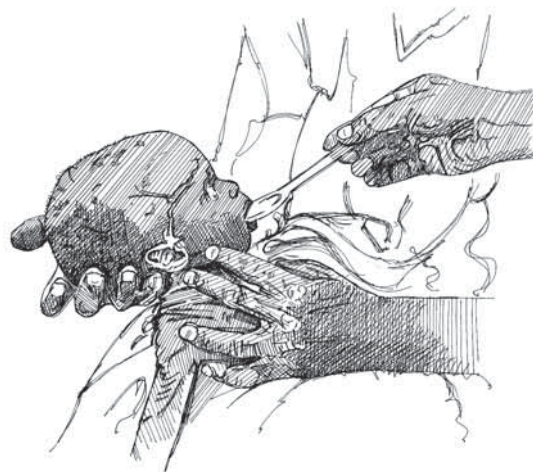
- If the person is unconscious give basic life support.
- If the person or child can drink, eat and move about:
 - give more fluids to drink than usual
 - encourage babies to breastfeed as much as possible
 - encourage the person to rest
 - eat nutritious food such as soups, rice, and pureed fruits and vegetables
 - cool the body down by removing excess clothing and sponging the body with tepid (luke-warm) water



Cooling down a child



Continue breastfeeding



Giving extra fluids

Evaluate

- Check the person's condition regularly.
- Remove any covering if the person is too hot. Add covering if the person becomes cold.
- If the person becomes unconscious give basic life support.
- Send the person for medical help as soon as possible.

Topic 18

Basic first aid for convulsions



Learning objectives

At the completion of this topic, you will be able to:

- demonstrate how to assess first aid actions for a person who is convulsing
- demonstrate how to plan first aid actions for a person who is convulsing
- demonstrate how to implement first aid actions for a person who is convulsing
- demonstrate how to evaluate first aid actions for a person who is convulsing
- discuss ways to increase awareness of causes of convulsions and reduce stigma



Main learning points

1. A convulsion is when a person has uncontrollable body shakes. The person may collapse, froth at the mouth and pass urine.
 2. Stay calm.
 3. Prevent injury by ensuring that nothing is within reach that can harm the person.
 4. Assess and evaluate person's condition.
 5. Time how long the convulsion lasts.
 6. Make the person as comfortable as possible.
 7. Do NOT hold the person down.
 8. Do NOT put anything in the person's mouth.
 9. Do NOT give the person water, medicine or food until fully alert.
 10. Provide psychological first aid.
 11. Transport the person to the hospital, clinic or health centre.
 12. Do NOT stigmatize people who have convulsions.
-



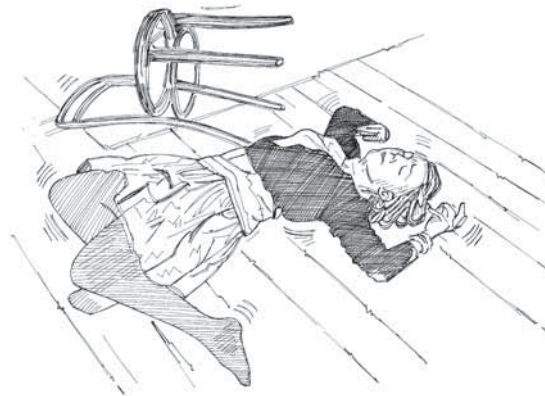
Topic summary

A convulsion is an uncontrollable body shake that causes the person to collapse, froth at the mouth, and sometimes pass urine. The person having the convulsion is not aware of what is happening. Convulsions are sometimes called “fits”.

There are many causes of convulsions. Watching a person having a convulsion can be frightening. It is important to stay calm and reassure family members and people standing nearby to stay calm. Convulsions are NOT infectious. It is important not to stigmatize people who have convulsions.

It is important to protect the person having a convulsion from harm or injury. After the person finishes shaking s/he may not wake up right away. When a person wakes up from a convulsion they will often be confused and frightened. It is important to comfort and reassure the person and explain to them what happened.

If a pregnant woman has a convulsion it can be very dangerous both for the mother and the unborn baby. It is important to get medical help immediately and prepare to transport the woman to hospital, clinic or health centre.



Person convulsing

First aid steps for a person who is convulsing

Assess

- Check the scene for safety.
- Check the person's condition.

Plan

- Keep calm.
- Ensure safety of the person convulsing.
- Reassure people standing near by not to be afraid.

Implement

- Help the person to the ground and protect head from injury.
- Remove any objects nearby to prevent injury.
- Let the convulsion end. Do NOT try to stop the shaking.
- Do NOT place anything in the person's mouth.
- Do NOT give any drinks, medicine or food.
- When the shaking stops, the person may sleep. Put person in recovery position and stay with them until they wake up.
- When the person wakes up, introduce yourself and explain what happened. Give psychological first aid.
- If the person becomes unconscious give basic life support.

Evaluate

- Monitor the person's condition.
 - Refer the person to the hospital, clinic or health centre.
-

Check your understanding

True or false?

1. Convulsions are infectious.

↳ _____

2. Wait for a convulsion to end.

↳ _____

3. When the person finishes convulsing they may not wake up right away.

↳ _____

4. You should shake the person who is convulsing to get them to stop.

↳ _____

5. Do NOT place anything in the mouth of a person who is convulsing.

↳ _____

Notes

Topic 19

Infection control in first aid



Learning objectives

At the completion of this topic, you will be able to:

- state why infection control is important
- list four steps for preventing infection
- demonstrate how to protect yourself and others against infection in first aid



Main learning points

1. Blood and body fluids, such as spit, vomit and faeces, contain germs that may be passed to others.
 2. Unbroken skin is a good barrier to prevent direct contact with germs and infection.
 3. Basic hygiene and hand washing, good safety and precautionary measures, and common sense are important to reduce infection.
 4. Volunteers should give first aid to anyone in need without discrimination and treat everyone with respect.
 5. Steps to prevent infection include:
 - washing hands before and after giving first aid care
 - covering cuts, especially on hands
 - avoiding direct contact with blood
 - cleaning up blood spills
 6. Seek medical help especially if wounds look red, hot and painful to touch after some days.
 7. Make sure you are protected against tetanus.
-



Topic summary

Blood and body fluids such as spit, vomit and faeces have germs that can be passed to others. It is important to practise infection control to prevent the spread of germs when giving first aid. There are four steps volunteers can practise to prevent infection:

1. Wash hands:

- always wash hands before and after giving first aid and care
- if blood (or other body fluid) splashes into eyes or mouth, rinse them immediately with plenty of clean water

2. Cover any cuts or open wounds on hands:

- cover any cuts, grazes, or other open wounds with plaster, clean cloth or bandage
- if possible, wear gloves
- alternatively, use a clean plastic bag as a barrier before coming into contact with blood or an open wound

3. Avoid direct contact with blood:

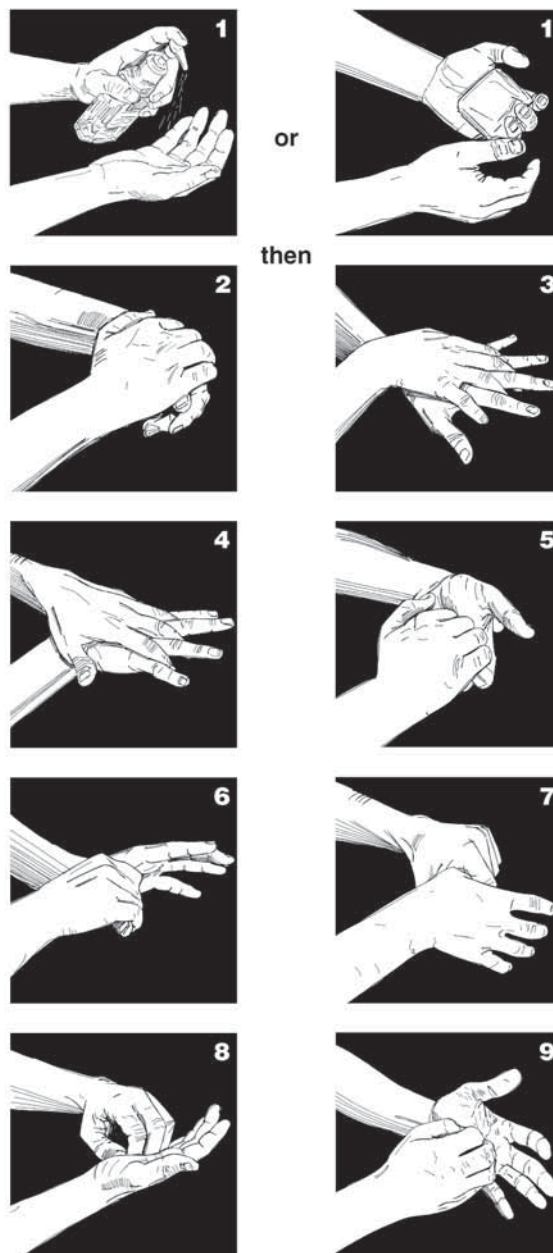
- if a person is bleeding, ask him/her to put pressure on the wound himself/herself
- use plenty of clean gauze, thick dressings or a plastic bag as a barrier to avoid direct contact with blood

4. Clean up blood spills:

- burn bloodstained bandages, or bury them as deep as possible in plastic bags
- treat stains with household bleach
- wash bloodstained clothes, linens and instruments in very hot water
- if you prick or wound yourself when handling blood or body fluids, immediately:
 - wash the area well with soap and clean water
 - report any volunteer injury to coach, supervisor or local medical personnel
- advise the person to seek medical help especially if wounds look red, hot and painful to touch after some days
- make sure you are protected against tetanus

Proper hand washing with soap and water

- Wet your hands with warm, running water and apply liquid soap or use clean bar soap.
- Lather well. Rub your hands vigorously together for at least 15 to 20 seconds.
- Scrub all surfaces, including the backs of your hands, wrists, between your fingers and under your fingernails.
- Rinse well.
- Dry your hands with a clean or disposable towel.



Rinse well

Proper hand washing

Topic 20

Basic first aid kit



Learning objectives

At the completion of this topic, you will be able to:

- list the items in a first aid kit
- describe how to use the items
- locate where supplies for a first aid kit can be obtained



Main learning points

1. Keep first aid kit stocked.
2. Keep first aid kit nearby.
3. Know how to use the first aid kit.



Topic summary

A stocked first aid kit can help with first aid responses for common injuries. A volunteer's first aid kit should always be ready and nearby, so that it can be accessed quickly.

It is important to keep the first aid kit stocked and know where to get items that need replacing. A volunteer can obtain supplies from the local health centre or local Red Cross Red Crescent branch or chapter. Items can also be purchased from local sources.

The first aid kit and stock must be checked frequently to ensure there are sufficient supplies of good quality. A volunteer needs to know how to use the items in the first aid kit.

Recommended first aid kit contents

Stock the first aid and disaster preparedness kit with:

1. sterile gauze bandages in different sizes
2. large quantity of non-sterile gauze in different sizes
3. some cotton and stretch bandages
4. adhesive tape
5. safety pins
6. adhesive plasters in different sizes
7. triangle bandages
8. cotton wool
9. soap
10. if available, reusable or disposable gloves
11. bottle of clean water
12. if available, oral rehydration salt (ORS) packets
13. scissors
14. candles and matches
15. pencil, paper and a notebook
16. list of names and contact telephone numbers for emergency care services



First aid kit

Annex

Basic life support (Part 2)



Learning objectives

At the completion of this topic, you will be able to:

- demonstrate the steps for basic life support for an adult who is unconscious and NOT breathing
- demonstrate the steps for basic life support for an infant who is unconscious and NOT breathing
- demonstrate the steps for basic life support for a child who is unconscious and NOT breathing



Main learning points

1. If the area is unsafe for you or the person, move the person to a safe location.
2. If the person is face down and needs basic life support, turn the person face up.
3. If the person is unconscious, has an open airway, and is breathing, turn the person onto his or her side (recovery position) with the person's hand in front.
4. If the person is not breathing:
 - turn on back
 - open airway
 - check if person is breathing. Look, listen and feel
 - give 30 chest compressions
 - give two rescue breaths
 - continue until help arrives



Topic summary

What is basic life support?

Basic life support is a life-saving technique to maintain the **A**irway, **B**reathing and **C**irculation (ABCs) of an injured or sick person before professional medical help arrives.

- Airway: keeping the nose, mouth and throat open and free from obstruction so air can get to the lungs.
- Breathing: keeping air flowing in and out of the lungs if the person has stopped breathing, by giving mouth-to-mouth breaths.
- Circulation: keeping the movement of blood through the heart and the body if the person's heart has stopped beating, by giving chest compressions.

ABC steps of cardiopulmonary resuscitation (CPR)

Assessment: determine unresponsiveness by:

- tap or gently shake shoulders
- ask, "Are you alright?"
- if person is conscious, leave in position you found him, unless in danger. Determine what happened and whether help is needed. Monitor until help arrives

Get help:

- shout "Help!"
- if unconscious, position on back
- turn slowly on to back, while supporting the head and neck

A. Airway

Open the airway with head tilt/chin lift:

- carefully tilt the head back
 - lift the chin to open the airway
 - if the person is unresponsive, has an open airway, and is breathing, turn the person onto his or her side (recovery position) with the person's hand in front. This will prevent choking if the person vomits.
-



Open airway – Head tilt and chin lift

B. Breathing

Assessment: determine if breathing (allow ten seconds):

- look to see if chest is moving up and down
- listen for sounds of breathing at the person's mouth
- feel for breath on cheek

If not breathing, send for medical help and start with chest compressions.

If obstructed, clear the airway:

- reposition head tilt/chin lift
- check inside the mouth for an obstruction and clear the airway



Mouth to mouth resuscitation

C. Circulation

Begin chest compressions:

- 30 compressions, at approximately 100 per minute
- Give two rescue breaths

Alternate 30 compressions with two rescue breaths.

Continue until:

- help arrives
- the person begins breathing normally
- you can no longer continue due to exhaustion



Volunteer performs chest compression

CPR for an infant and a child

Infant = less than one year old

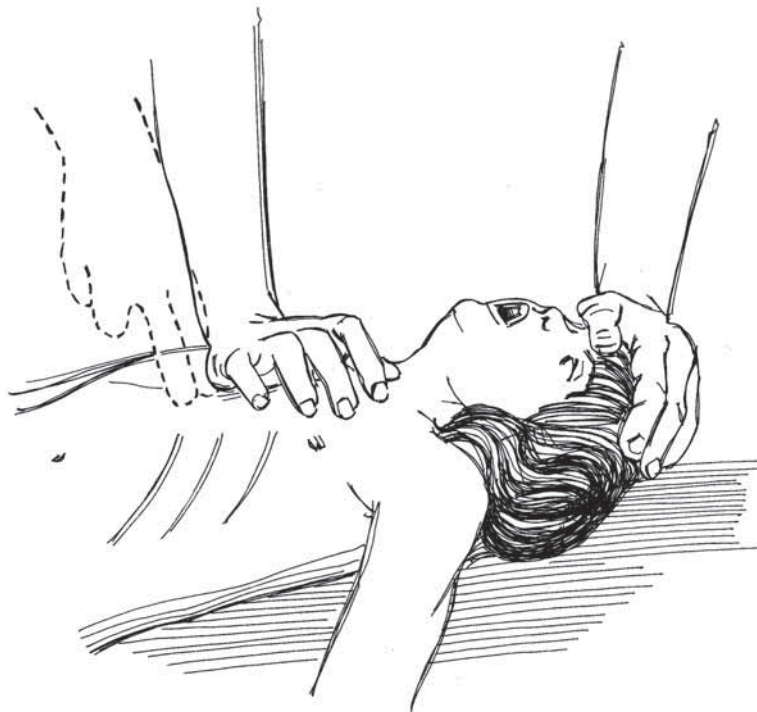
Child = between the age of one year and onset of puberty

The same sequence of chest compressions and rescue breaths applies to children and infants. There are four differences to consider:

1. The chest compressions on children and infants should be made over the breast bone to a depth of one third of the chest depth.
 2. For infants, only use two fingers to do the compressions.
 3. Children will need one or two hands to do the compressions.
 4. Children and especially infants need less volume of air to achieve ventilation.
-



Chest compressions on an infant



Chest compressions on a child

Practice checklist for BLS (CPR)

		Yes	No
Assessment	Assess the scene		
	Assess the person: <ul style="list-style-type: none"> ■ determine unresponsiveness ■ get help ■ if unconscious, put person in recovery position 		
Airway	Open the airway with head tilt/chin lift		
Breathing	Determine if breathing (allow ten seconds): <ul style="list-style-type: none"> ■ look to see if chest is moving up and down ■ listen for sound of breathing ■ feel for the breath against the cheek 		
	If the person is breathing normally, put the person into the recovery position		
	If not breathing, begin chest compressions		
Circulation	Give 30 chest compressions		
	Give two rescue breaths		
	Continue to alternate 30 compressions (about 100 compressions in one minute) with two rescue breaths until professional/medical help arrives, the person resumes breathing, or the rescuer is exhausted		

Answer keys

Check your understanding

Module 4, Topic 1: Principles of first aid

Answer key

- 1. What is first aid?**
 - First aid is the immediate assistance given to an injured or sick person until medical or professional help becomes available or arrives.
- 2. What are the four principles of first aid management?**
 - Stay calm. Do NOT take risks for yourself, the injured person, or the witnesses.
 - Manage the situation to allow safe access to the person.
 - Manage the person.
 - Do things step by step.
- 3. What are the four steps for first aid?**
 - Assess safety at the scene and condition of the person.
 - Plan first aid interventions based on the assessment.
 - Implement first aid and psychological support.
 - Evaluate effect of the first aid and monitor the person.

Check your understanding

Module 4, Topic 7: Basic first aid for burns and scalds

Answer key

True or false?

- 1. Large burns and scalds may be life-threatening.**
→ True.
- 2. Cool all burns with clean water for 15 to 20 minutes.**
→ True for small and minor burns. False for large and severe burns.
- 3. Do NOT open unbroken blisters.**
→ True.
- 4. Apply oil or butter to a burn.**
→ False.
- 5. Cover a large burn with a clean, moist cloth or towel.**
→ True.

Check your understanding

Module 4, Topic 9: Basic first aid for injury to bones, muscles or joints

Answer key

- 1. What is the aim of first aid for injured bones, muscles or joints?**
→ To reduce pain.
→ To prevent further injury.
→ To prevent major bleeding and shock.
→ To manage unconsciousness.
- 2. What is an open broken bone?**
→ This is indicated by a wound at the site or the bone sticking out of the skin.
- 3. How long should you cool the injury with ice wrapped in a towel?**
→ Cool for 20 minutes at a time.
- 4. If emergency services are coming, should you splint the injury?**
→ NO.

Check your understanding

Module 4, Topic 12: Basic first aid for stroke

Answer key

1. **What can cause a person to have a stroke?**
 - ↳ Stroke happens when there is bleeding into the brain, or the normal flow of blood to the brain is blocked. Stroke can be caused by high blood pressure, heart disease or diabetes.
2. **What are signs a person may be having a stroke?**
 - ↳ Sudden and severe headache.
 - ↳ Sudden weakness or numbness in the face, arms or legs.
 - ↳ Dizziness, confusion, or blurring vision, particularly in one eye.
 - ↳ Loss of speech, trouble talking or understanding others talking.
 - ↳ Difficulty walking or keeping balance.
 - ↳ Sudden unconsciousness.
3. **What three questions should you ask a person who may be having a stroke?**
 - ↳ Can you smile?
 - ↳ Can you close your eyes and lift both arms above your head?
 - ↳ Can you repeat the words I say?
4. **What should you do for a person who is having a stroke?**
 - ↳ Send for professional help.
 - ↳ Arrange for emergency transportation to the hospital, clinic or health centre.
 - ↳ Give psychological first aid by reassuring the person and explaining what is happening.
 - ↳ Help the person to a comfortable position, lying down if possible.
 - ↳ Ask person to rest and try not to move.
 - ↳ Assess the person's condition regularly.

Check your understanding

Module 4, Topic 15: Basic first aid for eye injuries and eye problems

Answer key

1. List four things that can cause eye problems:

- Cut or strike to the eye.
- Small objects such as dirt or glass.
- Large objects that puncture the eye.
- Harmful liquids.
- Infections.
- Diseases.
- Poor nutrition, such as lack of Vitamin A.

2. What are signs of an eye infection?

- Red.
- Painful.
- Swollen.
- Watery or teary.
- Pus.

3. True or false: If there is a foreign body sticking in the eye, you should NOT pull it out.

- True.

4. What can you do for a cut to the eye?

- Cover both eyes with a clean soft pad and loose bandage.
- Make a cold compress by soaking a piece of cloth in cold water:
 - if available, place ice wrapped with a cloth on the eye
 - keep the cold compress over the eye for about 30 minutes to reduce swelling, pain and bruising (black eye)
- Prepare to transport the injured person to the hospital, clinic or health centre.
- Ensure someone stays with the injured person.

5. What can you do for an infected eye?

- Wash hands first.
- Use clean cool water to bathe each eye.
- Use soft cotton pad and wipe each eye separately from the nose to the outside. Use a clean pad each time.
- Refer the person to hospital, clinic or health centre.

Check your understanding

Module 4, Topic 18: Basic first aid for convulsions

Answer key

True or false?

- 1. Convulsions are infectious.**
↳ False.
- 2. Wait for a convulsion to end.**
↳ True.
- 3. When the person finishes convulsing they may not wake up right away.**
↳ True.
- 4. You should shake the person who is convulsing to get them to stop.**
↳ False.
- 5. Do NOT place anything in the mouth of a person who is convulsing.**
↳ True.

Volunteer Manual

MODULE 5

Community mobilization in major emergencies

Goal

In this module you will learn about major emergencies that may affect your community and how to act to prepare and respond to them.

Topics

There are two topics in this module containing core content for CBHFA volunteers. The basic information in the module is an appropriate overview for volunteers who will be mobilized in the event of an emergency in their community or country. In the event of a disaster or epidemic outbreak, it will be necessary to mobilize as many first responders as possible.

Topic 1 Community mobilization in major emergencies

Topic 2 Public health in emergencies: preventing and responding to epidemics

Community Tools

Community Tools are provided for use in conjunction with Topics 1 and 2.

Topic 1

Community mobilization in major emergencies



Learning objectives

At the completion of this topic, you will be able to:

- describe types of disasters that may affect the community
- discuss how disasters can affect public and individual health and the needs for living
- list the community's vulnerability to hazards and capacity to respond
- describe how the effects of a disaster can be minimized before, during and after a disaster
- coordinate health activities with disaster preparedness and disaster management volunteers for disaster preparedness, risk reduction and disaster response before and during emergencies
- review and prioritize first aid actions (from Module 4) that are appropriate for major emergencies
- list and describe how to promote healthy behaviours after emergencies in regards to hygiene, water and prevention of communicable diseases

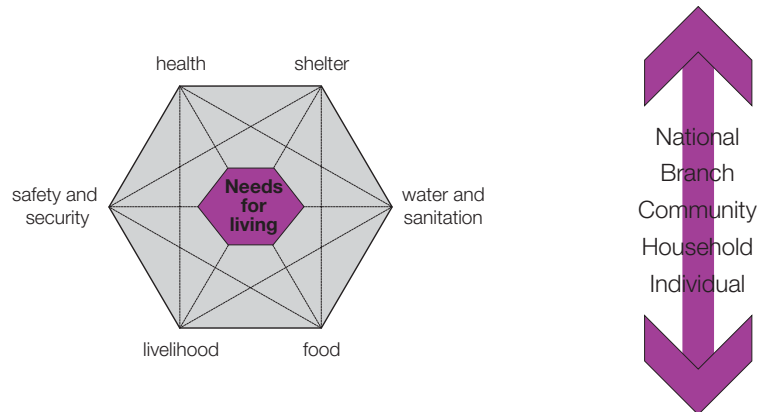


Main learning points

1. Disasters are man-made or natural events. Disasters frequently exceed the community's capacity to stay healthy.
2. There are different types of natural and man-made disasters. Each has different effects on the community and the health of individuals.
3. Disasters affect peoples' health by causing:
 - direct injuries that may lead to death
 - communicable diseases such as diarrhoea, measles and malaria
 - psychological trauma and stress
 - contamination of water sources
 - other diseases
4. Communities have different vulnerability to different types of disaster. Volunteers need to understand the vulnerability of their own communities to disasters.
5. Community members and CBHFA volunteers should work in disaster relief with disaster preparedness (DP) and disaster management (DM) volunteers. It is important to understand the roles and responsibility of DP and DM volunteers and to work with them before and during disaster response.
6. When there are many injured people, volunteers should provide effective first aid. Volunteers must be able to assess people who are injured so that lives can be saved. Give first aid for:
 - life-threatening conditions which should be treated first, for example, severe bleeding
 - major wounds that are not immediately life-threatening
 - minor wounds
 - dying people
7. Volunteers need to be able to provide psychosocial support to affected people in their communities.
8. People need to practise proper hygiene, use clean water and good sanitation, use mosquito nets and receive vaccinations to overcome the effects of disasters.

 **Topic summary**

Emergencies lead to disruption of the normal community functions. Emergencies can include widespread injuries, deaths, material and environmental losses.



After an earthquake



During a flood

CBHFA volunteer actions

Before a disaster:

- be trained and prepared on first aid and disaster response
- know where important human and physical resources are located

During a disaster:

- contact a supervisor who will organize important resources:
 - human and physical resources
 - communication resources
 - water, food, health care and essential services
 - first aid and health facilities and resources
- give emotional support and psychological first aid
- assist health officials
- give basic first aid to casualties as directed by more specialized volunteers in disaster management, branch or chapter staff and volunteers, or health professionals
- help organize safe transport of injured people to the nearest health facilities
- support medical teams during mass casualty incidents
- help bury the dead
- help people in temporary shelters
- communicate with other volunteers, branch staff and community members to ensure safety
- provide mutual assistance according to the seven Fundamental Principles
- distribute relief items
- encourage and support other volunteers



Volunteers carrying the injured

After a disaster:

- continue to assist in basic health care and first aid
- give emotional support and psychological first aid
- help disseminate disease prevention and health education advice to household groups and community members. Important topics will include:
 - fever
 - pneumonia and acute respiratory infection
 - diarrhoea and dehydration
 - malnutrition
 - other community health problems



Psychological support education

Key messages

- Community members and volunteers can prepare for disasters.
- Working together, volunteers and community members can reduce bad effects caused by disasters.
- Disasters can cause injuries as well as cause epidemics and diseases.
- Learning first aid and psychological support can help save lives in a disaster.
- Practise hygiene, use clean water and good sanitation, use mosquito nets and receive vaccinations to overcome the effects of disasters.

Check your understanding

1. Disasters can affect the community's health in bad ways. List three bad results caused by disasters:



List two actions that a CBHFA volunteer can perform before a disaster:



3. List five actions that a CBHFA volunteer can perform during a disaster:



Notes

Topic 2

Public health in emergencies: preventing and responding to epidemics



Learning objectives

At the completion of this topic, you will be able to:

- describe how infections can spread in the community
- identify six categories of diseases that can cause epidemics in the community
- list the main prevention activities in relation to each category of disease
- describe the main aspects of managing an outbreak for each category of disease
- list epidemics that affect the community regularly
- describe how to work with volunteers trained in epidemic control during emergency response



Main learning points

1. Six categories of diseases cause epidemics:
 - diarrhoeal diseases
 - respiratory infections
 - diseases preventable by vaccines (polio, yellow fever, measles and meningitis)
 - diseases transmitted by vectors (malaria, dengue)
 - very contagious and fatal diseases (Ebola and Marburg)
 - new diseases, such as pandemic influenza, avian influenza and Severe Acute Respiratory Syndrome (SARS)
2. Each category of diseases has a certain set of activities that help prevention:
 - hygiene, water and sanitation
 - having good and clean shelter
 - vaccination of children
 - NOT getting mosquito bites
 - avoiding unnecessary exposure to any diseases
3. When an outbreak happens, volunteers need to take specific actions.
4. It is important to know which epidemics happen in the community.
5. If epidemics happen regularly and frequently in the community, volunteers should get additional training on epidemic control.



Topic summary

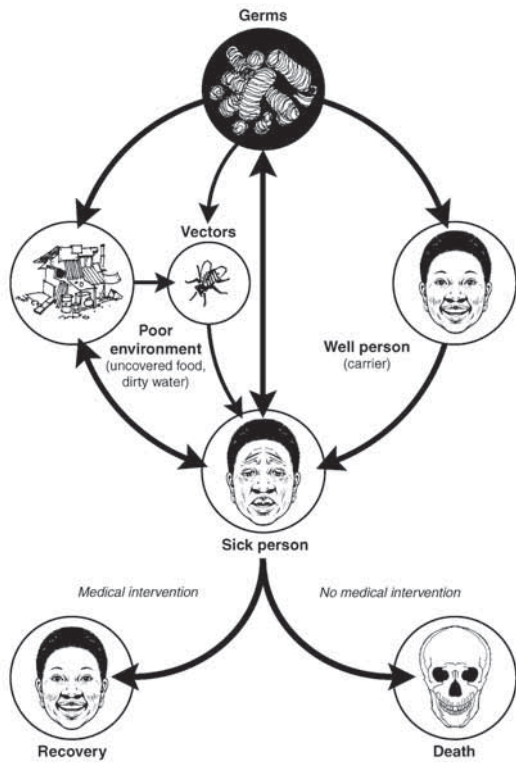
Infections

An infection is a disease that one person can pass to another. Infections are caused by different kinds of germs. Germs are so small that they cannot be seen. Germs can spread:

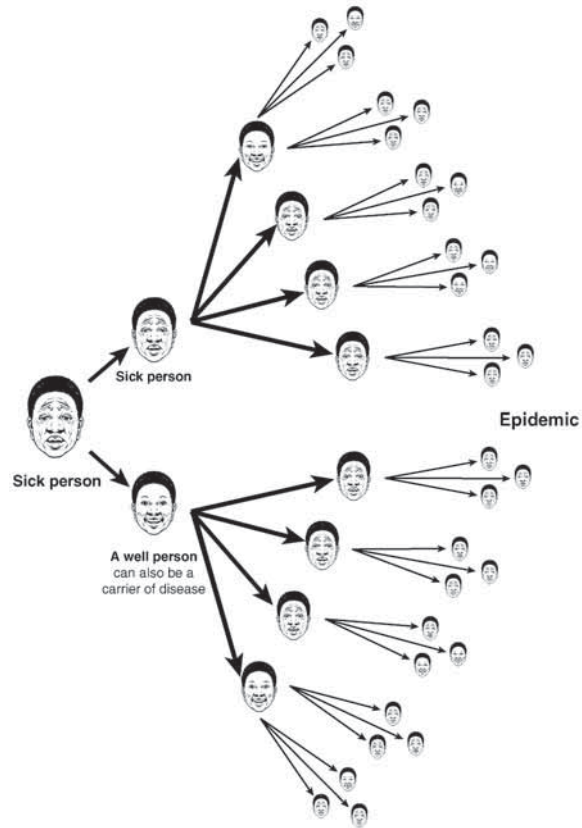
- A. through the environment or surroundings:
 - air
 - unsafe water
 - soil
 - food

- B. from people to people:
 - coughing or sneezing
 - blood
 - body fluids from sex, urine, faeces or saliva
 - unclean hands

- C. through animals or insects:
 - mosquitoes
 - rats
 - chickens
 - other animals or insects



The infection cycle



Spread of disease

Infections can make a person sick. Some people can get infections and not feel sick, but can spread the infection to another person because they carry the germ. These people are called carriers. Some people will never get sick and do not carry the germ because they have immunity. Vaccines can provide immunity from some infections.

Infections can spread from animals to other animals, or to humans. Animals that carry the germ are called vectors.

Infectious diseases are present in any community.

Six categories of diseases that cause epidemics

There are six categories of diseases that cause epidemics:

1. diarrhoeal diseases (cholera, salmonella, e-coli, cryptosporidium)
2. respiratory infections (tuberculosis)
3. diseases preventable by vaccines (polio, yellow fever, measles, rotavirus and meningitis)
4. diseases transmitted by vectors (malaria, dengue)
5. very contagious and fatal diseases (Ebola and Marburg)
6. new diseases (pandemic influenza, avian influenza and SARS)



Child with diarrhoea



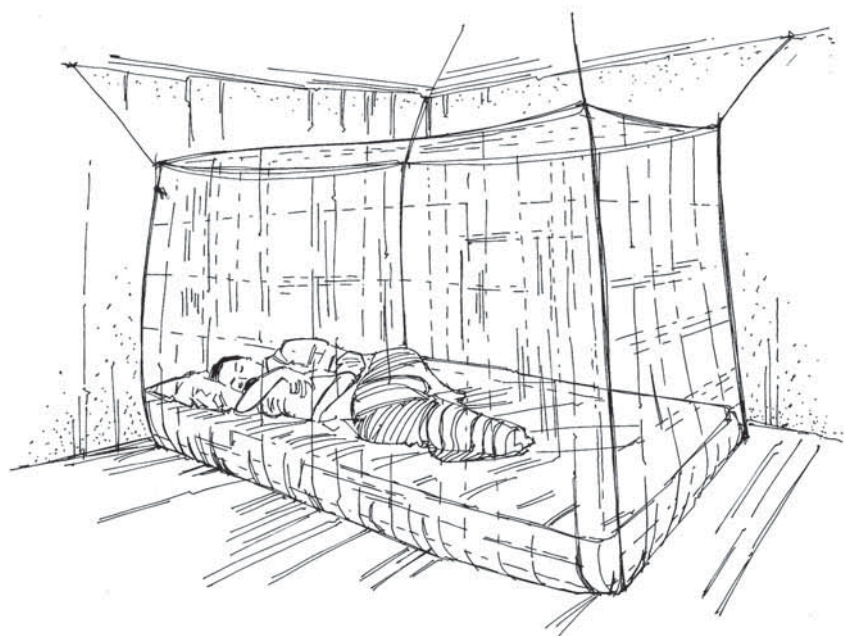
Child with measles

Volunteer actions for epidemics

- Educate community members about disease prevention.
- Educate community members about how to recognize signs and symptoms of illnesses.
- Refer community members with illnesses to the health facility.
- Assist health officials to manage outbreaks.
- Get trained on epidemic control to learn how to assess and survey epidemics.

Key messages

- Epidemics can be prevented.
- Epidemic prevention begins with:
 - practising good hygiene and proper sanitation
 - using safe water
 - having good shelter
 - vaccinating children
 - NOT getting mosquito bites



Mother and child under a mosquito net

Community activity

1. Use the Community Tools with members of your community household to educate them on how to prevent diseases that cause epidemics.
2. Learn what your National Society is doing to plan for epidemics. Ask how you can help.
3. Meet with community leaders and leaders from other community organizations to learn what they know about epidemics and what preparation plans they have made.
4. Talk to members in the health facility about mass vaccination campaigns. Ask what volunteers can do to help.
5. If diseases carried by mosquito vectors are a problem in the community, find out about availability of mosquito nets and how community members can obtain them.

Check your understanding

1. What are the six categories of diseases that cause epidemics?

- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____

2. List five sets of activities that can help prevent epidemics:

- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____

Notes

Answer keys

Check your understanding

Module 5, Topic 1: Community mobilization in major emergencies

Answer key

1. **Disasters can affect the community's health in bad ways. List three bad results caused by disasters:**
 - ↳ Direct injuries.
 - ↳ Communicable diseases such as diarrhoea, measles and malaria.
 - ↳ Psychological trauma and stress.
 - ↳ Contamination of water sources.
 - ↳ People killed.
 - ↳ Other diseases.
2. **List two actions that a CBHFA volunteer can perform before a disaster:**
 - ↳ Be prepared.
 - ↳ Be trained and prepared on first aid and disaster response.
 - ↳ Know where important human and physical resources are located.
3. **List five actions that a CBHFA volunteer can perform during a disaster:**
 - ↳ Make contact and coordinate with important resources:
 - human and physical resources
 - communication resources
 - water, food, health care and essential services
 - first aid and health
 - ↳ Give emotional support and psychological first aid.
 - ↳ Assist health officials.
 - ↳ Give basic first aid to casualties as directed by more specialized volunteers in disaster management, branch/chapter staff or health professionals.
 - ↳ Help organize safe transport of injured people to the nearest health facilities.
 - ↳ Support medical teams during mass casualty incidents..
 - ↳ Help bury the dead.
 - ↳ Help people in temporary shelters.
 - ↳ Communicate with other volunteers, branch staff and community members to ensure safety.
 - ↳ Provide mutual assistance according to the seven Fundamental Principles.
 - ↳ Distribute relief items.
 - ↳ Encourage and support other volunteers.

Check your understanding

Module 5, Topic 2: Public health in emergencies:
preventing and responding to epidemics

Answer key

1. **What are the six categories of diseases that cause epidemics?**
 - Diarrhoeal diseases.
 - Respiratory infections.
 - Diseases preventable by vaccines (polio, yellow fever, measles and meningitis).
 - Diseases transmitted by vectors (malaria, dengue).
 - Very contagious and fatal diseases (Ebola and Marburg).
 - New diseases (pandemic influenza, avian influenza and SARS).
2. **List five sets of activities that can help prevent epidemics:**
 - Hygiene and sanitation.
 - Safe water.
 - Having good and clean shelter.
 - Vaccination of children.
 - NOT getting mosquito bites.

Notes

Volunteer Manual

MODULE 6

Disease prevention and health promotion

Goal

In this module you will learn key information to share concerning disease prevention and health promotion. You will support household and community groups to adopt healthy behaviours.

Topics

Of the 16 topics in this module, you will have chosen at least five, depending on the priorities you set in the community assessment carried out during Module 3. As priorities in the community change, or something happens, like a natural disaster, you will add other health topics. The topics are:

- Topic 1 Community health education and promotion
- Topic 2 Family planning
- Topic 3 Safe motherhood
- Topic 4 Care of a newborn
- Topic 5 Nutrition
- Topic 6 Immunization and vaccination campaigns
- Topic 7 Safe water, hygiene and sanitation
- Topic 8 Diarrhoea and dehydration
- Topic 9 Acute respiratory infections
- Topic 10 Malaria prevention and control (optional)
- Topic 11 HIV and sexually transmitted infections (optional)
- Topic 12 Reducing stigma and discrimination (optional)
- Topic 13 Tuberculosis (optional)
- Topic 14 Avian influenza (optional)
- Topic 15 Dengue prevention and control (optional)
- Topic 16 Caring for the sick at home (optional)

Community Tools

Community tools are provided for use in conjunction with Topics 2 to 15 inclusive.

Topic 1

Community health education and promotion



Learning objectives

At the completion of this topic, you will be able to:

- describe disease prevention and health promotion
- describe and practise three methods of behaviour change communication
- demonstrate how to promote health education in the community



Main learning points

1. Behaviour change is a long-term process.
2. Behaviour change communication is most effective when it includes simple messages, delivered in a clear way and repeated often.
3. Health promotion provides people with accurate information and tools for preventing disease and improving health.
4. The most important tool for health promotion is effective communication.
5. Volunteers can help support behaviour change through household discussions on healthy living.
6. The Community Tools are a valuable resource to communicate health messages to household members and community groups.
7. Use the Community Tools to start conversations about particular health topics.
8. Use pictures to share information about healthy behaviours.



Topic summary

Health promotion and disease prevention are about effectively communicating healthy messages and practices to individuals and the community. Health communication is successful when the information provided helps a person begin a new healthy behaviour or change an unhealthy behaviour.

Living healthy lifestyles and adopting behaviours which prevent and minimize disease are the most effective methods to avoid illness and maintain a high quality of life.

Behaviour change communication (BCC)

Communication is the process of sharing information. Behaviour change communication means working with individuals and their communities to:

- promote healthy behaviours that fit in with their circumstances
- provide a supportive environment which will enable people to initiate and sustain positive behaviours

Successful behaviour change communication begins by deciding:

- WHAT information needs to be communicated
- WHO will communicate the information and who needs to receive it
- WHY people need to change their behaviour
- HOW the information will be communicated
- HOW OFTEN the message needs to be communicated
- WHEN the information should be communicated
- WHERE the best location is to communicate the message

Communicating with your peers

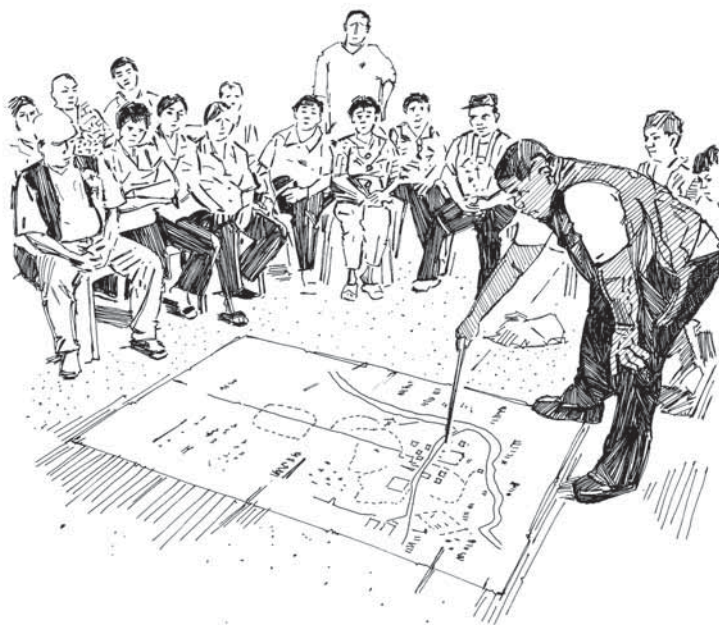
Individuals tend to learn better from people with whom they share similarities. Women may learn better about family planning from other women. Young people may be more open to learn about sex from other youth like them. This is called the peer approach or peer education. To be influential, the person giving the message has to be accepted as a true peer by the person receiving the message. Peer education is used in health promotion because:

- peers can learn from each other in informal settings, such as during day-to-day conversation or in places where people gather
 - peer education can take place in organized settings such as schools, youth clubs, religious institutions or workplaces. It can also happen in non-organized settings such as information gatherings, market places, water collection points or beauty salons
 - peer education is an effective tool as long as the messages that are disseminated are accurate and do not spread misconceptions or add to false beliefs
-

Communicating with adults

In communicating information to adults it is important to:

- get them fully involved in deciding what they want to learn
- make the learning experience participatory, by promoting discussions and engaging them in conversation, rather than lecturing at them
- use realistic examples of situations and actions to help them improve the community



Developing a map with the community

Barriers to health behaviour change

Some reasons why behaviour change communication may be ineffective include:

- lack of trust in the person who communicates the information
- a different belief system or disagreement with the message
- the health behaviour is not a priority because of other interests or needs
- there is a desire to change but there is a lack of resources or lack of access to health centres
- individuals are unable to change without community approval or unless all members of the community agree to change
- lack of support from others

Communication

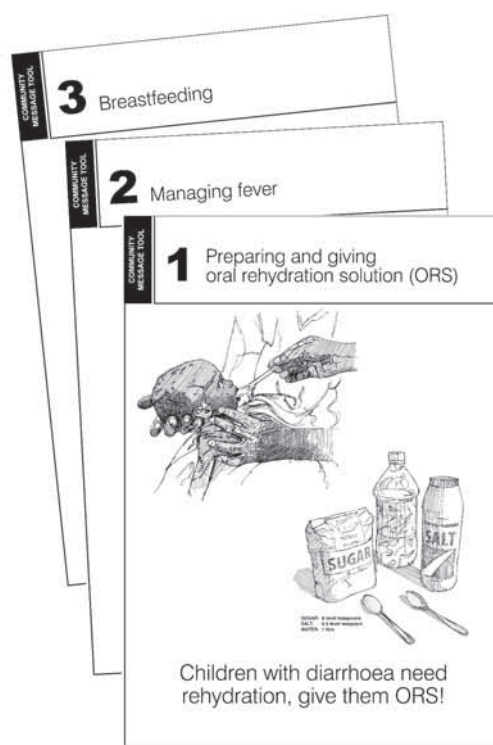
When communicating information regarding health promotion and disease prevention it is important for you to:

- look—make eye contact, observe the person's behaviour, assess the safety of the environment
- listen—to what people say and practise the fundamental principle of impartiality
- learn—understand why others may have a priority or a problem; learn to change ideas; learn from mistakes; learn from others
- share—adapt ideas
- care—show compassion and empathy

Using the Community Tools

When you use the Community Tools with individuals or communities, you should apply the Ask-Praise-Advise-Check method:

- ASK—find out which behaviours the person is currently practising well and which ones need improving
- PRAISE—always praise the person for the healthy behaviours or what s/he is doing that is correct
- ADVISE—give advice regarding behaviours that need improvement. If possible, demonstrate what the behaviour looks like
- CHECK—ask the person to describe what they understand and to repeat the information you have given him/her



Community Tools

Volunteer actions in the community

You will use the Community Tools to give information to community members about healthy practices and encourage them to make changes to improve their health. You should also model healthy behaviours in your own household. To help the healthy behaviours to be maintained, it is important that you give frequent appreciation and praise of the good practices you observe. You should also:

- know what priority health problems the community wants to tackle
- understand the community's cultural beliefs about health and illness
- know which other health messages are being communicated by other groups in the community
- discuss BCC messages with coaches or supervisors, community leaders, health workers and other volunteers
- work with families, communities, authorities and health services to influence social norms
- use simple and clear messages in easy-to-understand language
- communicate messages in different ways and make sure community members can re-state the key messages
- repeat key messages
- listen actively

Training session

During the training session, you will be asked to discuss the following scenarios:

Scenario 1

A male CBHFA volunteer meets individually with the mother of a newborn in her house. The mother has been breastfeeding her child exclusively for the last three weeks. He explains the benefits of breastfeeding. He states *“breast milk is the only food and drink a baby needs in the first six months”*. He arranges to come back to see her in six months.

Scenario 2

The community health leaders are organizing a vaccination campaign for the forthcoming childhood immunization days. A male health worker organizes a meeting of the community men at the local school. The health worker states that it is important for the community to get all children vaccinated because *“vaccinated children are happy children”*. The health worker encourages the men to talk to their families and states that he expects to see all their children vaccinated.

Scenario 3

A female CBHFA volunteer arranges to talk to a small group of young married women in the market about family planning. She brings pamphlets and samples of family planning methods to show the women. She explains *“planning pregnancies improves the health of mothers and children”*. The mothers have many questions. The volunteer refers them to the nearest family planning centre and arranges to meet with them weekly.

Remind yourself of the discussion by making some notes about the behaviour change communication message and whether it is effective in each scenario. Use the checklist that follows as a guide.

Notes

BCC checklist

WHAT information needs to be communicated?

- Promote a single clear message.
- Use simple and easy-to-understand language.
- Be specific about the message.
- Focus the message so it includes realistic and achievable actions.

WHY does this information need to be communicated?

- Why is the message important?
- How will people benefit if they change their behaviour?

HOW will the information be communicated?

- How can the message be most effectively communicated?
- Which materials can be used to communicate the message?

HOW OFTEN does the message need to be communicated?

- How often can the message be repeated?
- What type of reinforcement can be given for positive actions and behaviour change?

WHEN should the information be communicated?

- Is the individual or group ready to initiate behaviour change?
- What time of day or year is best to communicate the message?

WHO will communicate the information and who will receive it?

- Who is the best person to communicate the message?
- Who is the most informed or knowledgeable on the topic?
- Who speaks the local language and understands the cultural expectations?
- Who should receive the message?
- Who has access to the groups that need to hear the message?

WHERE is the best location to communicate the message?

- Where should the message be communicated?
- What opportunities are there in the community to communicate health messages to large groups of people?

Topic 2

Family planning



Learning objectives

At the completion of this topic, you will be able to:

- describe the benefits of family planning
- refer people to family planning centres
- discuss common contraceptive methods
- demonstrate correct condom use



Main learning points

1. Family planning helps couples decide when they wish to have children.
 2. Family planning helps couples decide how many children they wish to have.
 3. Use of family planning and birth spacing improves the health of mothers and children.
 4. Pregnancy before the age of 18 or after the age of 35 increases the health risks for the mother and her baby.
 5. For the health of both mothers and children, there should be a space of at least two years between births.
 6. Health risks during pregnancy and childbirth increase after four pregnancies.
 7. There are many safe and effective family planning methods to help people prevent pregnancy.
 8. Two kinds of family planning methods exist, temporary and permanent.
 9. Correct and consistent use of condoms protects against pregnancy and sexually transmitted infections (STIs).
-

Topic summary

Reproductive health and family planning

Reproductive health includes areas such as family planning, safe motherhood and prevention of HIV and sexually transmitted infections (STIs).

Knowledge about family planning methods and contraceptives, as well as access to family planning services, antenatal clinics and delivery services improve the health of women, children and the community.

Benefits of family planning

- Childbearing is healthiest for the mother and the baby when the mother is older than 18 years and younger than 35 years.
- Young children are more likely to survive when there are at least two years between births.
- Women and children are healthier when there are fewer than four children in a family.
- Family planning can give couples and individuals the choice of:
 - when to begin having children
 - how many children to have
 - time between birth of each child
 - when to stop having children
- Family planning offers many safe ways to avoid pregnancy.
- Family planning involves both men and women.



Family with fewer than four children

Family planning methods

There are a variety of contraceptive methods to help prevent an unplanned pregnancy. Some are natural and others are medical. Each method has strengths and weaknesses.

Permanent methods

Method	Description	Strengths	Weaknesses
Vasectomy	Surgically closes the male tubes that carry sperm	<ul style="list-style-type: none"> ■ most effective ■ one-time procedure 	<ul style="list-style-type: none"> ■ requires healthcare provider visit ■ not reversible
Female sterilization	Surgically closes the female tubes that carry eggs from the ovaries to the womb	<ul style="list-style-type: none"> ■ most effective ■ one-time procedure 	<ul style="list-style-type: none"> ■ requires healthcare provider visit ■ not reversible

Medical methods

Method	Description	Strengths	Weaknesses
Intrauterine device (IUD)	Small plastic device inserted into a woman's uterus. It irritates the lining of the womb so that a fertilized egg cannot grow.	<ul style="list-style-type: none"> ■ most effective ■ one-time procedure ■ sex able to be spontaneous 	<ul style="list-style-type: none"> ■ requires healthcare provider to insert ■ does NOT prevent against STIs or HIV ■ requires removal to become pregnant
Contraceptive implant	Small matchstick-size device inserted under the skin that releases hormones over several years.	<ul style="list-style-type: none"> ■ most effective ■ one-time procedure ■ sex able to be spontaneous 	<ul style="list-style-type: none"> ■ requires healthcare provider to insert ■ does NOT prevent against STIs or HIV ■ requires removal to become pregnant
Oral contraceptive (Pill)	Pill that contains hormones. It is taken daily to prevent eggs from growing.	<ul style="list-style-type: none"> ■ very effective if taken daily ■ sex able to be spontaneous ■ can reduce menstrual pain and bleeding 	<ul style="list-style-type: none"> ■ must remember to take each day ■ does NOT prevent against STIs or HIV ■ may have side effects
Injectable contraceptives	Injection of hormones that protect against pregnancy for several months.	<ul style="list-style-type: none"> ■ very effective ■ does not require daily action ■ sex able to be spontaneous 	<ul style="list-style-type: none"> ■ requires repeat injections ■ does NOT prevent against STIs or HIV ■ may have side effects
Male condom	A thin latex tube that is rolled over an erect penis before it enters the vagina.	<ul style="list-style-type: none"> ■ very effective if used correctly ■ provides protection against STIs and HIV 	<ul style="list-style-type: none"> ■ must use for every sex act ■ requires partner cooperation
Female condom	A plastic pouch inserted into the vagina before sex.	<ul style="list-style-type: none"> ■ effective ■ provides protection against STIs and HIV 	<ul style="list-style-type: none"> ■ 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.	<ul style="list-style-type: none"> ■ effective if used correctly with spermicides ■ has no hormonal side effects 	<ul style="list-style-type: none"> ■ must use for every sex act ■ requires visit to healthcare provider ■ does NOT protect against STIs or HIV
Spermicides	Chemicals (cream, jelly, foam) that kill sperm. Inserted into the vagina before sex.	<ul style="list-style-type: none"> ■ effective if used with another method such as a condom ■ have no hormonal side effects ■ add lubrication 	<ul style="list-style-type: none"> ■ do NOT protect against STIs or HIV

Natural or non-medical methods

Method	Description	Strengths	Weaknesses
Abstinence	Voluntarily abstaining from sex.	<ul style="list-style-type: none"> ■ completely effective ■ prevents STIs and HIV 	<ul style="list-style-type: none"> ■ requires commitment
Breastfeeding exclusively or Lactational Amenorrhea 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.	<ul style="list-style-type: none"> ■ very effective if mother has no monthly bleeding and if used with another method such as a condom 	<ul style="list-style-type: none"> ■ does NOT protect against STIs or 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.	<ul style="list-style-type: none"> ■ effective if used with another method such as a condom 	<ul style="list-style-type: none"> ■ does NOT protect against STIs or HIV ■ requires woman to be aware of, and attentive to her body

Volunteer actions in the community

You can help community members learn about family planning by:

- understanding the benefits of family planning and birth spacing
- understanding the strengths and weaknesses of available contraceptive options
- encouraging both women and men to be involved in family planning
- providing general information on the various types of family planning methods
- knowing where community members can get information about family planning and where services are provided
- knowing where contraceptives are available in the community and how much they cost
- making condoms available and giving information on sexually transmitted infections
- using the Community Tools to teach community members how to use condoms correctly
- encouraging the National Society branch or chapter to support family planning centres in the community

Key messages

- Pregnancies can be planned.
- Planning pregnancies helps couples decide when they want to have children.
- Planning pregnancies improves the health of mothers and children.
- Condoms, if used consistently and correctly, can prevent pregnancy.
- Condoms, if used consistently and correctly, protect against HIV and sexually transmitted infections.
- Use condoms consistently and correctly.

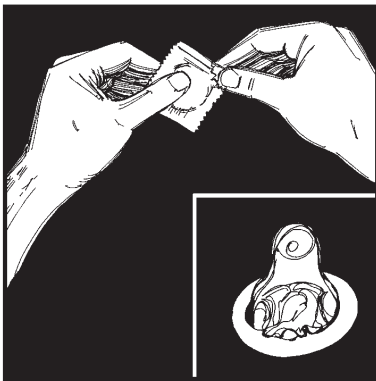
Check your understanding

1. How does family planning help families?
↳ _____
↳ _____
↳ _____
2. When does pregnancy and childbirth become more risky for both mother and child?
↳ _____
↳ _____
3. List one permanent family planning method:
↳ _____
4. List two temporary family planning methods:
↳ _____
↳ _____
5. List one natural family planning method:
↳ _____
6. What can protect against pregnancy and sexually transmitted infections (STIs)?
↳ _____
↳ _____

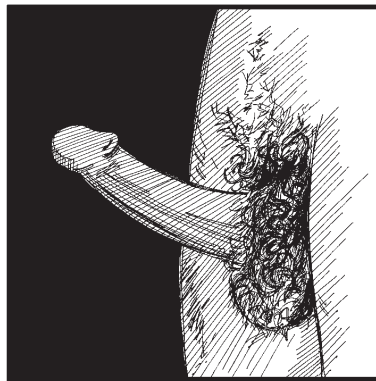
Notes

Practice checklist for correct male condom use

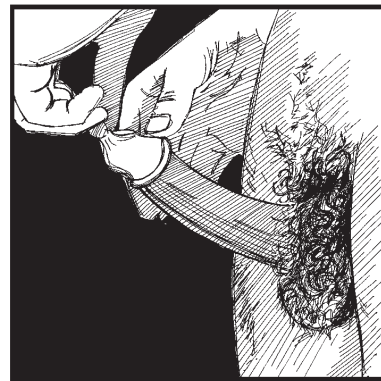
	Yes	No
Check the expiry date or date of manufacture on the condom wrapper, and discard if expired		
Remove condom from wrapper without damaging		
Hold the top of the condom and squeeze air from the tip		
Roll the condom on an erect penis (penis model) all the way to the base of the penis using both hands		
Leave a half inch (between one and two centimetres) at the tip of the condom to collect semen		
After ejaculation, while the penis is still erect, hold condom at base of penis and carefully remove the condom without spilling any semen		
Tie the used condom in a knot		
Dispose of the condom		



1 Check the expiry date, then open the sachet. Take care not to rip the condom inside. Make sure the tip of the condom is pushed through the outside of the coiled ring.



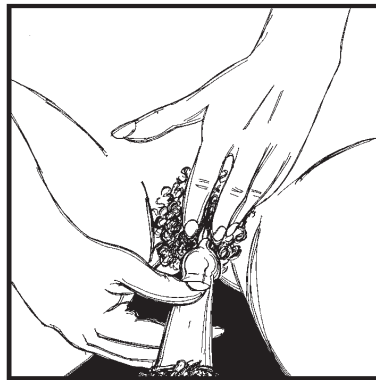
2 Ensure the penis is erect. If necessary, pull back the foreskin.



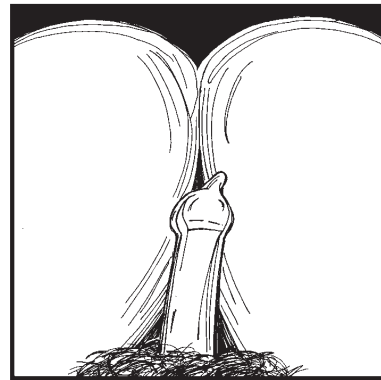
3 Pinch the tip of the condom and place the ring over the head of the penis.



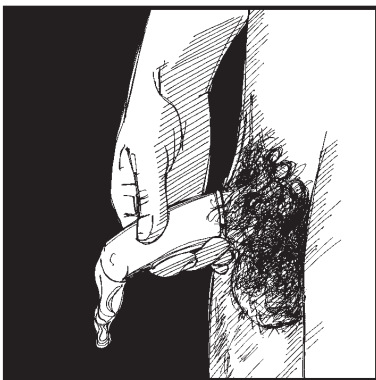
4 Unroll the condom to the base of the penis. The tip of the condom is left exposed to collect semen.



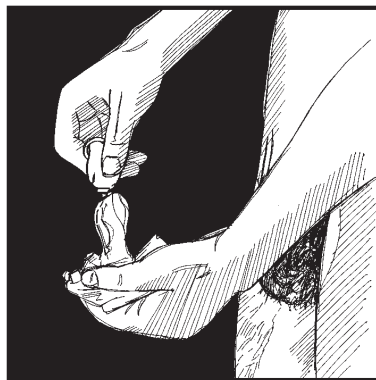
5 Smooth out air bubbles before inserting the penis into the vagina or anus.



6 Always use a condom for anal as well as vaginal intercourse.



7 After intercourse, carefully remove the condom from the penis, ensuring no semen is spilt.



8 Tie a knot in the condom and collect in a tissue or another disposable material.

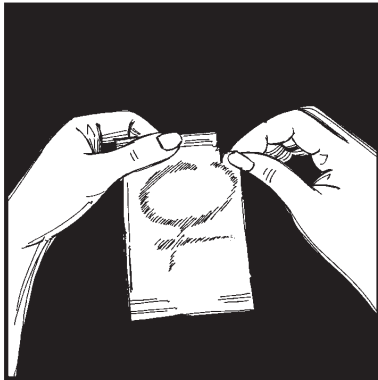


9 Place the wrapped condom into a sealed bin, or bury if no bin is available. Wash your hands.

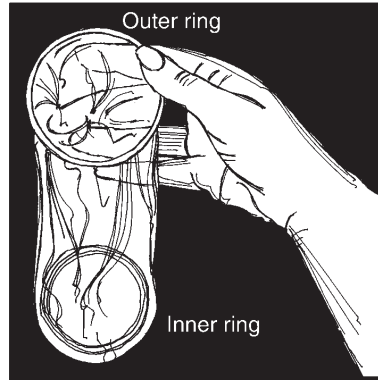
How to use a male condom

Practice checklist for correct female condom use

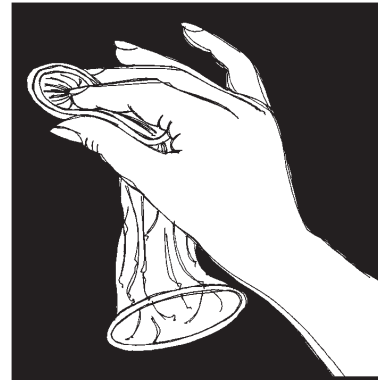
	Yes	No
Check the expiry date or date of manufacture on the condom wrapper, and discard if expired		
Remove condom from wrapper without damaging		
Squeeze the inner ring (closed end) of the condom to open, then push condom into vagina, using index finger		
Ensure the ring at the open end remains outside the vagina		
Guide the penis into the condom to prevent the penis sliding between the condom and the vaginal wall		
After ejaculation, remove the condom immediately without spilling any semen		
Tie the used condom in a knot		
Dispose of the condom		



1 After checking the expiry date, open the sachet, taking care not to rip the condom inside. Do not use scissors or a knife.



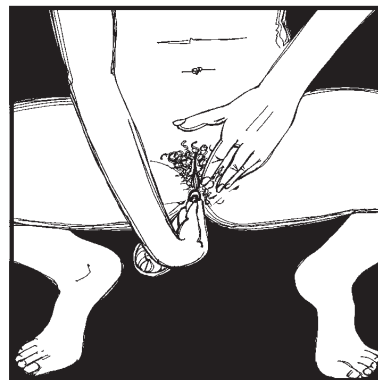
2 The outer ring covers the area around the opening of the vagina. The inner ring is used for insertion and to help hold the sheath in place during intercourse.



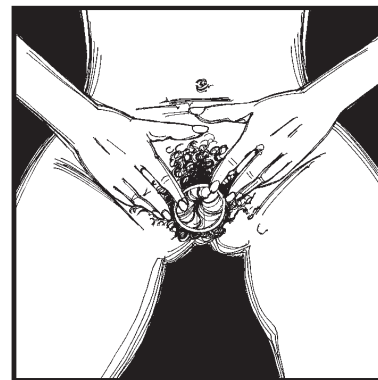
3 Hold the condom at the closed end and grasp the inner ring.



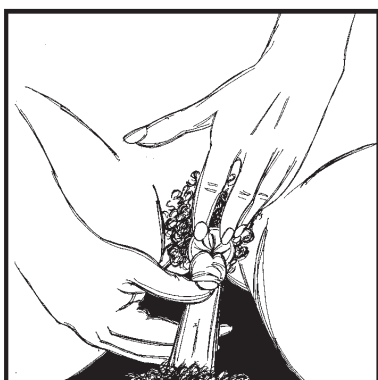
4 Squeeze the ring with the thumb and the second or middle finger so that it becomes long and narrow.



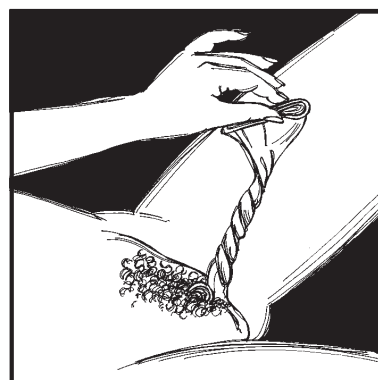
5 Insert the inner ring into the vagina. Feel the inner ring expand and move into place. Place the index finger inside the condom and push it as far as it will go.



6 The outer ring remains outside the vagina.



7 Guide your partner's penis into the condom, taking care that it does not enter your vagina between the condom and the vaginal wall.



8 To remove the condom, twist the outer ring to seal the semen inside and gently pull the condom out of the vagina.



9 Place the condom into a tissue or another disposal material and throw away into a sealed bin. Do not dispose of the condom down a flush toilet. Wash your hands.

How to use a female condom

Topic 3

Safe motherhood



Learning objectives

At the completion of this topic, you will be able to:

- describe healthy pregnancy practices
- describe household preparation for a safe birth
- list the danger signs of complicated pregnancy and delivery
- demonstrate how to promote healthy pregnancy and safe motherhood in the community



Main learning points

1. Pregnant women should:
 - be checked at a health centre at least four times during each pregnancy
 - receive information about STI and HIV testing and counselling
 - be vaccinated against tetanus (at least two tetanus toxoid vaccinations)
 - eat a balanced diet and get more rest than usual
 - take iron and folic acid supplements as directed by a health worker
 - avoid smoking, drinking alcohol, or taking non-prescribed treatments/medicines
 2. A skilled birth attendant should assist at every birth and check on the mother and baby in the first 12 hours after delivery.
 3. All families should have plans to get to the nearest health centre at any time, day or night, if complications during pregnancy, childbirth, or after childbirth, occur.
 4. Be able to recognize and get immediate medical help for danger signs of complicated pregnancy or childbirth:
 - vaginal bleeding during pregnancy or heavy bleeding after childbirth
 - severe abdominal pain
 - severe headaches or blurred vision
 - persistent back pain
 - swelling of legs, arms, hands or face
 - fever
 - convulsions
 - regular contractions (every 20 minutes or less) prior to 37 weeks
 - waters break and not in labour after six hours
 - prolonged labour (more than 12 hours)
 - mother does NOT feel any movement of the baby
 - pregnant woman does not gain weight
-



Topic summary

Around 1,500 women die every day from problems related to pregnancy and childbirth, over half a million per year. Many more experience complications during pregnancy that can be life-threatening for the women and their children, or leave them with severe disabilities.

A pregnant woman is at increased risk of diseases such as malaria and tetanus, which can also endanger the health of her unborn child. Children who lose their mother during childbirth become vulnerable members of the community.

You can promote healthy pregnancy practices, give information about danger signs of pregnancy and delivery, and help household members prepare for a safe birth.

Healthy pregnancy practices

A normal pregnancy usually lasts between 38 and 42 weeks. During this time a pregnant woman will experience many physical and emotional changes. It is important for pregnant women to get antenatal care from a trained health worker to ensure the changes she is experiencing are normal. Practising healthy behaviours during pregnancy can improve the chances of having a safe delivery and a healthy baby.

The dangers of childbearing can be greatly reduced if women:

- are healthy and well-nourished before becoming pregnant
- space births at least two years apart
- get a health check-up by a trained health worker at least four times during every pregnancy
- get information about HIV and STI testing and counselling. Mothers who test positive for HIV or STIs can be given medicine to prevent the transmission of HIV or STIs to the baby
- are vaccinated against tetanus. At least two tetanus toxoid vaccines should be given before giving birth
- are given intermittent preventive treatment for malaria and sleep under an insecticide-treated mosquito net, if they live in a malaria area
- eat a balanced diet of fruits, vegetables, grains and dairy products
- get more rest than usual
- take iron and folic acid supplements as directed by a health worker
- practise good personal hygiene
- remain physically active by doing moderate exercise
- avoid smoking, drinking alcohol, or taking non-prescribed medicines
- have a plan to get to the nearest health centre at any time, day or night, if complications during pregnancy, childbirth or after childbirth, occur
- are able to recognize and get immediate help for signs of complications of pregnancy or childbirth
- give birth assisted by a skilled birth attendant such as a doctor, nurse or midwife
- the mother and baby are checked by a skilled birth attendant in the 12 hours immediately after delivery



Routine pregnancy check-up



Pregnant woman receiving a tetanus toxoid vaccination

Household preparation for safe birth

You can help pregnant women and their families prepare for a safe birth. Preparation for a safe birth includes:

- identifying the location where the family plans for the woman to give birth
 - identifying a birth attendant such as a doctor, nurse or midwife who will be available to assist during childbirth
 - locating the nearest obstetric care centre for childbirth emergencies
 - obtaining funds for birth-related expenses
 - identifying close family members or friends who will accompany the mother to the health centre for delivery
 - arranging transportation for delivery or an emergency
 - identifying compatible blood donors in case of severe bleeding
-

Volunteer actions in the community

You can help pregnant mothers and their household members learn about safe motherhood by:

- giving information about safe pregnancy
- giving information about the danger signs of a complicated pregnancy and delivery
- ensuring pregnant women are checked at a health centre at least four times during pregnancy
- knowing where antenatal care is provided in the community
- promoting healthy pregnancy practices
- encouraging pregnant mothers to seek HIV and STI testing and counselling
- helping families to prepare a plan for safe birth

Key messages

- Get checked by a health worker at least four times during pregnancy.
- Get vaccinated against tetanus.
- Eat balanced meals and get more rest than usual.
- Know how to recognize the danger signs of problems during pregnancy and childbirth.
- Have a plan and find resources for getting immediate help if problems occur.
- A health worker should assist with every birth.

Check your understanding

1. List three actions a pregnant woman should take for a healthy pregnancy:
↳ _____
↳ _____
↳ _____
2. A skilled birth attendant should assist at every birth. How many hours after delivery should the birth attendant check on the mother and baby?
↳ _____
List three danger signs of complicated pregnancy and delivery:
↳ _____
↳ _____
↳ _____
4. What are two things a pregnant woman and her household can do to prepare for safe birth?
↳ _____
↳ _____

Notes

Topic 4

Care of a newborn



Learning objectives

At the completion of this topic, you will be able to:

- describe maternal and household care for a newborn
- list the danger signs in a newborn that require immediate medical attention
- list the benefits of breastfeeding
- promote breastfeeding in the community
- demonstrate how to promote childhood vaccinations to new mothers



Main learning points

1. Care for newborns:
 - wash hands before delivery and when handling the newborn
 - keep the newborn baby warm
 - wrap the baby immediately, or dry and put the baby skin to skin with mother, with a cloth over the baby
 - delay bathing
 - babies should be put to the breast immediately, within the first hour after birth
 - first breast milk (thick and yellow) that comes immediately after birth protects the baby from infections
 - keep cord clean and dry
2. Recognize and get immediate medical help for a newborn that:
 - has difficulty in breathing
 - has no interest in sucking, sucks poorly at the breast, or is not able to feed
 - feels cold
 - has fever
 - has red, swollen eyelids and pus discharge from the eyes
 - has redness, swelling, pus or foul odour around the cord or umbilicus
 - has convulsions/fits
 - has jaundice (yellow skin or eyes)
 - is born very small
3. Both mother and baby should be seen by a health worker within twelve hours of birth.
4. Benefits of breastfeeding:
 - breast milk immediately after birth protects babies and should NOT be discarded
 - breast milk alone is the only food and drink that an infant needs for the first six months
 - breast milk is always clean, the right temperature, and easy for babies to digest
 - breast milk protects babies against infections and dehydration
5. Children should be vaccinated according to the national vaccination schedule by one year of age.



Topic summary

Newborn and child health is essential for developing strong communities. Early childhood care includes:

- breastfeeding
- childhood immunization
- disease prevention and health promotion



Caring for a newborn

Danger signs in the newborn

Get immediate medical help for a newborn who:

- has difficulty in breathing
- has no interest in sucking, sucks poorly at the breast, or is not able to feed
- feels cold
- has fever
- has red, swollen eyelids and pus discharge from the eyes
- has redness, swelling, pus or foul odour around the cord or umbilicus
- has a convulsion or a fit
- has jaundice (yellow skin or eyes)
- is born very small

Benefits of breastfeeding

Despite the many benefits of breastfeeding, some mothers may be challenged by work or other demands that make it difficult to breastfeed. You can work with mothers to help them find solutions and to promote the benefits of breastfeeding. These include:

- breast milk immediately after birth protects babies and should NOT be discarded
- breast milk alone contains all the nutrition and liquid the baby needs for the first six months of life
- breastfeeding protects against infections and decreases the risk of dehydration
- breastfed children have the best chance of growing strong and staying healthy
- breastfed children develop faster and have better learning outcomes
- breast milk is always clean, the right temperature, and easy for babies to digest
- breastfeeding helps mothers to have time with their babies
- breastfeeding should be continued up to two years and beyond
- exclusive breastfeeding can give a woman more than 98 per cent protection against pregnancy for six months after giving birth, but only if her menstrual periods have not resumed, if her baby breastfeeds frequently day and night, and if the baby is not given any other food or drink



Breastfeed exclusively for the first six months

Recommended schedule for breastfeeding

After birth	Birth to 6 months	From 6 to 12 months	From 12 to 24 months	From 24 months onward
Initiate breastfeeding immediately after birth, within one hour. Do NOT discard the first milk.	Give breast milk ONLY. Breastfeed as often as the child wants, at least 8 times in 24 hours.	Continue to breastfeed as often as the child wants. Begin supplementing with complementary foods three to five times a day. See Topic 5 on nutrition.	Continue to breastfeed as often as the child wants. Begin supplementing with family foods five times a day.	Gradually begin to wean and give family foods five times a day.

Childhood immunizations

All newborns and children should be vaccinated according to the national health plan schedule (see Module 6, Topic 6 for more information on childhood immunizations).

Volunteer actions in the community

You can help new and expectant parents learn about care of the newborn by:

- giving information on how to care for newborns
- giving information on how to recognize the danger signs in a newborn that require immediate medical help
- promoting breastfeeding alone for the first six months of life
- promoting the benefits of breastfeeding
- encouraging families to feed children aged six months to two years five times a day in addition to continued breastfeeding
- knowing the national vaccination schedule
- explaining the benefits of immunizations to members of the community

Key messages

- Keep newborns warm and close to their mother (skin-to-skin) and begin breastfeeding within one hour of birth.
- Breastfeeding helps protect babies and young children against dangerous illnesses.
- Breast milk is the only food and drink a baby needs for the first six months.
- Know how to recognize the danger signs in a newborn and get immediate help if problems occur.

Training session

During the training session, you will be asked to discuss the following scenarios about caring for newborns:

Scenario 1

On a household visit to a mother who is expecting her first child, the volunteer learns that the mother plans to bottle feed her baby. What can the volunteer do to promote the benefits of breastfeeding? What should the volunteer say to her?

Scenario 2

A woman in the community has safely delivered a baby in a health centre two days ago and has recently returned home. The volunteer conducts a household visit to provide support. During the visit the volunteer notices that the baby is lying on a bed crying. The baby is lightly dressed. What can the volunteer say to encourage the mother to keep the baby warm and comforted?

Scenario 3

A woman in the community has safely delivered a baby seven days ago. The volunteer conducts a household visit to check on the mother and child. During the visit the mother explains that the baby is not interested in breastfeeding. She also confides that she thinks something is wrong with the umbilicus. The volunteer examines the umbilicus and notices that it is red and swollen. What should the volunteer do?

Scenario 4

A woman in the community has safely delivered a baby in her home 24 hours ago. The volunteer conducts a household visit to check on the mother and child. During the visit the volunteer learns that the mother and child have NOT been seen by a health worker. The mother states she is feeling fine. The volunteer asks if the baby has received any immunizations. The mother does not know. Does the mother need to be seen by a health worker? What can the volunteer do to promote childhood immunizations for this baby?

Remind yourself of the discussion on these scenarios by taking some notes.

Notes

Check your understanding

1. What can be done to keep a newborn warm after birth?
↳ _____
↳ _____
↳ _____
2. How soon should babies be put to the breast after birth?
↳ _____
3. How soon should the mother and baby be seen by a health worker after childbirth?
↳ _____
4. List four danger signs in a newborn that require immediate medical help:
↳ _____
↳ _____
↳ _____
↳ _____
5. List three benefits of breastfeeding:
↳ _____
↳ _____
↳ _____
6. When should children be vaccinated?
↳ _____

Notes

Topic 5

Nutrition



Learning objectives

At the completion of this topic, you will be able to:

- describe types of foods that contribute to good nutrition
- explain the causes of malnutrition
- list the signs of malnutrition
- describe signs and symptoms of malnutrition that need referral to a health centre
- demonstrate how to promote breastfeeding in the community
- demonstrate how to promote good nutrition in the community



Main learning points

1. Nutrition is important to health.
2. People need a variety of foods in their diet each day, including:
 - fruits and vegetables to help prevent illness
 - rice, potato, cassava, millet/sorghum, maize, edible oil to provide energy
 - eggs, beans, lentils, milk, nuts, meat or fish to help the body grow and develop
3. Malnutrition is caused by lack of food, or lack of proper food, or illness.
4. Malnourished children:
 - do not grow or develop normally
 - will not be able to learn properly
 - are more likely to get sick, and are less likely to survive
5. Children need Vitamin A to prevent illness and problems with eyesight. Vitamin A is found in fruits and vegetables (especially orange and yellow fruits and vegetables), oils, eggs, dairy products, breast milk, or Vitamin A supplements.
6. Children need iron-rich foods to prevent illness and develop strength. Iron is found in liver, lean meats, fish, eggs, green leafy vegetables, and iron supplements.
7. Children need iodine to prevent learning disabilities. Iodine can be found in iodized salt.
8. There are two types of malnutrition. Signs of wasting or “thinness” include:
 - underweight
 - no fat on body, and ribs are visible
 - loose skin around the buttocks
 - easily irritated
 - usually has appetite and normal hair
 - frequent illnesses
9. Signs of malnutrition with “swelling” include:
 - severe swelling (called oedema) on both limbs or both arms
 - swollen “moon” face
 - damaged skin or different skin colour
 - hair colour changes (yellow/reddish or discoloured)
 - hair becomes dry and can be easily pulled out, leaving bald patches

10. Children with any signs of malnutrition must be taken immediately to a health centre for treatment.
11. Children aged six months to two years are at risk of malnutrition.
12. From six months to two years, children need to be fed at least five times a day, in addition to breastfeeding.
13. Breast milk alone is the only food and drink that an infant needs for the first six months.
14. Breastfeeding should be continued up to two years and beyond.
15. Other foods should be introduced after six months.
16. Benefits of breastfeeding:
 - breast milk immediately after birth protects the baby from infections
 - breast milk is always clean, the right temperature, and easy for babies to digest
 - breast milk protects babies against infections and dehydration

Topic summary

Good nutrition means eating or drinking foods that help the body to remain healthy. An adequate, well-balanced diet, combined with regular physical activity, is essential for good health.

Poor nutrition is when not enough of the correct foods are eaten. It can lead to sickness or death. Poor nutrition can lead to reduced immunity, increased susceptibility to disease, impaired physical and mental development, and reduced productivity.

People need a variety of foods every day:

- fruits and vegetables to help prevent illness
- rice, potato, cassava, millet/sorghum, maize, edible oil to help provide energy
- eggs, beans, lentils, milk, nuts, meat or fish to grow and develop



A variety of food

Nutrition for children

Children should grow well and gain weight rapidly. From birth to two years, children should be weighed every month. Children who do not gain weight should be evaluated by a health worker. Children need foods containing Vitamin A, iron and iodine.

During illness, children need to continue to eat. After an illness children need to eat at least one extra meal every day for one week.

Breast milk alone is the only food and drink that an infant needs for the first six months. After that, new foods should be introduced gradually.

Malnutrition

Malnutrition is caused by not having enough food, not having enough of the right food or illness. Malnutrition can begin before a child is born if the mother does not get enough of the correct foods to eat during pregnancy.

Poor feeding practices contribute to malnutrition. Poor feeding practices include inadequate breastfeeding, eating the wrong foods, and not giving the child enough nutritious food. Malnutrition can be caused by lack of access to healthy foods and rising food prices.

Malnourished children:

- do NOT grow or develop normally
- are NOT able to learn properly
- are more likely to get sick and are less likely to survive

Children aged six months to two years have the highest risk of malnutrition. Malnutrition can be prevented in this age group by feeding children at least five times a day in addition to continued breastfeeding.

Not eating enough food or not enough of the right foods can be harmful. Also, eating too much food or too much of the wrong foods can be harmful. When a person eats more than they need or too many foods high in sugar and fat they can become overweight. An overweight person is more likely to have illnesses such as diabetes and heart disease.

In addition to eating a well-balanced diet, it is important for people to get plenty of physical activity. Children should be encouraged to play and be active.



Malnourished children

Volunteer actions in the community

You can help community members learn about good nutrition by:

- promoting good nutrition and physical activity in the community
- encouraging community members to include a variety of foods in their diet, such as fruits, vegetables, grains and cereals, meats or fish, eggs and dairy products
- promoting breastfeeding alone for the first six months of life
- promoting the benefits of breastfeeding
- encouraging families to feed children aged six months to two years five times a day in addition to continued breastfeeding
- educating the community about foods rich in vitamin A, iron and iodine
- referring children with signs of malnutrition to a health centre immediately
- supporting households to start productive gardens

Key messages

- Good nutrition prevents illness.
- NOT enough food, NOT enough variety of foods, or illness can cause malnutrition.
- Malnourished children do NOT grow or learn normally.
- Malnourished children are more likely to become ill.
- Malnourished children under five years of age are at greatest risk of death.
- Foods can protect from illness, give energy and build the body.
- Breast milk alone is the only food and drink that an infant needs for the first six months.
- Breastfeeding should be continued up to two years and beyond.

Check your understanding

1. List two benefits of breastfeeding:
↳ _____
↳ _____
2. How many months should infants have breast milk alone?
↳ _____
3. List two foods that give energy:
↳ _____
4. List two foods that protect against illness:
↳ _____
5. List two foods that help the body to grow:
↳ _____
6. List four signs of malnutrition:
↳ _____
↳ _____
↳ _____
↳ _____
7. What should you do if you see a child who is malnourished?
↳ _____
8. What are three nutrients every child should have in their diet?
↳ _____
9. List one food for each of the nutrients named in question 8:
↳ _____
↳ _____
↳ _____
10. How many times should a child six months to two years of age be fed?
↳ _____

Notes

Topic 6

Immunization and vaccination campaigns



Learning objectives

At the completion of this topic, you will be able to:

- list common childhood diseases that can be prevented with vaccines
- describe the national vaccination schedule
- develop a plan of action that supports the local health centre during National Immunization Days
- communicate information about vaccination campaigns in the community
- demonstrate how to promote routine immunization in the community according to the national health plan



Main learning points

1. A child who is NOT immunized is more likely to suffer illness, become permanently disabled, become undernourished, or die.
2. Childhood diseases preventable by immunization are:
 - polio
 - diphtheria
 - pertussis
 - tetanus
 - tuberculosis
 - measles
3. In some countries, routine vaccinations are given against hepatitis B, *Haemophilus influenzae* type B (Hib), rubella, rotavirus, and/or yellow fever.
4. There are, as yet, no vaccinations against some important diseases like malaria and HIV, but scientists are working to develop such vaccines.
5. All children should be vaccinated according to the national vaccination schedule.
6. A child should be vaccinated for tuberculosis and polio immediately after birth:
 - in most countries children should begin a series of three vaccinations for diphtheria, tetanus, pertussis, and polio at six weeks of age
 - children should have a total of four vaccination visits in infancy, ending with measles vaccination at nine months
7. Tetanus vaccine should be given to pregnant women, with a total of five doses during successive pregnancies.
8. During emergency epidemic situations, all eligible people should be vaccinated according to the recommendations of health workers. Measles vaccination of children under 15 years old, without screening for vaccination status, should receive high priority.
9. Immunization is very safe. A child may have a slight fever, redness or soreness following a vaccination. First aid can be given to bring down a fever.
10. Breastfeeding gives some natural protection against childhood illness. All children must still be vaccinated.
11. During National Immunization Days all eligible people should be vaccinated.



Topic summary

Immunizations protect children against diseases in childhood. Routine vaccinations are provided in all countries.

All children, including those who are disabled, need to be vaccinated according to the national vaccination schedule. A child who is NOT immunized is more likely to suffer illness, become permanently disabled, become undernourished, or die.

Pregnant women need at least two tetanus vaccinations before giving birth.

In some countries affected by malaria pregnant women or children completing the routine immunization schedule may receive a long-lasting, insecticide-treated net.

Vaccines

Vaccines help the body's defences (antibodies) learn how to recognize and kill germs so that germs do not make people sick. This is called immunity. Vaccines work when given before the disease enters the body. Sometimes a vaccine needs to be given multiple times, in a series, to help the body recognize the germ and develop immunity.

Vaccines are safe, especially when compared to the diseases they prevent. Serious complications rarely occur. Because vaccines contain weakened or inactivated forms of a germ, they can sometimes cause a mild fever, redness or swelling at the injection site. It is, however, safe to vaccinate a sick child who is suffering from a cough, cold, diarrhoea, fever or malnutrition.

Vaccines are given in different ways. Most are given by injection. Some, like polio vaccine, are given by mouth. Newer vaccines for influenza can be given by inhaling through the nose or mouth.

DPT is a vaccine that protects against three diseases: diphtheria, pertussis and tetanus. DPT is given by injection to a baby at the age of six weeks, ten weeks, and fourteen weeks.

Diseases preventable by immunization

Diphtheria is spread from person to person by coughing and sneezing. Diphtheria causes sore throat and a thick film of mucous to form in the breathing passages making it difficult to breathe. Diphtheria can lead to heart problems and death.

Pertussis is also called **whooping cough**. It causes coughing fits that can make it hard to eat, drink or breathe.

Tetanus causes the jaw to lock and severe muscle spasms, making it hard to breathe or swallow. Tetanus is a very dangerous disease for newborn babies and pregnant mothers. Babies born with tetanus often die. Pregnant women need at least two tetanus vaccinations before giving birth. Once a mother has completed her vaccinations against tetanus she does NOT need to be immunized against tetanus again.

Polio can kill or cripple children for life. Every infant needs to be vaccinated against polio at birth and at the age of six weeks, ten weeks, and fourteen weeks. Polio vaccine is usually given by two drops in the mouth. In some countries polio vaccine may be given by injection.

Measles is a disease that mostly affects children. It causes high fever, runny nose, cold, cough, red eyes, or white spots inside the cheeks. Measles can kill babies or cause blindness. Measles vaccine is given by injection at the age of nine months. Vitamin A supplements are sometimes given with measles vaccination. During special measles campaigns all eligible children should be vaccinated.

BCG (Bacillus Calmette Guérin) is a vaccine for **tuberculosis** (TB) disease. BCG is used in many countries with a high prevalence of TB. It offers partial protection against some forms of tuberculosis and also protects against Hansen's disease (leprosy).



Vaccination campaign

Recommended vaccination schedule for infants under one year*

Age	Vaccine
Birth	<ul style="list-style-type: none"> ■ BCG and polio ■ In some countries hepatitis B
6 weeks	<ul style="list-style-type: none"> ■ First DPT and polio ■ In some countries hepatitis B and Hib
10 weeks	<ul style="list-style-type: none"> ■ Second DPT and polio ■ In some countries hepatitis B and Hib
14 weeks	<ul style="list-style-type: none"> ■ Third DPT and polio ■ In some countries hepatitis B and Hib
9 months	<ul style="list-style-type: none"> ■ Measles

* National immunization schedules may vary from country to country.

Recommended tetanus vaccination schedule for pregnant women*

Dose	Vaccine
First dose	<ul style="list-style-type: none"> ■ Tetanus vaccine
Second dose	<ul style="list-style-type: none"> ■ Tetanus vaccine one month after the first dose
Third dose	<ul style="list-style-type: none"> ■ Tetanus vaccine at least six months after the second dose
Fourth dose	<ul style="list-style-type: none"> ■ Tetanus vaccine in next pregnancy
Fifth dose	<ul style="list-style-type: none"> ■ Tetanus vaccine in following pregnancy

* National immunization schedules may vary from country to country. Five tetanus vaccines assure protection for life.

National supplementary immunization activities

When too many people are at risk for a particular disease that can be prevented by vaccination, health officials may organize a national or sub-national supplementary immunization activity. Polio and measles vaccination campaigns have been frequently organized in countries most affected by the diseases. Supplementary immunization activities are conducted for other diseases including rubella, yellow fever and meningitis.

Volunteer actions in the community

You can promote childhood immunizations and vaccination campaigns *by*:

- knowing the national vaccination schedule
- promoting routine immunization in the community, especially to women of reproductive age, newly pregnant women, and households with children
- sharing information about vaccination campaigns with community members
- helping to organize vaccination sites during campaigns
- bringing people to vaccination sites and making sure that all eligible people have been vaccinated
- explaining the benefits of immunizations to members of the community
- reassuring parents about the safety and efficacy of vaccines
- supporting the local health centre during National Immunization Days

Key messages

- Immunization saves lives.
 - All children should be vaccinated according to the national vaccination schedule.
 - Breastfeed babies for two years and beyond, giving breast milk alone for the first six months.
 - Participate in National Immunization Days.
 - It is safe to vaccinate a child with cough, cold, diarrhoea, fever or malnutrition.
-

Training session

During the training session, you will be asked to prepare a plan for promoting immunization in the community, using the following case study.

Case study:

A recent survey of the community shows that one third of the children under two years of age have NOT received all routine immunizations according to the national vaccination plan. The survey found that the three most common reasons why parents do not get their children immunized are:

1. concern about vaccine safety (side effects)
2. lack of transportation to the vaccination site
3. lack of clear information that children need to complete all basic immunizations and about when their children need to get their next vaccinations

The department of health is planning a vaccination campaign for your community. What can volunteers do to ensure all children in the community are immunized?

Take some notes to remind yourself of the discussion that took place during the training session.

Check your understanding

1. List the six childhood diseases preventable by immunization.
↳ _____
↳ _____
↳ _____
↳ _____
↳ _____
↳ _____
2. Which two vaccines should a baby receive at birth?
↳ _____
3. What vaccine should a baby receive at nine months?
↳ _____
4. What group of vaccines should be given in a series to a baby at weeks 6, 10 and 14?
↳ _____
5. How many tetanus vaccinations should pregnant women get before giving birth?
↳ _____

Notes

Topic 7

Safe water, hygiene and sanitation



Learning objectives

At the completion of this topic, you will be able to:

- describe the importance of personal hygiene and sanitation to prevent diarrhoeal diseases and diarrhoea in the community
- list the five important practices for safe water, hygiene and sanitation to prevent diarrhoeal diseases
- demonstrate proper hand-washing
- discuss how to promote safe personal and household hygiene practices in the community
- demonstrate how to promote drinking safe water in the community
- demonstrate how to promote proper disposal of faeces and other waste in the community



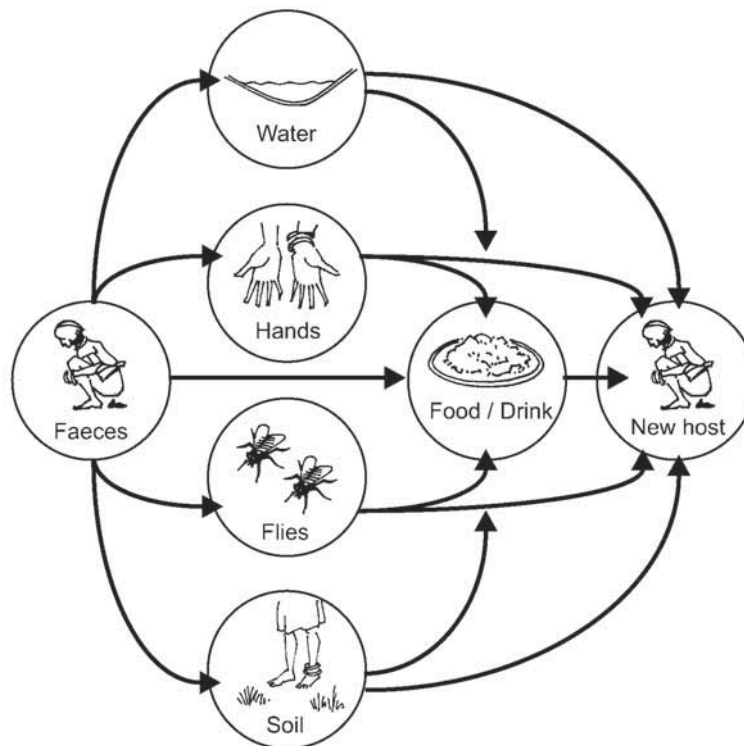
Main learning points

1. Drinking safe water is important for remaining healthy and preventing disease.
 2. The five important practices for safe water, hygiene and sanitation include:
 - sanitary behaviours
 - safe water sources
 - preservation of water supplies
 - proper food hygiene
 - cleanliness in the home and environment
 3. Use latrines, toilets, or bury faeces.
 4. Keep water sources and toilet areas separate.
 5. Store drinking water in clean containers (with lids if possible) and keep away from animals and other sources of contamination.
 6. Wash hands with water and soap or ash at critical times:
 - before preparing food
 - before eating
 - after using the toilet or latrine
 - after blowing nose, sneezing or coughing
 - before and after taking care of someone who is sick
 - after handling faeces or changing a soiled child
 7. Always wash fruit and vegetables before eating.
-

Topic summary

Access to safe water is critical for remaining healthy and preventing disease. Illness can be prevented by practising proper hygiene and sanitation, and knowing how to protect community water sources.

Illnesses such as diarrhoea, typhoid, worms, skin diseases and cholera are passed from person to person by different germs. When these germs are excreted from the faeces of infected humans, they can infect another person if carried to the mouth by contaminated fingers, food, soil, flies or water.



Transmission of disease from faeces

Preventing water and sanitation-related diseases begins by stopping the germs spreading from person to person by:

- drinking safe water
- disposing of faeces safely
- promoting personal and household hygiene (cleanliness)

Sanitary behaviours

- Toilet areas need to be kept clean.
- Where no household toilets exist, the community should identify other options which are affordable and suitable.
- Toilets need to be located in a suitable position, separate from ground water sources, other water, food and eating areas.
- For those communities not familiar with the use of toilets, it is recommended to practise the cat method (burying the faeces) and/or create a pit or trench latrine.
- Hand-washing facilities should be located near toilets and latrines.
- Community members should be encouraged to:
 - wash their faces with water and soap every day
 - clean their teeth every day with a soft brush
 - wash their clothes regularly

Safe water sources

Many illnesses spread through unsafe water. Water collected from rivers, ponds, lakes, wells, and even indoor tap or pump may look clean but it may not be safe to drink.

- The best source of water is ground water because it usually needs less treatment.
- Water from protected springs, improved hand-dug wells, and bore holes fitted with a hand pump are usually safe.
- Rain water is a safe water source if it has been collected from a clean surface such as from a clean corrugated iron roof.

Communal water sources need to be checked regularly for safety by community authorities. Some communities may have rainwater collection systems in place which must be maintained and cleaned.

Water that is open to contamination by animals and/or human waste and faeces is unsafe for drinking and cooking. Water sources should be kept clean, separated from the toilet area and fenced off to keep animals out.

If water is NOT safe to drink or prepare food, it should be treated before use by:

- boiling at full rolling boil for one minute (three minutes at high elevation)
- filtering
- treating with a product such as chlorine (household bleach) tablet, WaterGuard, Watermaker, or PUR (following directions)

Safe water can be made unsafe if carried in dirty containers or by storing in dirty open containers. It is important for community members to:

- use only safe water to drink and prepare food
 - protect water sources from contamination by keeping free from animals and waste
 - store safe water in clean and covered containers
 - empty and clean water containers weekly
-



Drawing safe water from a bucket



Hand pump

Cleanliness in the home and community sanitation

- The toilet area needs to suit the use of males and females separately, children and any disabled community members.
- Households and the community need to have a system of waste disposal by either burying or burning. This should be decided upon with the local authorities.
- Streets, courtyards and communal areas must be kept clear of waste.
- House cleaning and the brushing of floors should be done regularly.
- Stagnant water sources in the community need to be drained to reduce the risks of harbouring mosquitoes that cause malaria.
- Livestock and domestic animals need to be managed and fenced off.

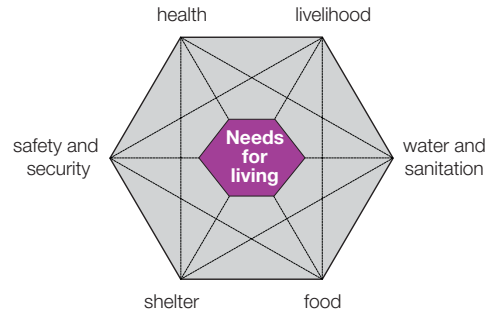


Hand washing in the home

Volunteer actions in the community

You can help community members learn about safe water, sanitation and hygiene by:

- using the Community Tools to teach community members to promote :
 - the use of safe water for drinking and food preparation
 - protecting water sources and knowing where to locate a back-up source
 - practising hygienic food preparation and storage, and properly cleaning all eating utensils
 - encouraging hygienic behaviours such as drinking safe water, using the toilet, and practising hand-washing at critical times
 - doing regular cleaning and maintenance
 - practising proper hygiene such as washing hands, body and clothes
 - ensuring that only safe water is given to young infants
- promoting awareness within the community by facilitating discussions and supporting action to change behaviours
- advocating for working with disaster preparedness, malaria control programme, and water and sanitation volunteers and staff, so that a coordinated message is given to households and local communities
- asking for specialized training with the PHAST (Participatory Hygiene and Sanitation Transformation Series) programme for community groups with water and sanitation problems
- promoting the relationship between safe water and sanitation and good health by using the needs for living model:



Key messages

- Safe water can reduce diarrhoeal diseases in the community, including cholera.
- Use safe water for drinking and food preparation. If clean water is not available water can be treated at home (by filtering, boiling or using appropriate chemicals).
- Keep the household clean to prevent diseases.
- Keep toilets and latrines clean and free from faecal matter and bad odour.
- Store water in clean containers, cover to prevent contamination and keep out of the reach of children.
- Everyone in the community is responsible for maintaining the water supply system.
- Wash hands at critical times:
 - before preparing food
 - before eating or feeding a child
 - after using the toilet or latrine
 - after blowing nose, sneezing or coughing
 - before and after taking care of someone who is sick
 - after handling faeces or changing a soiled child

Check your understanding

1. What are the five important practices for safe water, hygiene and sanitation?

↳ _____
↳ _____
↳ _____
↳ _____
↳ _____

2. When should hands be washed?

↳ _____
↳ _____
↳ _____
↳ _____
↳ _____
↳ _____

3. List three sanitation practices that can be done in the household:

↳ _____
↳ _____
↳ _____

4. How can unsafe water be made safe?

↳ _____

5. How should food and water be stored?

↳ _____

Notes

Practice checklist for correct hand-washing technique

	Yes	No
Wet hands with water, preferably running water		
Use soap or ash		
Rub hands vigourously together for at least 15 to 20 seconds		
Scrub all surfaces, including the backs of your hands, wrists, between your fingers and under your fingernails		
Rinse well		
Dry hands with a clean or disposable towel		
Use a towel to turn off running water		

Topic 8

Diarrhoea and dehydration



Learning objectives

At the completion of this topic, you will be able to:

- describe diarrhoea
- list common causes of diarrhoea
- describe signs of dehydration
- describe who is most at risk of dying from diarrhoea
- demonstrate how to prepare oral rehydration salts (ORS) solution and give oral rehydration therapy (ORT)
- demonstrate how to give first aid for diarrhoea and dehydration



Main learning points

1. Diarrhoea is the passage of three or more loose, watery stools in one day.
2. Diarrhoea can be caused by:
 - drinking unsafe water
 - eating foods prepared with unsafe water
 - eating spoiled foods or uncooked meats
 - unsanitary living conditions
 - poor personal hygiene
3. Diarrhoea can lead to dehydration, an excessive loss of water and salt in the body.
4. Diarrhoea can be serious for children under five years, and can result in death if not treated immediately.
5. Signs of dehydration include:
 - sunken eyes (but no tears)
 - dry mouth and tongue
 - extreme thirst
 - little or no urine
 - when gently pinching the skin, it will stay in a pinch and go back slowly
 - muscle cramps
6. When a child has diarrhoea, caregivers should:
 - increase breastfeeding
 - give more food-based fluids
 - use oral rehydration solution (ORS) as instructed
 - provide frequent feedings of small amounts of food
 - give the child recovering from diarrhoea an extra meal every day for two weeks
 - go to a health centre for zinc treatment (treatment for 10-14 days)
 - if the diarrhoea continues, go to the health centre for help

7. Go immediately to a health centre if a person:
 - ➔ passes more than three watery stools in one or two hours
 - ➔ passes blood in the faeces
 - ➔ vomits frequently
 - ➔ has fever
 - ➔ is very thirsty
 - ➔ does NOT want to drink
 - ➔ does NOT want to eat
 - ➔ has sunken eyes
 - ➔ looks weak or is tired
 - ➔ has had diarrhoea for more than three days (without other signs of disease and dehydration)
8. Know how to prepare Oral Rehydration Solution and give Oral Rehydration Therapy.



Topic summary

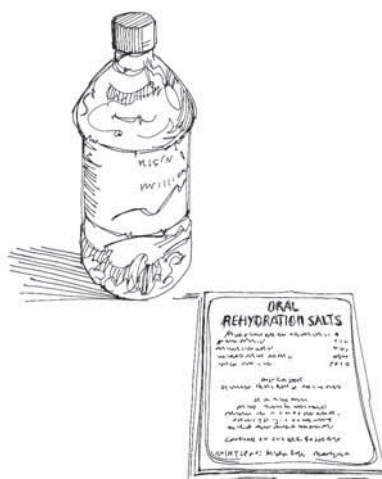
Dehydration is the loss of water and salts from the body. It is caused by diarrhoea and vomiting and from not drinking or replacing the body with fluids. If left untreated, dehydration can cause death. Children are more likely than adults to die from diarrhoea because they become dehydrated more quickly.

Oral Rehydration Solution (ORS) and Oral Rehydration Therapy (ORT)

ORS does NOT stop diarrhoea. It prevents the body from getting dehydrated and can reduce the risk of death from diarrhoea and dehydration.

Prepare oral rehydration solution (ORS) using oral rehydration salt packets:

- Wash hands with water and soap or ash before preparing solution.
- Follow preparation directions on the ORS packet.
- Put one litre of safe water in a clean pot.
- Empty packet of ORS into the water while stirring.



Oral Rehydration Salts (ORS)

Oral Rehydration Therapy (ORT):

- Help sick person to drink small amounts frequently.
- If vomiting occurs, wait ten minutes and give ORS again.
- Give the sick person as much ORS as tolerated (see quantities below).
- After 24 hours discard solution and make fresh ORS.

First aid treatment for diarrhoea and dehydration

Infants under six months	Children under two years	Children and adults
<ul style="list-style-type: none"> ■ Breastfeed frequently, more than usual. ■ Encourage baby to take frequent sips of oral rehydration solution (ORS). ■ Give 50–100 millilitres (one quarter to half a cup) of ORS after each loose stool and between them. ■ If the diarrhoea continues for more than three days go to the health centre for help. If the child has already shown other signs of disease or dehydration before three days, go immediately to a health centre. ■ Go to a health centre for zinc treatment (treatment for 10-14 days). 	<ul style="list-style-type: none"> ■ Breastfeed frequently, more than usual. ■ Encourage child to take frequent sips of oral rehydration solution (ORS). ■ Give 50–100 millilitres (quarter to half a cup) of ORS after each loose stool and between them. ■ Give plenty of fluids, especially safe water, or any of the fluids mentioned in the table below. ■ Give more food-based fluids such as soups, gruel, rice water or fruit juices. ■ Provide frequent feedings (eight or more times a day) of small amounts of food. ■ If the diarrhoea continues, go to the health centre for help. ■ Go to a health centre for zinc treatment (treatment for 10-14 days). ■ Give the child recovering from diarrhoea an extra meal every day for two weeks. 	<ul style="list-style-type: none"> ■ Give plenty of fluids, especially safe water, or any of the food-based fluids mentioned in the table below. ■ Encourage to drink as much ORS as tolerated. ■ Provide frequent feedings of small amounts of soft foods such as rice, boiled potatoes, cooked carrots, yoghurt and bananas. Avoid foods with oil, animal fat or spices. ■ If the diarrhoea continues, go to the health centre for help. ■ Go to a health centre for zinc treatment (treatment for 10-14 days).

Go immediately to a health centre if person (infant, child or adult) has diarrhoea AND:

- passes more than three watery stools in one or two hours
- passes blood in the faeces
- vomits frequently
- has fever
- is very thirsty
- does NOT want to drink
- does NOT want to eat
- has sunken eyes
- looks weak or is tired
- has had diarrhoea for more than three days (without other signs of disease or dehydration)

Food-based fluids

Food-based fluids should also be given to someone sick with diarrhoea. Good fluids include:

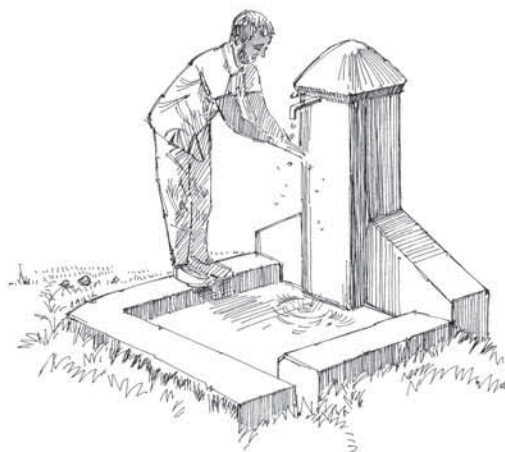
Good fluids without salt	Good fluids with salt
<ul style="list-style-type: none"> ■ Clean water ■ Unsalted rice water ■ Unsalted yogurt drink ■ Green coconut water ■ Weak tea ■ Unsweetened fresh fruit juice 	<ul style="list-style-type: none"> ■ ORS ■ Salted soup ■ Salted yogurt drink ■ Salted rice water

Prevention of diarrhoea

- Drink safe water.
- Treat unsafe drinking water by:
 - boiling at full rolling boil for one minute (three minutes at high elevation)
 - filtering
 - treating with a product such as chlorine tablet, WaterGuard, Watermaker, or PUR (following directions)
- Always wash hands with water and soap or ash:
 - after using the toilet or latrine
 - before preparing food
 - before eating or feeding children
 - after changing a soiled child or disposing of faeces
 - before and after taking care of a sick person
- Breastfeed alone for the first six months of life.
- Protect water from contamination by covering water storage containers and keeping animals away.
- Cover and store food.
- Clean eating utensils.
- Use latrines and toilets. Do NOT pass faeces in fields used for farming.
- Vaccinate children according to the national immunization schedule.
- Keep the household clean and free of rubbish.



Family cleaning the home



Hand washing at a water point

Volunteer actions in the community

You can participate in community activities to help prevent and treat diarrhoea by:

- using the Community Tools to teach community members how to prevent diarrhoea
- using the Community Tools to teach community members how to recognize signs of dehydration, how to give first aid for diarrhoea, and when to go to a health centre
- using the Community Tools to teach community members how to prepare ORS and give ORT
- knowing how to recognize signs of dehydration and giving first aid
- encouraging community members to use safe water for drinking and food preparation
- encouraging mothers to breastfeed exclusively for the first six months of a child's life
- encouraging community members to have their children vaccinated according to the national immunization schedule
- knowing where ORS packets are available in the community
- encouraging community members to practise good hygiene

Key messages

- Diarrhoea can kill children.
- Breastfeed more frequently when a baby has diarrhoea.
- Give more food-based fluids to children with diarrhoea.
- Use safe water for drinking and food preparation. If safe water is not available, treat at home by boiling, filtering or using appropriate chemicals.
- Oral rehydration therapy (ORT) can strengthen a child and reduce the risk of death from diarrhoea.
- Go immediately to a health centre if blood is present in diarrhoea or if the person has high fever.
- Prevent diarrhoea by disposing of all faeces in a latrine or toilet, or by burying.
- Wash hands:
 - before preparing food
 - before eating or feeding a child
 - after using the toilet, latrine or changing a soiled child
 - before and after taking care of someone who is sick

Check your understanding

1. True or false? Diarrhoea is the passage of three or more loose, watery stools in one day. Diarrhoea can lead to dehydration.
↳ _____
2. What are some common causes of diarrhoea? Germs from:
↳ _____
↳ _____
↳ _____
↳ _____
↳ _____
3. List four signs of dehydration:
↳ _____
↳ _____
↳ _____
↳ _____
4. Who is most at risk of dying from diarrhoea and why?
↳ _____

5. List three first aid actions for diarrhoea and dehydration in children less than two years of age:
↳ _____
↳ _____
↳ _____

Notes

Topic 9

Acute respiratory infections



Learning objectives

At the completion of this topic, you will be able to:

- describe signs of acute respiratory infections (ARI)
- refer people with possible ARI to a health centre
- demonstrate how to promote ARI awareness in the community



Main learning points

1. Acute respiratory infections (ARI) are caused by germs that affect the lungs.
2. Low birth weight, malnourished, non-breastfed children, the elderly, sick, and those living in overcrowded or smoky (from tobacco or cooking fires) conditions are at higher risk of getting an ARI, such as pneumonia.
3. Prevent pneumonia by making sure that babies are breastfed exclusively for the first six months of life, and breastfed with supplements of complementary foods for two years or more.
4. Prevent pneumonia by immunizing children according to the national vaccination schedule. Ask your health worker which vaccines help prevent pneumonia.
5. Prevent ARIs by reducing smoke in sleeping and living areas.
6. A child with a cough or cold should be kept warm, and encouraged to eat and drink as much as possible.
7. Go immediately to a health centre if a child:
 - is unable to breastfeed or drink
 - is breathing quickly
 - has difficulty breathing
 - lower part of the chest sucks in when the child breathes in
 - coughs for more than three weeks
 - has fever for more than seven days
 - continuously vomits everything



Topic summary

Acute respiratory infections (ARI) are caused by germs that infect the lungs and breathing tubes. Germs are spread from an infected person to another person by coughing, sneezing or breathing.

Pneumonia is the most serious ARI. Pneumonia can be life-threatening, especially in young children. About 20 per cent of all deaths in children under five years of age are due to acute respiratory infections; 90 per cent of these deaths are due to pneumonia. Pneumonia and other ARIs can be treated with medicines given by a health worker.

It is important to refer anyone with danger signs of an ARI to a health centre immediately. Early recognition and treatment can be life-saving.

Some respiratory infections are mild and only have a cough or runny nose. These will often go away. Refer a person with a cough or cold that continues for more than three weeks to a health centre.

Danger signs of acute respiratory infections

Fast breathing:	<ul style="list-style-type: none"> ■ 50 breaths a minute for infants up to 12 months of age ■ 40 breaths a minute for children aged 12 to 35 months (1 to 3 years old) ■ 30 breaths a minute for children aged 36 to 60 months (3 to 5 years old)
Noisy or difficult breathing	
Drawing in of the chest when taking in a breath	
Pain or aches in side	
Cough for three weeks or more	
Fever for seven days	
Loss of appetite	
Continuously vomits everything	



Child coughing

Treatment for acute respiratory infections

- It is important to get prompt medical attention for any danger sign of ARI.
- Drink plenty of fluids.
- Breastfeed infants more frequently.
- Eat nutritious foods.
- Keep the person warm, but do not overheat.
- Clean the person's nose of mucous.
- Place cushions behind the person's back when they are resting.
- Severe ARI can be treated with medicines given by a health worker.

Preventing acute respiratory infections

Acute respiratory infections can be prevented by:

- breastfeeding babies for two years or more, and exclusively for the first six months of life
- immunizing children according to the national vaccination schedule
- protecting infants from exposure to cold
- avoiding smoky (from cigarettes or cooking fires) or overcrowded rooms
- eating nutritious foods
- practising good hygiene and hand-washing

Volunteer actions in the community

You can participate in community activities to increase awareness about acute respiratory infections and pneumonia by:

- promoting breastfeeding, exclusively for the first six months
- promoting childhood vaccinations according to the national vaccination schedule
- promoting good nutrition and good hygiene
- increasing awareness about the danger signs of ARI and the need for prompt treatment
- promoting drinking plenty of fluids and eating nutritious foods when sick with respiratory infections, in both children and adults
- knowing where community members can go for evaluation and treatment of ARI
- discussing how volunteers can help local health workers
- referring persons with danger signs of ARI to the health centre

Key messages

- Sometimes coughs and colds are signs of a serious illness.
- Encourage children with a cough or a cold to eat and drink as much as possible and to stay warm.
- A child breathing rapidly or with difficulty might have pneumonia. Go to a health centre immediately.
- Prevent pneumonia by breastfeeding exclusively for the first six months of life, and then for up to two years.
- All children should be vaccinated according to the national vaccination schedule.

Check your understanding

1. What is an ARI?
↳ _____

2. What are the danger signs of ARI?
↳ _____
↳ _____
↳ _____
↳ _____
↳ _____
↳ _____
↳ _____
3. What is considered fast breathing in a child?
↳ _____
↳ _____
4. What can community members do to treat ARI?
↳ _____
↳ _____
↳ _____
↳ _____
↳ _____
↳ _____
5. List two ways to prevent ARI:
↳ _____
↳ _____

Notes

Topic 10 (optional)

Malaria prevention and control



Learning objectives

At the completion of this topic, you will be able to:

- explain what causes malaria
- describe signs of malaria
- describe those most at risk of dying from malaria
- identify the most effective ways to prevent malaria in the community
- demonstrate how to promote malaria prevention and control in the community



Main learning points

1. Malaria is a disease that is spread by the bite of an infected mosquito.
2. All people are at risk of getting malaria.
3. Children under five years of age and pregnant women are at greatest risk of dying from malaria.
4. The most common sign of malaria is fever.
5. Other signs of malaria include:
 - headache
 - pain in the joints
 - sweating and chills
 - severe vomiting
 - difficulty eating or drinking
 - convulsions/fits
6. If there are convulsions/fits and/or unconsciousness, provide first aid and refer immediately to medical care to prevent death.
7. Early treatment for malaria can prevent death. Anyone with fever must be treated by a health worker within 24 hours.
8. People being treated for malaria must complete the full course of treatment.
9. If a person treated for malaria is still sick after two days of treatment, take him/her to a health centre immediately for follow-up.
10. Pregnant women should be given malaria prevention treatment under the care of a health worker.
11. Using long-lasting insecticide-treated nets (LLINs) when sleeping can reduce the chances of a person getting malaria. Everyone should sleep under a LLIN.
12. Children under five years of age and pregnant women are at greatest risk of dying from malaria. They should always sleep under a LLIN.
13. Participate in programmes to spray the inside walls of houses with insecticide to prevent malaria.
14. Avoid mosquito bites by:
 - always sleeping under an insecticide-treated net
 - putting screens on windows and doors
 - wearing long-sleeved clothing
 - burning mosquito coils



Topic summary

Malaria is an infection spread by the bite of an infected mosquito. Malaria can cause severe illness and lead to death if not treated. Proper and early treatment of malaria can prevent complications and death.

Malaria is dangerous for everyone, but especially for children under five years of age, and pregnant women. Pregnant women should be encouraged to go to an antenatal clinic to receive a LLIN and intermittent preventive treatment (IPT). Children attending routine vaccinations at health centres may also receive a LLIN.

Malaria mosquitoes mostly bite from dusk to dawn. It takes only one bite to cause malaria infection. Malaria mosquitoes lay their eggs in water. During the rainy season mosquitoes reproduce more rapidly and risk for malaria infection increases.

Malaria affects the community because people who are sick with malaria cannot do their normal work, care for others or attend school.

Malaria control includes:

1. prevention of malaria transmission
2. early recognition of signs of malaria illness
3. prompt treatment

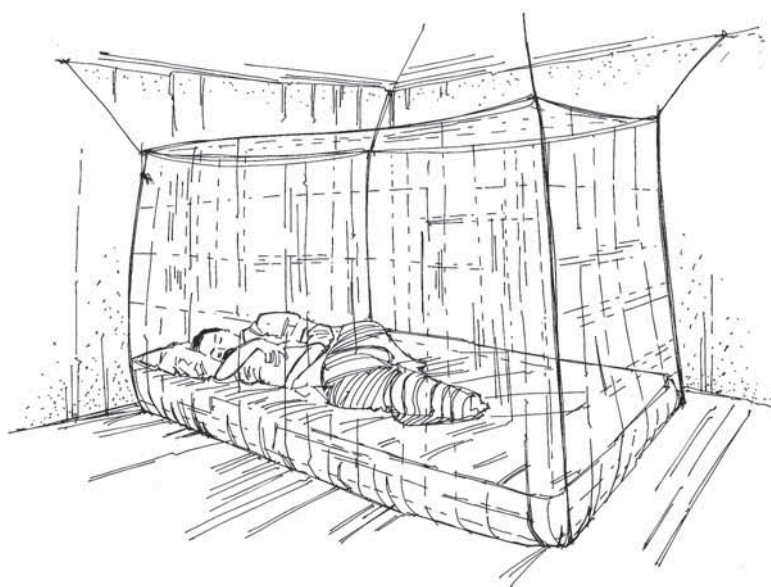
Treatment for malaria

- Malaria is treatable.
- All fever in areas with malaria should be treated immediately, within 24 hours of onset, with medicines provided by health centre staff.
- Although a person getting treated for malaria may begin to feel better, it is important to complete the full treatment of medicine.
- If a person taking malaria medicines does not get better within two days they should be referred to the health centre.
- Fever can cause dehydration. Refer to Module 4 Topic 17 for basic first aid for fever.

Prevention of malaria in the community

There are three key ways to prevent the spread of malaria:

1. prevent mosquito bites by sleeping under a LLIN
2. early recognition of malaria signs
3. participate in government prevention programmes such as indoor residual spray (IRS)



Mother and child under a mosquito net



Indoor Residual Spraying (IRS)

Volunteer actions in the community

You can participate in community activities for malaria prevention and control by:

- using the Community Tools to educate the community and household about recognizing signs of malaria and getting immediate help
- promoting use of long-lasting, insecticide-treated mosquito nets, especially for children under five years of age and pregnant women
- promoting the importance of rapid treatment of fevers (within 24 hours)
- distributing mosquito nets
- encouraging pregnant women to go to an antenatal clinic to get intermittent preventive treatment (IPT) and a LLIN
- encouraging childhood vaccination when each child should receive a LLIN
- being a role model by using nets in own household
- promoting replacement of traditional nets with LLINs
- participating in hang-up campaigns to ensure nets are hung in households, particularly before the rainy season
- participating in keep-up campaigns to ensure nets remain hung and household members sleep under nets
- ensuring that anyone on malaria treatment finishes the full course of treatment
- ensuring that anyone who continues to have fever while on malaria medicine goes to the health centre

Key messages

- The only way you can get malaria is to be bitten by an infected mosquito.
- Malaria frequently causes fever.
- Malaria is treatable. If a person has symptoms of malaria, refer him/her to a health centre for treatment immediately (within one day).
- Do NOT discontinue treatment even if you feel better.
- All people are at risk of getting malaria. Children under five years of age and pregnant women are at greatest risk of dying from malaria.
- Sleeping under an insecticide-treated mosquito net is the best way to prevent malaria. Priority should be given to children under five years of age and pregnant women.

Check your understanding

1. How is malaria spread?
↳ _____
2. Who is most at risk from dying from malaria?
↳ _____
3. What is the most common sign of malaria infection?
↳ _____
4. What are three other signs of malaria infection?
↳ _____
↳ _____
↳ _____
5. How soon should a person with signs of malaria be seen and treated by a healthcare worker?
↳ _____
6. What can be done to help prevent malaria in pregnant mothers?
↳ _____
↳ _____
7. How long should people with malaria take their malaria medicine?
↳ _____
8. What is the most effective preventive measure against malaria?
↳ _____
9. List two things community members can do to prevent mosquito bites:
↳ _____
↳ _____

Notes

Topic 11 (optional)

HIV and sexually transmitted infections



Learning objectives

At the completion of this topic, you will be able to:

- list signs of sexually transmitted infections (STIs)
- describe the difference between Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS)
- describe the three main ways HIV is transmitted
- describe how to prevent HIV infection
- demonstrate correct condom use
- state where to access condoms
- list health centres that test for and treat HIV and STIs
- demonstrate how to promote HIV and STI awareness and prevention messages in the community



Main learning points

1. Prevention is the best way to avoid getting HIV and STIs.
2. STIs and HIV are transmitted from one person to another by:
 - having sex with an infected person
 - exchange of contaminated body fluids (blood, semen, vaginal fluids)
 - HIV can be transmitted from mothers to their infants through pregnancy, childbirth and breastfeeding
3. Signs of STIs include:
 - soreness or rash around the genital areas
 - discharge from the penis, vagina or anus
 - pain when urinating
 - lumps or tenderness in the groin
 - sore throat
 - pain or discomfort during sexual intercourse
4. STIs and HIV can be prevented by:
 - practising safer sex
 - using condoms consistently and correctly
 - practising non-penetrative sex
 - abstaining from sex
 - having sex with one HIV-negative partner when both partners are faithful to each other
 - not sharing needles or sharp instruments which can cause bleeding, such as razors
5. Do NOT have unprotected sex if you do not know the HIV status of your partner.
6. Get tested if you think you have a STI.
7. Get tested if you have had unprotected sex with a partner living with HIV, or a partner whose HIV status you do not know.

8. There is no cure for HIV. With treatment, however, HIV is usually a manageable condition.
9. Pregnant women should be tested for STIs and HIV, and be treated to prevent transmission to the unborn child.
10. Mothers with HIV should discuss breastfeeding and replacement feeding with their health provider.
11. Correct and consistent condom use helps protect against HIV and STIs.
12. HIV is not spread by touching, eating or living with people with HIV.



Topic summary

STIs

Sexually transmitted infections (STIs) are infections passed from one person to another through unprotected sex (vaginal, oral and anal) with an infected person. Names of common STIs are:

- gonorrhoea
- syphilis
- herpes
- chlamydia
- warts or Human Papilloma Virus

HIV and AIDS

Human **I**mmunodeficiency **V**irus or HIV is one type of STI. 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 **A**cquired **I**mmune **D**eficiency **S**yndrome or AIDS.

There is no cure for HIV or AIDS. If treated, however, HIV is usually a manageable condition, and many people can live for a long time.

HIV transmission:

- HIV can be found in blood, semen, vaginal fluid or breast milk of a person infected with HIV.
- 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 man, man to man)
 - transfusions of contaminated blood
 - sharing unsterile needles, syringes or razor blades
 - using unsterile sharp instruments for scarification: circumcision, female genital mutilation, tattooing or body piercing
 - from mother to child during pregnancy and childbirth, or from breast milk
- Having a sexually transmitted infection can increase the likelihood that HIV will be passed between partners.



Using infected needles



Unprotected sex with an infected partner



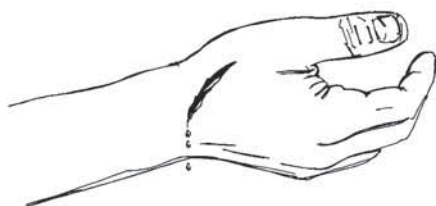
Infected mother to unborn child



Transmission of body fluids from an infected person during childbirth



Transfusion using contaminated blood



Direct contact with an infected source



Infected mother breastfeeding

Modes of HIV transmission

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 and water
- air
- toilet seats
- sharing 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

Prevention of HIV and STIs

Prevention is the best way to avoid getting HIV and STIs:

- Use condoms correctly and consistently.
 - Practise safer sex or having non-penetrative sex.
 - Reduce the number of sexual partners.
 - Abstinence or mutual fidelity between two HIV-negative partners.
 - Recognize signs of a sexually transmitted infection and get tested by a health worker.
 - Do NOT have unprotected sex without knowing the HIV status of your partner.
 - 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, or after having sex with an infected partner.
 - Get tested for STIs and HIV, if pregnant.
-

How to use a male condom

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.

To use a male condom correctly:

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

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

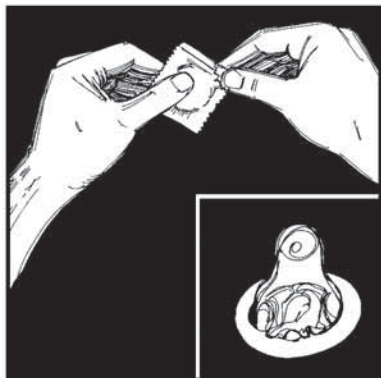
Put the condom on when the penis is erect, but before it has come into contact with the partner's genitals (or mouth).

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

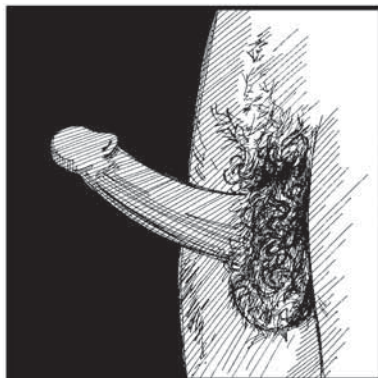
Roll the condom all the way to the base of the erect penis, using both hands.

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

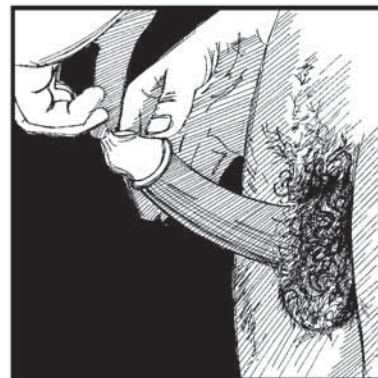
Tie a knot in the condom and throw away.



- 1** Check the expiry date, then open the sachet. Take care not to rip the condom inside. Make sure the tip of the condom is pushed through the outside of the coiled ring.



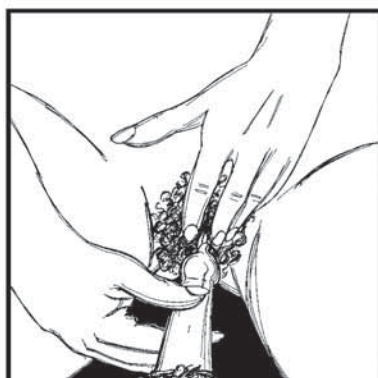
- 2** Ensure the penis is erect. If necessary, pull back the foreskin.



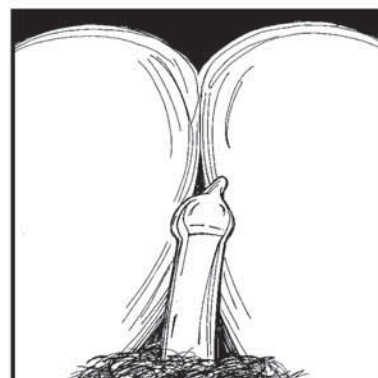
- 3** Pinch the tip of the condom and place the ring over the head of the penis.



- 4** Unroll the condom to the base of the penis. The tip of the condom is left exposed to collect semen.



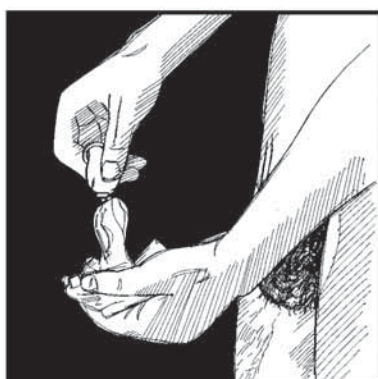
- 5** Smooth out air bubbles before inserting the penis into the vagina or anus.



- 6** Always use a condom for anal as well as vaginal intercourse.



- 7** After intercourse, carefully remove the condom from the penis, ensuring no semen is spilt.



- 8** Tie a knot in the condom and collect in a tissue or another disposable material.



- 9** Place the wrapped condom into a sealed bin, or bury if no bin is available. Wash your hands.

How to use a male condom

How to use a female condom

To use a female condom correctly:

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

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

First squeeze the inner ring (closed end) of the condom between your thumb and middle finger. Then using your index finger, push the condom all the way into the vagina. Insert it as far as it will go until you cannot feel it any longer.

Position the condom correctly. The ring at the open end should remain outside the vagina, resting against the labia (the outer lips of the vagina). Make sure the condom is not twisted.

During intercourse, remove and insert a new female condom if:

- the condom tears
 - the outer ring is pushed inside
 - the penis enters the vagina outside the condom
 - the condom bunches or twists inside the vagina
 - you have sex again
-

Important points:

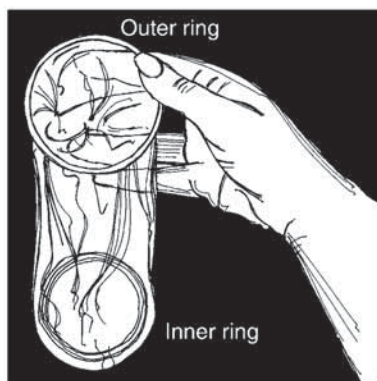
1. During intercourse, the condom's outer ring must be held in place to prevent the condom from slipping into the vagina.
 2. The penis must be guided into the condom to prevent the penis sliding between the condom and the vaginal wall.
-

After ejaculation, remove the condom immediately. While lying down to prevent spillage, twist the female condom near the ring that is resting against the labia. Remove the condom, being careful not to spill any of the contents.

Tie a knot in the condom and throw away.



1 After checking the expiry date, open the sachet, taking care not to rip the condom inside. Do not use scissors or a knife.



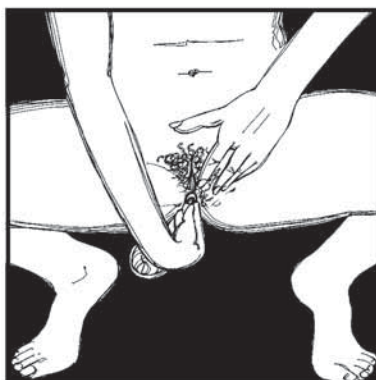
2 The outer ring covers the area around the opening of the vagina. The inner ring is used for insertion and to help hold the sheath in place during intercourse.



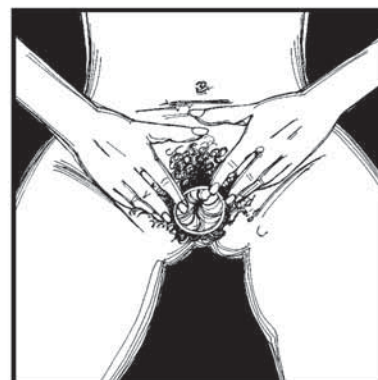
3 Hold the condom at the closed end and grasp the inner ring.



4 Squeeze the ring with the thumb and the second or middle finger so that it becomes long and narrow.



5 Insert the inner ring into the vagina. Feel the inner ring expand and move into place. Place the index finger inside the condom and push it as far as it will go.



6 The outer ring remains outside the vagina.



7 Guide your partner's penis into the condom, taking care that it does not enter your vagina between the condom and the vaginal wall.



8 To remove the condom, twist the outer ring to seal the semen inside and gently pull the condom out of the vagina.



9 Place the condom into a tissue or another disposal material and throw away into a sealed bin. Do not dispose of the condom down a flush toilet. Wash your hands.

How to use a female condom

Volunteer actions in the community

You can help community members learn about HIV and STIs by:

- using the Community Tools to teach community members how to use a condom correctly and consistently for the prevention of STIs and HIV
- using the Community Tools to teach community members how to prevent the spread of HIV and STIs
- ensuring condoms are available and community members know where to get them
- knowing which groups (ministry of health, NGOs) promote and distribute condoms in the community
- teaching community members where they can get additional information on STIs and HIV
- knowing where STI and voluntary counselling and testing centres (VCT) are located and encouraging community members to know their HIV status
- encouraging community members to go to a health centre if they think they have a STI
- encouraging pregnant mothers to be tested for STIs and HIV
- encouraging mothers with HIV to discuss breastfeeding and replacement feeding with their health worker
- encouraging people with tuberculosis to get tested for HIV
- having condoms available in the household
- practising STI and HIV prevention behaviours



Condom demonstration



Community condom demonstration

Key messages

- HIV is the virus that causes AIDS and damages the body's immune system.
- HIV can enter a person's bloodstream through the vagina, penis or anus.
- HIV infection can occur during unprotected sex with an HIV-positive person.
- Unprotected sex with multiple partners greatly increases the risk of HIV infection.
- Having an STI can increase the risk of transmitting HIV.
- There is no cure for HIV, but it is possible to prevent HIV infection.
- Use condoms correctly and consistently to prevent sexual transmission of HIV and STIs.
- If you have HIV, use condoms to protect your partner from infection and protect you from re-infection.
- Abstinence and having only one HIV-negative sexual partner can also prevent HIV infection.
- Do NOT share needles or sharp instruments, such as razors.
- Get tested. Knowing your HIV status can prevent transmission to sexual partners and infants, and prevent re-infection.
- Get tested. Knowing your HIV status gives you access to prevention, treatment, care and support services.

Check your understanding

1. List two signs of sexually transmitted infections (STIs):
↳ _____
↳ _____
2. What is the difference between Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS)?
↳ _____

3. What are three ways HIV is transmitted?
↳ _____
↳ _____
↳ _____
4. How can HIV be prevented?
↳ _____
↳ _____
↳ _____
↳ _____
↳ _____
↳ _____
↳ _____
↳ _____
↳ _____
↳ _____

Notes

Practice checklist for correct male condom use

	Yes	No
Check the expiry date or date of manufacture on the condom wrapper. Do NOT use if expired		
Remove condom from wrapper without damaging		
Hold the top of the condom and squeeze air from the tip		
Roll the condom on an erect penis (penis model) all the way to the base of the penis, using both hands		
Leave half an inch (between one and two centimetres) at the tip of the condom to collect semen		
After ejaculation, while the penis is still erect, hold condom at base of penis and carefully remove the condom without spilling any semen		
Tie the used condom in a knot		
Dispose of the condom		

Practice checklist for correct female condom use

	Yes	No
Check the expiry date or date of manufacture on the condom wrapper, and discard if expired		
Remove condom from wrapper without damaging		
Squeeze the inner ring (closed end) of the condom to open, then push condom into vagina, using index finger		
Ensure the ring at the open end remains outside the vagina		
Guide the penis into the condom to prevent the penis sliding between the condom and the vaginal wall		
After ejaculation, remove the condom immediately without spilling any semen		
Tie the used condom in a knot		
Dispose of the condom		

Topic 12 (optional)

Reducing stigma and discrimination



Learning objectives

At the completion of this topic, you will be able to:

- discuss factors that contribute to HIV-related stigma and discrimination
- discuss discrimination against other groups in the community, such as those with disabilities
- describe ways to reduce HIV-related stigma and discrimination in the community



Main learning points

1. Stigma and discrimination may discourage people from finding out their HIV status and from accessing prevention, treatment, care and support services.
2. HIV “stigma” is when people are shunned, rejected, directly or indirectly discriminated against, and deprived of their rights because they have HIV or are associated with people living with HIV (PLHIV).
3. Factors contributing to HIV-related stigma and discrimination include:
 - HIV is a life-threatening condition
 - little understanding about the disease (myths and misconceptions about how HIV is transmitted).
 - associating HIV with specific groups in the community (for example, gay men, men who have sex with men, injecting drug users, sex workers)
 - prejudices towards groups already stigmatized and discriminated against because of their race or origin, gender, job (sex work), homelessness, drug use, imprisonment and/or sexual orientation
 - misleading media reporting of HIV-related stories
4. Other groups in the community may experience stigma and discrimination, such as people with disabilities, mental health illness or chronic health conditions.
5. All forms of stigma and discrimination should be addressed within the community.



Topic summary

HIV and AIDS

Human **I**mmunodeficiency **V**irus or 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 **A**cquired **I**mmune **D**eficiency **S**yndrome or AIDS.

There is no cure for HIV or AIDS. However if treated, HIV is usually a manageable condition and many people live for a long time.

HIV transmission:

- HIV can be found in blood, semen, vaginal fluid or breast milk of a person infected with HIV.
- HIV can be spread by:
 - unprotected sex, vaginal, oral, or anal, with a person who is infected with HIV (man to woman, woman to man, man to man)
 - transfusions of contaminated blood
 - sharing unsterile needles, syringes or razor blades
 - using unsterile sharp instruments for scarification: circumcision, female genital mutilation, tattooing or body piercing
 - from mother to child during pregnancy and childbirth, or through breast milk
- 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 other biting insects
 - sweat or tears
 - coughing and sneezing
 - food and water
 - air
 - toilet seats
 - sharing 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
-

HIV-related stigma

HIV-related stigma is when people are shunned, rejected, discriminated against and deprived of their rights because they have HIV, look like they may have HIV, or are associated with people who have HIV.

People belonging to certain groups that are vulnerable to HIV infection are more likely to experience stigma and discrimination. These groups can include:

- sex workers
- men who have sex with men
- transgendered people
- people who inject drugs
- people with tuberculosis
- prisoners
- migrants

Women and girls in the community may also be discriminated against on the basis of gender.

Forms of discrimination

- physical—keeping a physical distance from people or acting violently towards stigmatized people
- social—not being included in social gatherings, staring, blame
- verbal—gossip, teasing, using derogatory words, or calling people names
- institutional—being treated differently in schools, hospitals or at work

Effects of stigma and discrimination

HIV-related stigma can:

- discourage people from getting tested for HIV
- prevent people from accessing prevention, treatment, care and support services
- prevent people who are HIV-positive from sharing their HIV status with potential sexual partners and thus risk infecting others
- keep people from seeking information about how to prevent HIV and how to use condoms
- delay people from seeking HIV treatment early

Ways to reduce stigma and discrimination in the community

- Help community members to become aware of the harm caused by stigma and behaviours that discriminate against others.
- Support PLHIV to talk to members of the community to help dispel myths and misunderstandings about HIV.
- Educate community members about how HIV is and is NOT transmitted.
- Encourage community leaders to support HIV testing and counselling.
- Encourage community leaders to promote acceptance of people living with HIV and other vulnerable groups.
- Encourage community members to discuss taboos about sexuality, drug use and condom use.
- Help people who are stigmatized to learn strategies to cope with discrimination.

Volunteer actions to prevent HIV-related stigma and discrimination in the community

You can help community members reduce stigma and discrimination by:

- providing accurate information about HIV and AIDS
- promoting voluntary HIV counselling and testing to community members
- being a role model by demonstrating NON-discriminatory behaviours
- working with local government, community workers, organizations and volunteers supporting PLHIV
- participating in awareness campaigns to dispel myths and misconceptions about HIV and AIDS
- ensuring that household community members know where they can access more information about HIV and AIDS, including:
 - social support, including how to contact a local network of PLHIV for positive living actions
 - psychological support
 - financial support

Key messages

- The Red Cross Red Crescent Movement does NOT tolerate discrimination against PLHIV or other vulnerable groups (sex workers, gay men, men who have sex with men, drug users, prisoners, transgendered people and migrants).
- The Movement welcomes PLHIV and vulnerable populations as members of Red Cross Red Crescent National Societies and supports their empowerment as partners in the HIV response.
- Gender inequality, sexual and gender-based violence must stop.
- PLHIV need to be fully involved in the community's response to HIV and in their own care.
- PLHIV have the right to continue living their sexual and reproductive lives.

Check your understanding

1. What is HIV-related stigma?

↳ _____

2. List three factors contributing to HIV-related stigma and discrimination:

↳ _____

↳ _____

↳ _____

3. List two effects of HIV-related stigma:

↳ _____

↳ _____

Notes

Topic 13 (optional)

Tuberculosis



Learning objectives

At the completion of this topic, you will be able to:

- describe tuberculosis (TB) and how it spreads
- describe signs of tuberculosis
- describe ways to prevent the spread of tuberculosis in the community
- demonstrate how to promote TB awareness and prevention in the community



Main learning points

1. Tuberculosis (TB) is caused by a germ.
 2. Tuberculosis spreads through the air by coughing, sneezing, talking and spitting. TB spreads most easily when it is in a person's lungs.
 3. Signs of TB include:
 - coughing for more than three weeks
 - coughing up blood
 - fever
 - chills
 - pain in the chest
 - night sweats (even in cold weather)
 - loss of appetite and rapid weight loss (children may stop growing)
 - feeling tired
 4. TB can be cured with treatment given by a health worker.
 5. People living with HIV (PLHIV) are more at risk of getting TB. PLHIV can be cured of TB with treatment.
 6. People being treated for TB must take their medications regularly and take ALL the medications. Otherwise, the disease may become incurable.
 7. Treating people with TB is the best way to prevent the further spread of TB. It can also be prevented by:
 - recognizing symptoms of TB for prompt treatment
 - covering mouth when coughing or sneezing if TB positive
-

Topic summary

Tuberculosis (TB) is an infection caused by a germ that can damage the lungs and other parts of the body. Tuberculosis is a serious illness. If left untreated it can become incurable or cause death. Tuberculosis can be cured with medicines.

TB is spread through the air from an infected person to another person. TB spreads to other people when a person who is sick with TB germs coughs, laughs, sings, spits, talks or sneezes, sending his/her germs into the air. People who breathe these germs into their lungs can become infected.

TB germs can stay alive in the air especially in small closed places where the air does not move. Fresh air and sunlight make it harder for TB germs to stay alive.

People CANNOT get infected with TB germs through handshakes, sitting on toilet seats, or sharing dishes and utensils with someone who has TB.

People with active TB disease may have only mild symptoms. They may be spreading their germs to others without even knowing that they have TB.

Anyone with signs of TB or who has been around someone with TB should be evaluated at the local health centre.



Spreading of TB

Treatment for tuberculosis

Tuberculosis can be cured with treatment given by a health worker. The treatment for TB is usually a combination of two or more medicines given for at least six months.

It is very important for the person with TB to take their medications regularly. It is also important for the person to complete the full course of treatment, even if they begin to feel better before finishing all the medicine. Not taking all the medicines at the right time, or stopping early, can make TB disease incurable.



Completing TB treatment in the community

HIV and TB

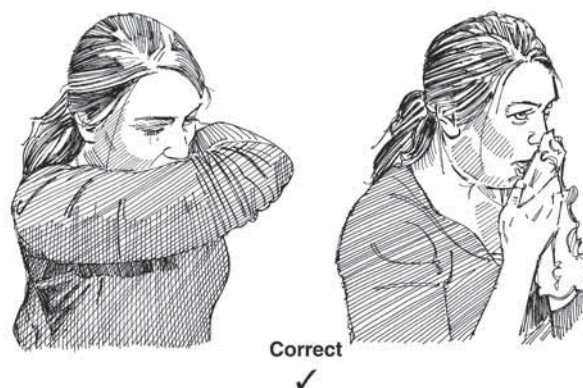
Anyone can get TB, but people living with HIV (PLHIV) are more at risk of getting TB. Tuberculosis is the leading cause of death of people infected with HIV. People with HIV should have access to voluntary counselling and testing (VCT) centres and should be evaluated and treated promptly if they have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

Preventing the spread of tuberculosis in the community

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.



Correct and incorrect coughing techniques



Ventilation

Volunteer actions in the community

You can participate in community activities to increase awareness about tuberculosis and prevent the spread of TB in the community by:

- ensuring household members have the correct information about TB and how it is spread
- increasing awareness about how to prevent the spread of TB
- teaching community members to cover their mouths when coughing and sneezing
- promoting good hygiene and household ventilation
- knowing the signs of TB and where community members can go for evaluation and treatment
- referring persons with more than three weeks of cough or other signs of TB to the health centre
- supporting household members on treatment to take their medicines on time and complete the full course
- participating in community education campaigns about TB, the link between HIV and TB, and helping to dispel myths and misconceptions
- volunteering to be a TB treatment supporter if you have had TB
- supporting the National TB programme's prevention, treatment and support activities

Key messages

- Tuberculosis spreads from person to person through the air. Cover your mouth when coughing and sneezing.
 - If you have cough for more than three weeks go to a health centre.
 - Tuberculosis is curable. Go to a health centre if you notice signs of TB.
 - People being treated for tuberculosis should complete ALL of the treatment. Do NOT stop treatment even if you feel better.
 - People living with HIV should be especially aware of TB signs.
 - People with TB should have access to voluntary counselling and testing for HIV.
 - Know the side effects of tuberculosis treatment. Inform your TB supporter if you have side effects.
-

Check your understanding

1. How does TB spread from one infected person to another person?

↳ _____

2. What are signs of TB?

↳ _____
↳ _____
↳ _____
↳ _____
↳ _____
↳ _____
↳ _____
↳ _____
↳ _____

3. What can be done to prevent the spread of TB?

↳ _____
↳ _____
↳ _____

True or False? People living with HIV (PLHIV) are more at risk of getting TB.

↳ _____

5. How long should people being treated for TB take their medications?

↳ _____

↳ _____

Notes

Topic 14 (optional)

Avian influenza



Learning objectives

At the completion of this topic, you will be able to:

- describe signs of avian influenza in poultry
- describe how avian influenza can spread from birds to humans
- describe the most effective ways to prevent spread of avian influenza to humans in the community
- demonstrate how to promote avian influenza prevention and control in the community



Main learning points

1. Avian influenza (commonly called bird flu) is an illness in chickens, ducks, geese, turkeys, quails, pet birds and wild birds.
 2. Avian influenza spreads quickly and causes death to poultry.
 3. Sudden mass death in poultry can be a sign of avian influenza.
 4. Avian influenza can spread to humans by:
 - direct contact with sick poultry
 - eating undercooked or uncooked poultry products such as eggs or meat
 - handling poultry products such as raw meat, eggs, feathers or faeces
 5. Prevent the spread of avian influenza to humans by:
 - ONLY eating well cooked poultry meat and eggs
 - NOT eating poultry meat that comes from sick or dead animals
 - NOT handling dead or sick poultry
 - NOT sleeping near poultry
 - NOT keeping birds as pets
 - washing hands with soap and water after any contact with poultry
 - wearing kitchen gloves or using plastic bags as a barrier when handling raw meat and eggs
 - cleaning surfaces and cooking utensils after handling raw meat and eggs
 - avoiding contact with sick birds, their feathers, faeces and other waste
 6. If poultry look sick, report it immediately to health authorities.
-

Topic summary

Avian influenza (commonly called bird flu) is an infection primarily affecting birds including chickens, ducks, geese, turkeys, quails, pet birds and wild birds. Avian influenza spreads quickly among flocks of birds, especially poultry. In rare cases it can be transmitted to humans, bringing severe illness that can cause death.

Infected birds shed flu virus in their saliva, nasal secretions and faeces. Avian influenza spreads to humans from direct contact with infected or dead birds or their fluids, or by eating/handling under-cooked poultry products such as eggs and meat. Avian influenza can be transmitted from surfaces or objects contaminated by bird faeces.

The spread of avian influenza from one ill person to another has been rarely reported.

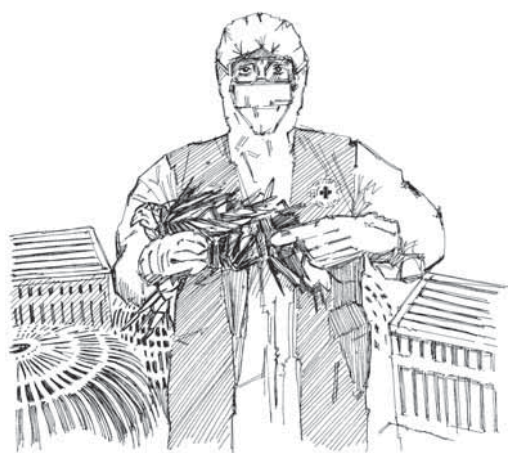
Humans are at risk of getting infected from sick birds during:

- slaughtering
- de-feathering
- butchering
- preparing for cooking
- contact or playing with birds

Signs of avian influenza in poultry

- sudden death of many birds
- birds are unbalanced, walk unevenly or sit with head down
- lack of energy and appetite
- ruffled feathers
- decreased egg production
- swelling of the head, eyelids and comb
- coughing or sneezing

Sick poultry should be reported to health authorities immediately.



Wearing protective clothing when handling poultry



A sick chicken

Signs of avian influenza in humans

Avian influenza has similar signs to influenza and respiratory infections. These can include:

- cough
- sore throat
- shortness of breath
- fever
- muscle aches

If a person with signs of avian influenza has been in contact with sick or dead birds in the last two weeks, or had face to face contact with someone with known or suspected avian influenza, they should be taken immediately to a hospital or health centre.

Preventing avian influenza

- Wash hands with soap and water after any contact with poultry.
- Avoid contact with birds, their feathers, faeces and other waste.
- Eat only fully-cooked poultry meat and eggs.
- Wash hands with soap after touching/preparing poultry and before eating.
- Report to community and health authorities about sick poultry immediately.
- Do NOT eat poultry meat that comes from sick or dead animals.
- Do NOT handle dead or sick poultry.
- Do NOT handle raw poultry meat without protection in avian influenza-affected areas.
- Do NOT slaughter sick poultry.
- Do NOT allow children to play or sleep around poultry.
- Do NOT allow poultry in the house.



Do NOT handle sick or dead poultry



Fully cooking poultry

Volunteer actions in the community

You can participate in community activities to increase awareness about the prevention of avian influenza in the community by:

- knowing the signs of avian influenza in poultry and humans
- eating only fully-cooked meat and eggs
- promoting washing hands with soap and water after touching/cooking poultry and before eating
- reporting sick and dead poultry or wild birds to health authorities
- participating in community education campaigns about avian influenza, and proper handling procedures for poultry
- reporting people who work with poultry and have influenza-like symptoms to health authorities
- promptly referring people with influenza-like symptoms to the health centre
- avoiding contact with sick or dead birds

Key messages

- Eat only fully-cooked poultry meat and eggs.
- Wash hands with soap and water after touching poultry and before eating.
- Report to community and health authorities about sick poultry immediately.
- Do NOT handle sick or recently dead poultry.
- Do NOT slaughter sick poultry.
- Do NOT eat sick poultry.
- Do NOT use chicken droppings for fertilizer.

Check your understanding

1. List three signs of avian influenza in birds:



2. How can avian influenza spread from birds to humans?



3. List four ways to prevent the spread of avian influenza to humans:



4. What should you do if you notice poultry looking sick?



Notes

Topic 15 (optional)

Dengue prevention and control



Learning objectives

At the completion of this topic, you will be able to:

- describe signs of dengue
- describe how mosquito bites can be prevented
- demonstrate how to promote community actions to reduce dengue-carrying mosquito breeding areas



Main learning points

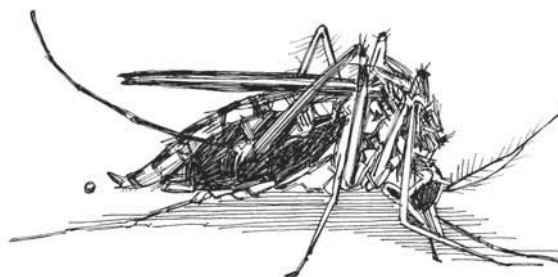
1. Dengue is a disease spread by the bite of a mosquito during the daytime.
2. Dengue can be prevented by avoiding mosquito bites and by eliminating mosquito breeding.
3. Mosquitoes that carry dengue live in and around houses. They breed in clean water:
 - cover water storage and collection containers
 - clean uncovered water containers regularly, such as animal bowls, water pots, barrels, buckets and flower pots
 - dispose of and recycle waste and objects in which water collects, such as bottles, tins, tyres
 - drain standing water and clean up any possible breeding sites around the house
4. Signs of dengue include:
 - high fever
 - severe headache
 - pain behind the eyes
 - pain in the joints
 - muscle and body aches, back pain
 - nausea and vomiting
 - skin rash
5. If a person is suspected of having dengue fever, they should be referred to a health centre immediately. Early referral and treatment can prevent death.
6. There is no specific treatment or vaccine for dengue, but medical care can prevent deaths from dengue haemorrhagic fever, a complication of the disease.
7. Avoid mosquito bites by:
 - wearing long-sleeved clothing, trousers and socks
 - using mosquito repellent
 - putting up screens on doors and windows
 - sleeping under mosquito nets even during the daytime



Topic summary

Dengue is an infection that causes a severe influenza-like illness, and sometimes a deadly complication called dengue haemorrhagic fever. Any person suspected of having signs of dengue requires immediate referral to a health centre. Early referral and treatment can prevent death.

Dengue is spread by the bite of an infected mosquito. Mosquitoes that spread dengue live in and around houses. Dengue mosquitoes breed in clean, still water. Dengue mosquitoes usually bite during the daytime.



Dengue mosquito

Treatment for dengue

There is no vaccine to protect from getting dengue. There is no specific treatment for dengue fever.

- All persons with suspected signs of dengue should be referred to a health centre immediately.
- Do NOT give aspirin or ibuprofen to treat pain and fever. This could make the person worse if they are bleeding (internally or externally).
- Give the person plenty of fluids to drink.
- Give first aid for shock and bleeding. See Module 4 Topics 5 and 6.

Signs of dengue haemorrhagic fever

Although there is no specific treatment or vaccine for dengue, medical care can prevent deaths from dengue haemorrhagic fever, a complication of the disease. Signs of the more serious dengue haemorrhagic fever are:

- severe and continuous pain in the stomach
 - frequent vomiting—vomit will look dark brown
 - black stools that look like tar
 - bleeding from the nose, gums, or skin bruising
 - severe thirst
 - pale and cold skin
 - restlessness
-

Prevention of dengue

The most effective way of preventing dengue is to avoid mosquito bites and eliminate mosquito breeding.

Avoid mosquito bites	Eliminate breeding sites
<ul style="list-style-type: none"> ■ Wear long-sleeved clothing. ■ Use mosquito repellents. ■ Put up screens on doors and windows. ■ Sleep under long-lasting, insecticide-treated mosquito nets (LLIN), even during the daytime. 	<p>Dengue mosquitoes breed in clean, still water. Cover or discard any items that collect rainwater or are used to store water:</p> <ul style="list-style-type: none"> ■ buckets or barrels ■ tanks or drums ■ tyres ■ pots ■ bottles <p>Change water in, and clean household objects at least once a week:</p> <ul style="list-style-type: none"> ■ house plants ■ flower vases ■ refrigerator drip pans <p>Clean up areas around the house that may collect standing water:</p> <ul style="list-style-type: none"> ■ rain drains ■ coconut shells ■ tyres ■ bottles ■ pits around the houses ■ puddles

Volunteer actions in the community

You can help community members learn about dengue fever by:

- using the Community Tools to teach community members to recognize signs of dengue and to get immediate attention from a health worker if they suspect signs of dengue
- using the Community Tools to teach community members how to prevent dengue
- participating in dengue control programmes and community clean-up campaigns
- promoting recycling of tyres, bottles and cans
- encouraging community members to reduce mosquito breeding areas by cleaning up around the community and the home
- encouraging community members to sleep under mosquito nets
- knowing where insecticide-treated nets are available
- encouraging the National Society and branch/chapter to work with local health centre and national dengue control programme to support community awareness campaigns

Key messages

- Protect from mosquito bites. Sleep under mosquito nets at all times. Put screens up on doors and windows.
- Dengue mosquitoes live in and around houses and breed in clean water.
- Keep all water containers covered all the time.
- Clean water pots, barrels and buckets regularly.
- Drain standing water, drains, roof drains and vegetation in and around house.
- Dispose of objects where water collects, such as plastic bottles, empty containers, tyres, coconut shells.
- Dengue fever can be fatal; see a health worker immediately.
- Do NOT give aspirin or ibuprofen, if any suspicion of dengue fever.

Check your understanding

1. List three signs of dengue:

↳ _____
↳ _____
↳ _____

2. What are two ways mosquito bites can be prevented?

↳ _____
↳ _____

Notes

Topic 16 (optional)

Caring for the sick at home



Learning objectives

At the completion of this topic, you will be able to:

- discuss basic skills for caring for a person who is sick or living with chronic illness at home
- demonstrate how to provide psychological support to a person who is sick or living with chronic illness and his/her caregivers
- describe signs of stress
- identify contents of a home-based care kit



Main learning points

1. Caring for a person who is sick or living with chronic illnesses in the home includes:
 - encouraging good nutrition and well-being
 - giving basic emotional and psychosocial support
 - helping the sick to use the toilet, bedpan or urinal
 - maintaining skin care and hygiene
 - working closely with the local health centre
 2. Caring for the person who is sick or living with chronic illness involves providing practical and psychological support to the person, their caregiver, and family members.
 3. Caregivers may experience different forms of stress.
 4. Signs of stress include:
 - physical symptoms, such as inability to sleep, and digestive or bowel disturbances
 - emotional symptoms including feelings of sadness, helplessness, irritability and guilt
 - withdrawing from other people
 - reduced quality of care to the person who is sick or living with chronic illness
 - deteriorating relationships with other people in the community
 - abusing alcohol or other drugs
-



Topic summary

As treatment becomes more widely available, an increasing number of people are living with chronic diseases, such as people living with HIV (PLHIV), cancer and diabetes. Providing care and support for the person who is sick or living with a chronic illness means helping them return to normal activities as soon as possible, reducing the risk of dependency and the need for ongoing care.

People who are sick or living with chronic illnesses require demanding physical and emotional care. Family members and caregivers can become stressed. They may also require emotional support or an opportunity to have “time off” from the demands of providing care.

You can be trained to provide home-based care during home visits. You can support family members and show them how to provide home-based care.

Training for home-based care includes how to assess health needs, how to lift and turn the sick in bed while protecting the back of the caregiver, how to give care, and how to recognize when a person requires medical attention.

Home-based care

Providing home-based care requires assessing the needs of the whole person including physical (hygiene, skin, sleep, digestion and bowels), psychosocial, nutritional and spiritual needs. It also includes assessment of pain. During a home visit, you can help the person who is sick by:

- spending time talking and reading to the person
- making sure the person has enough food and drink
- making sure the person is following instructions of his/her healthcare provider and taking any required medication
- feeding the person
- bathing the person or helping them to change their clothes
- attending to the person’s hairs, nails, oral hygiene, nose and ears
- helping the person use the toilet, bedpan or urinal
- showing family members how to turn the person correctly every two hours to prevent bed sores
- showing family members how to lift the person correctly to avoid back injuries
- being sensitive to the person’s spiritual needs
- contacting the person’s religious adviser, if requested
- responding to the person’s psychological needs by listening and providing encouragement, hope and empathy
- contacting the local health centre to provide pain medication if the person is in pain
- ensuring the family knows where to seek medical help

*Home care*

Home care kit

Volunteers should prepare and stock the following materials for a home-based care kit. Use of medications such as paracetamol or aspirin need to be checked by the local health authority.

wash basin	wash cloth	towels	soap and water
large cotton wool pad	gloves	rolls of gauze	plastic sheeting
scissors	table salt	ORS packets	Vaseline™ petroleum jelly
adhesive tape	sticking plasters	pen/pencil	notebook

Volunteer actions in the community

You can help the chronic and terminally sick in the community by:

- conducting home visits
- assessing the physical, social, psychological, and spiritual needs of the person and their caregivers
- knowing which medical, social, and spiritual support services are available for the sick and their families and what others are doing about home care in the community
- recognizing signs of stress and providing care and support
- providing information about ways to reduce stress
- showing family members how to provide basic hygiene, nutrition, and care when caring for the sick person at home
- providing information about which groups or agencies (religious institutions, traditional birth attendants, village health workers, other partners) are available to provide support (blankets, clothing, bed nets, counselling, home care kits and condoms)
- providing a break for the caregivers to go to work or school, and attend to other responsibilities

Check your understanding

1. What does caring for the sick in the home include?

↳ _____
↳ _____
↳ _____
↳ _____
↳ _____

2. List three signs of stress:

↳ _____
↳ _____
↳ _____

Notes

Answer keys

Check your understanding

Module 6, Topic 2: Family planning

Answer key

- 1. How does family planning help families?**
 - Family planning helps couples and individuals decide when they wish to have children.
 - Family planning helps couples and individuals decide how many children they wish to have.
 - Family planning and birth spacing improve the health of mothers and children.
- 2. When does pregnancy and childbirth become more risky for both mother and child?**
 - After four pregnancies.
- 3. List one permanent family planning method:**
 - Vasectomy.
 - Female sterilization.
- 4. List two temporary family planning methods:**
 - IUD, hormone implants, birth control pill, injectable contraceptive, male condom, female condom, diaphragm.
- 5. List one natural family planning method:**
 - Abstinence.
 - Breastfeeding exclusively.
 - Fertility awareness.
- 6. What can protect against pregnancy and sexually transmitted infections (STIs)?**
 - Correct and consistent use of condoms protects against pregnancy and STIs.

Check your understanding

Module 6, Topic 3: Safe motherhood

Answer key

- 1. List three actions a pregnant woman should take for a healthy pregnancy:**
 - ↳ Be checked at a health centre at least four times during each pregnancy.
 - ↳ Receive information about STI and HIV testing and counselling.
 - ↳ Be vaccinated against tetanus (at least two tetanus toxoid vaccinations).
 - ↳ Eat a balanced diet and get more rest than usual.
 - ↳ Take iron and folic acid supplements as directed by a health worker.
 - ↳ Avoid smoking, drinking alcohol, or taking non-prescribed treatments/medicines.
- 2. A skilled birth attendant should assist at every birth. How many hours after delivery should the birth attendant check on the mother and baby?**
 - ↳ Within 12 hours after delivery.
- 3. List three danger signs of complicated pregnancy and delivery:**
 - ↳ Vaginal bleeding during pregnancy or heavy bleeding after childbirth.
 - ↳ Severe abdominal pain.
 - ↳ Severe headaches or blurred vision.
 - ↳ Persistent back pain.
 - ↳ Swelling of legs, arms, hands or face.
 - ↳ Fever.
 - ↳ Convulsions.
 - ↳ Regular contractions (every 20 minutes or less) prior to 37 weeks.
 - ↳ Waters break and not in labour after six hours.
- 4. What are two things a pregnant woman and her household can do to prepare for safe birth?**
 - ↳ Identify the location to give birth.
 - ↳ Identify a birth attendant.
 - ↳ Locate the nearest obstetric care centre for childbirth emergencies.
 - ↳ Obtain funds for birth-related expenses.
 - ↳ Identify family members or friends to accompany her to the health centre.
 - ↳ Arrange transportation for delivery or an emergency.
 - ↳ Identify compatible blood donors in case of severe bleeding.

Check your understanding

Module 6, Topic 4: Care of a newborn

Answer key

- 1. What can be done to keep a newborn warm after birth?**
 - Wrap the baby immediately.
 - Dry and put the baby skin to skin with mother with a cloth over the baby.
 - Delay bathing.
- 2. How soon should babies be put to the breast after birth?**
 - Babies should be put to the breast immediately, within the first hour after birth.
- 3. How soon should the mother and baby be seen by a health worker after childbirth?**
 - Within 12 hours of birth.
- 4. List four danger signs in a newborn that require immediate medical help:**
 - Difficulty in breathing.
 - No interest in sucking, sucks poorly at the breast, or is not able to feed.
 - Feels cold.
 - Fever.
 - Red, swollen eyelids, and pus discharge from the eyes.
 - Redness, swelling, pus or foul odour around the cord or umbilicus.
 - Convulsions/fits.
 - Jaundice (yellow skin or eyes).
 - Born very small.
- 5. List three benefits of breastfeeding:**
 - Breast milk immediately after birth protects babies and should NOT be discarded.
 - Breast milk alone is the only food that an infant needs for the first six months.
 - Breast milk is always clean, the right temperature, and easy for babies to digest.
 - Breast milk protects babies against infections and dehydration.
 - Breastfeeding should be continued up to two years and beyond.
- 6. When should children be vaccinated?**
 - According to the national vaccination schedule by the age of one year.

Check your understanding

Module 6, Topic 5: Nutrition

Answer key

- List two benefits of breastfeeding:**
 - ↳ Breast milk immediately after birth protects the baby from infections and should NOT be discarded.
 - ↳ Breast milk is always clean, the right temperature, and easy for babies to digest.
 - ↳ Breast milk protects babies against infections and dehydration.
- How many months should infants have breast milk alone?**
 - ↳ The first six months.
- List two foods that give energy:**
 - ↳ Rice, potato, cassava, millet/sorghum, maize, edible oil.
- List two foods that protect against illness:**
 - ↳ Fruits and vegetables.
- List two foods that help the body to grow:**
 - ↳ Eggs, beans, lentils, milk, nuts, meat or fish.
- List four signs of malnutrition:**
 - ↳ Underweight.
 - ↳ No fat on body and ribs are visible.
 - ↳ Loose skin around the buttocks.
 - ↳ Easily irritated.
 - ↳ Frequent illnesses.
 - ↳ Severe swelling (oedema) on both limbs or both arms.
 - ↳ Swollen “moon” face.
 - ↳ Damaged skin or different skin colour.
 - ↳ Hair colour changes (yellow/reddish or discoloured).
 - ↳ Hair becomes dry, can be easily pulled out, and leaves bald patches.
- What should you do if you see a child who is malnourished?**
 - ↳ Refer them to the health centre immediately.
- What are three nutrients every child should have in their diet?**
 - ↳ Vitamin A, iron, iodine.
- List one food for each of the nutrients named in question 8:**
 - ↳ Vitamin A is found in fruits and vegetables (especially orange and yellow fruits and vegetables), oils, fatty fish, eggs, dairy products, breast milk, or Vitamin A supplements.
 - ↳ Iron can be found in liver, lean meats, fish, eggs, green leafy vegetables, and iron supplements.
 - ↳ Iodine can be found in iodized salt.
- How many times should a child six months to two years of age be fed?**
 - ↳ At least five times a day in addition to breastfeeding.

Check your understanding

Module 6, Topic 6: Immunization and vaccination campaigns

Answer key

1. **List the six childhood diseases preventable by immunization:**
 - Polio.
 - Diphtheria.
 - Tetanus.
 - Pertussis.
 - Tuberculosis.
 - Measles.
2. **Which two vaccines should a baby receive at birth?**
 - BCG and polio.
3. **What vaccine should a baby receive at nine months?**
 - Measles.
4. **What group of vaccines should be given in a series to a baby at weeks 6, 10 and 14?**
 - DPT and polio.
5. **How many tetanus vaccinations should pregnant women get before giving birth?**
 - At least two.

Check your understanding

Module 6, Topic 7: Safe water, hygiene and sanitation

Answer key

- 1. What are the five important practices for safe water, hygiene and sanitation?**
 - ↳ Sanitary behaviours.
 - ↳ Safe water sources.
 - ↳ Preservation of water supplies.
 - ↳ Proper food hygiene.
 - ↳ Cleanliness in the home and environment.
- 2. When should hands be washed?**
 - ↳ Before preparing food.
 - ↳ Before eating or feeding a child.
 - ↳ After using the toilet or latrine.
 - ↳ After blowing nose, sneezing or coughing.
 - ↳ Before and after taking care of someone who is sick.
 - ↳ After handling faeces or changing soiled child.
- 3. List three sanitation practices that can be done in the household:**
 - ↳ Wash clothes, wash body, wash teeth, clean house, sweep, burn, bury or throw away rubbish, clean toilet and toilet areas, keep water sources and toilet areas separate.
- 4. How can unsafe water be made safe?**
 - ↳ Boil, filter, or treat with appropriate chemicals.
- 5. How should food and water be stored?**
 - ↳ Covered in clean containers and away from animals.

Check your understanding

Module 6, Topic 8: Diarrhoea and dehydration

Answer key

- 1. True or false? Diarrhoea is the passage of three or more loose, watery stools in one day. Diarrhoea can lead to dehydration.**
 - True.
- 2. What are some common causes of diarrhoea? Germs from:**
 - Drinking unsafe water.
 - Eating foods prepared with unsafe water.
 - Eating spoiled foods or uncooked meats.
 - Not washing hands.
 - Living in unclean conditions.
- 3. List four signs of dehydration:**
 - Sunken eyes with few or no tears when crying.
 - Dry mouth and tongue.
 - Thirst.
 - Little or no urine: babies who have less than six wet diapers/nappies in one day, children and adults who do not pass urine in eight hours.
 - Dry skin or skin with little elasticity. When gently pinching the skin, it will stay up in a pinch and go back slowly.
 - Feeling weak and very tired.
 - Muscle cramps.
- 4. Who is most at risk of dying from diarrhoea and why?**
 - Children are more likely than adults to die from diarrhoea because they become dehydrated more quickly.
- 5. List three first aid actions for diarrhoea and dehydration in children less than two years of age:**
 - Breastfeed frequently, more than usual.
 - Give plenty of fluids, especially safe water.
 - If older than six months, give more food-based fluids such as soups, gruel, rice water or fruit juices. Fluids should not be sweetened.
 - Encourage to drink as much ORS as tolerated. Follow instructions listed above.
 - Provide frequent feedings (eight or more times a day).
 - If the diarrhoea continues, go to the health centre for help.
 - Go to a health centre for zinc treatment (treatment for 10-14 days).

Check your understanding

Module 6, Topic 9: Acute respiratory infections

Answer key

- 1. What is an ARI?**
 - ↳ An infection of the lungs and breathing tubes caused by germs. Pneumonia is a severe respiratory infection.
- 2. What are the danger signs of ARI?**
 - ↳ Fast breathing.
 - ↳ Noisy or difficult breathing.
 - ↳ Drawing in of the chest when taking in a breath.
 - ↳ Cough for three weeks or more.
 - ↳ Fever for seven days.
 - ↳ Loss of appetite and vomiting.
- 3. What is considered fast breathing in a child?**
 - ↳ For a child 2 to 12 months old, 50 breaths a minute or more.
 - ↳ For a child 12 months to 5 years old, 40 breaths a minute or more.
- 4. What can community members do to treat ARI?**
 - ↳ Get prompt medical attention for any danger sign of ARI.
 - ↳ Give plenty of fluids.
 - ↳ Breastfeed infants more frequently.
 - ↳ Eat nutritious foods.
 - ↳ Keep infants and children warm, but do not overheat.
- 5. List two ways to prevent ARI.**
 - ↳ Breastfeeding babies, exclusively for the first six months of life.
 - ↳ Immunizing children according to the national vaccination schedule.
 - ↳ Keeping infants from being exposed to cold.
 - ↳ Avoiding smoky (from cigarettes or cooking fires) or overcrowded rooms.
 - ↳ Eating nutritious foods.
 - ↳ Practising good hygiene and hand-washing.

Check your understanding

Module 6, Topic 10: Malaria prevention and control

Answer key

1. **How is malaria spread?**
 - Bite of infected mosquito.
2. **Who is most at risk from dying from malaria?**
 - Children under five years of age and pregnant women.
3. **What is the most common sign of malaria infection?**
 - Fever.
4. **What are three other signs of malaria infection?**
 - Headache, pain in the joints, sweating, chills, convulsions, vomiting.
5. **How soon should a person with signs of malaria be seen and treated by a healthcare worker?**
 - Immediately, within 24 hours.
6. **What can be done to help prevent malaria in pregnant mothers?**
 - Get antenatal care and intermittent preventive treatment for malaria and sleep under a long-lasting insecticide-treated mosquito net.
7. **How long should people with malaria take their malaria medicine?**
 - The full course of the medicines must be completed.
8. **What is the most effective preventive measure against malaria?**
 - Sleeping under insecticide-treated mosquito nets.
9. **List two things community members can do to prevent mosquito bites:**
 - Nets, screens, wear long-sleeved clothing, repellent, coils.

Check your understanding

Module 6, Topic 11: HIV and sexually transmitted infections

Answer key

- 1. List two signs of sexually transmitted infections (STIs):**
 - ↳ Soreness or rash around the genital areas.
 - ↳ Discharge from the penis, vagina or anus.
 - ↳ Pain when urinating.
 - ↳ Lumps or tenderness in the groin.
 - ↳ Sore throat.
 - ↳ Pain or discomfort during sexual intercourse.
- 2. What is the difference between Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS)?**
 - ↳ Human immunodeficiency virus or HIV is one type of STI that attacks the immune system. If HIV is left untreated, it can develop into a serious illness called acquired immune deficiency syndrome or AIDS.
- 3. What are three ways HIV is transmitted?**
 - ↳ Having sex with an infected person.
 - ↳ Exchange of contaminated body fluids (blood, semen, vaginal fluids).
 - ↳ From mother to child during pregnancy and childbirth, or through breast milk.
- 4. How can HIV be prevented?**
 - ↳ Using condoms consistently and correctly.
 - ↳ Practising safer sex or having non-penetrative sex.
 - ↳ Reducing the number of sexual partners.
 - ↳ Abstinence or mutual fidelity between two HIV-negative partners.
 - ↳ Recognizing signs of a sexually transmitted infection and being tested by a health worker.
 - ↳ NOT having unprotected sex without knowing the HIV status of your partner.
 - ↳ NOT sharing needles or sharp instruments that can cause bleeding, such as razors.
 - ↳ Getting tested for STIs and HIV for suspected signs of STIs or after having sex with an infected partner.
 - ↳ Getting tested for STIs and HIV, if pregnant.

Check your understanding

Module 6, Topic 12: Reducing stigma and discrimination

Answer key

1. What is HIV-related stigma?

- When people are shunned, rejected, directly or indirectly discriminated against and deprived of their rights because they have HIV or are associated with people with HIV.

2. List three factors contributing to HIV-related stigma and discrimination:

- HIV is a life-threatening condition.
- Little understanding about the disease (myths and misconceptions about how HIV is transmitted).
- Associating HIV with specific groups in the community (for example, sex workers, gay men, men who have sex with men, transgendered people, injecting drug users).
- Prejudice towards groups already stigmatized and discriminated against because of their race or origin, gender, job (sex work), drug use, imprisonment and/or sexual orientation.
- Misleading media reporting of HIV-related stories.

3. List two effects of HIV-related stigma:

- Discourages people from getting tested for HIV.
- Prevents people from accessing prevention, treatment, care and support services.
- Prevents people who are HIV-positive from sharing their HIV status with potential sexual partners and risking infecting others.
- Keeps people from seeking information about how to prevent HIV and how to use condoms.
- Delays people from seeking HIV treatment early.

Check your understanding

Module 6, Topic 13: Tuberculosis

Answer key

- 1. How does TB spread from one infected person to another person?**
 - ↳ Tuberculosis spreads through the air by coughing, sneezing, talking and spitting. TB spreads most easily when it is in a person's lungs.
- 2. What are signs of TB?**
 - ↳ Coughing for more than three weeks.
 - ↳ Coughing up blood.
 - ↳ Fever.
 - ↳ Chills.
 - ↳ Pain in the chest.
 - ↳ Night sweats (even in cold weather).
 - ↳ Loss of appetite and rapid weight loss (children may stop growing).
 - ↳ Feeling tired.
- 3. What can be done to prevent the spread of TB?**
 - ↳ Recognizing symptoms of TB.
 - ↳ Taking treatment to be cured of TB.
 - ↳ Covering mouth when coughing or sneezing.
- 4. True or False? People living with HIV (PLHIV) are more at risk of getting TB.**
 - ↳ True.
- 5. How long should people being treated for TB take their medications?**
 - ↳ They should take the medications regularly and complete the full course of treatment, even if they begin to feel better before finishing all the medicine.
 - ↳ Not taking all the medicines at the right time, or stopping early, can make TB disease incurable.

Check your understanding

Module 6, Topic 14: Avian influenza

Answer key

1. List three signs of avian influenza in birds:

- Sudden death of many birds.
- Birds are unbalanced, walk unevenly, or sit with head down.
- Lack of energy and appetite.
- Ruffled feathers.
- Decreased egg production.
- Swelling of the head, eyelids and comb.
- Coughing or sneezing.

2. How can avian influenza spread from birds to humans?

- Direct contact with sick poultry.
- Eating undercooked or uncooked poultry products such as eggs or meat.
- Handling poultry products such as raw meat, eggs, feathers or faeces.

3. List four ways to prevent the spread of avian influenza to humans:

- ONLY eating well cooked poultry meat and eggs.
- NOT eating poultry meat that comes from sick or dead animals.
- NOT handling dead or sick poultry.
- NOT sleeping near poultry.
- NOT keeping birds as pets.
- Washing hands with soap and water after any contact with poultry.
- Avoiding contact with sick birds, their feathers, faeces and other waste.
- Wearing kitchen gloves or using plastic bags as a barrier when handling raw meat and eggs.
- Cleaning surfaces and cooking utensils after handling raw meat and eggs.

4. What should you do if you notice poultry looking sick?

- Report it immediately to health authorities.

Check your understanding

Module 6, Topic 15: Dengue prevention and control

Answer key

- List three signs of dengue:**
 - ↳ High fever.
 - ↳ Severe headache.
 - ↳ Pain behind the eyes.
 - ↳ Pain in the joints.
 - ↳ Muscle and body aches, back pain.
 - ↳ Nausea and vomiting.
 - ↳ Skin rash.
- What are two ways mosquito bites can be prevented?**
 - ↳ Using window screens.
 - ↳ Sleeping under mosquito nets, even during the daytime.

Check your understanding

Module 6, Topic 16: Caring for the sick at home

Answer key

- What does caring for the sick in the home include?**
 - ↳ Encouraging good nutrition and well-being.
 - ↳ Giving basic emotional and psychosocial support.
 - ↳ Helping the person to use the toilet, bedpan or urinal.
 - ↳ Maintaining skin care and hygiene.
 - ↳ Working closely with the local health centre.
- List three signs of stress:**
 - ↳ Physical symptoms, such as inability to sleep, and digestive or bowel problems.
 - ↳ Emotional symptoms, including feeling sad, helpless or guilty.
 - ↳ Withdrawing from other people.
 - ↳ Not taking care of oneself.
 - ↳ Deteriorating relationships with other people.

*Volunteer Manual***MODULE 7**Supplementary
topics**Goal**

Module 7 addresses supplementary topics you may wish to learn in order to provide community education and assistance.

Topics

There are four topics in this module.

- Topic 1 Road safety
- Topic 2 Safe blood and voluntary blood donor recruitment
- Topic 3 Excessive substance use
- Topic 4 Collection and burial of the dead

Community Tools

Community Tools are provided for use in conjunction with Topics 1, 2 and 3.

Topic 1

Road safety



Learning objectives

At the completion of this topic, you will be able to:

- identify three main causes of road crashes
- describe three road safety actions
- demonstrate first aid for road crash injuries
- promote road safety in the community



Main learning points

1. Using seat belts in cars and helmets (with the chinstrap fastened) when riding on motorcycles and bicycles is critical in reducing the effects of crash injuries.
2. Road crashes can be caused by:
 - driving fast and not keeping a safe distance from other cars
 - drinking, or using drugs and driving
 - using mobile or cell phone while driving
 - unlicensed drivers
 - distracted drivers
 - tiredness on a long trip
 - lack of, or poorly visible road signs about vehicles, people and animals crossing the road
 - bad weather conditions such as fog, rain or wind
 - old and poorly maintained vehicles
 - bad and unsafe road infrastructure
3. Find safe places to cross the roads and use them.
4. Give first aid to casualties injured in a road crash.



Topic summary

As populations grow and communities develop, more roads are built and the number of vehicles on the road increases. Unsafe vehicles and poor road infrastructure are critical root causes of road crashes but are not the main cause. Most road crashes and road injuries result primarily because of the behaviour of the road user.

The top ten road safety actions

1. Use seat belts, or in the case of motorcyclists, use helmets with the chinstrap fastened.
2. Keep a safe distance from other vehicles.
3. Keep to the speed limit and adapt driving speeds to weather conditions, the state of roads and the amount of traffic.
4. Obey traffic lights and highway codes.
5. Never drive after drinking alcohol or using drugs.
6. Never use mobile or cell phones while driving.
7. Drive carefully and pay special attention to pedestrians, cyclists and in general to all vulnerable users.
8. Discourage children from playing on busy roads and show them how to cross the road safely.
9. Use a light when walking on the road at night, and if possible wear light or reflective clothing so others can see you.
10. Know where to go for help when a road crash occurs and keep a list of emergency numbers.

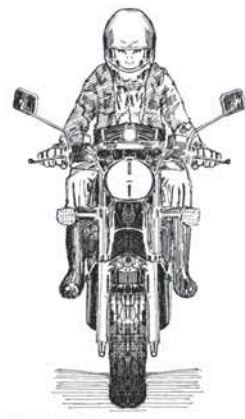
Volunteer actions in the community

You can help community members to become aware of road safety behaviours by:

- encouraging family members and the community to follow the top ten road safety actions
- setting a good example when driving on the road
- working with local authorities to organize public awareness campaigns
- encouraging local authorities to take safety measures around dangerous locations and introduce safe road crossing places, particularly around schools
- promoting and delivering first aid training to individuals who are most likely to be the first at a crash scene, such as professional drivers, public transport drivers, policemen, ambulance and first aid post staff
- encouraging local authorities to enforce road safety laws such as speed limits, wearing seat belts or helmets, not driving with excess alcohol or drugs intake
- talking to young people in schools about the top ten road safety actions



Correct use of a seatbelt



Motorcyclist wearing a helmet



Helmet with chinstrap fastened

First aid for road injuries

Assess

.....

A road crash scene can be dangerous and can cause other accidents. It is important to assess the situation when approaching the scene of a road crash. Do NOT enter if it is unsafe. Volunteers should NOT become involved in the extrication of road crash casualties. They should only remove people if they are in immediate danger and it is safe to help.

Plan

.....

Secure the area. If there are red warning triangles place them at least 30 metres to either side of the scene of the accident to warn other drivers of the crash. Alternatively, wood branches or a pile of rocks can be used.

Send for medical and police assistance.

Implement

Give basic first aid to people who are injured. Road crashes can cause injuries to the head, neck, back and chest. There may also be bleeding wounds (both internal and external) and broken bones.

Evaluate

All road crash injuries should be checked at a clinic, hospital or health centre.

Key messages

- Road traffic injuries can be prevented.
 - The behaviour of road users is a main cause of road crash injuries.
 - Use seat belts, or in the case of motorcyclists, use helmets with the chinstrap fastened.
 - Keep to the speed limit and adapt driving speeds to weather conditions, the state of roads, and the amount of traffic.
 - Discourage children from playing on busy roads and show them how to cross the road safely.
 - Never drive after drinking alcohol or using drugs.
-

Check your understanding

1. List four reasons why road crashes occur:

- ↳ _____
- ↳ _____
- ↳ _____
- ↳ _____

2. List two road safety behaviours:

- ↳ _____
- ↳ _____

Notes

Topic 2

Safe blood and voluntary blood donor recruitment



Learning objectives

At the completion of this topic, you will be able to:

- answer simple questions about safe blood donation and indicate where blood is collected in the community
- assist with the promotion of voluntary blood donation and Club 25
- assist in community awareness campaigns and participate in World Blood Donor Day



Main learning points

1. Blood is needed every day to save lives.
 2. Individuals may have different blood types.
 3. Blood can carry diseases such as malaria, hepatitis, syphilis and HIV.
 4. Donated blood is tested for diseases and to determine its type.
 5. Blood donors must give their consent to have their blood tested.
 6. Blood donors should NOT give blood in order to determine their HIV status.
 7. Blood which tests positive for diseases must be discarded:
 - these donors are advised not to donate blood again
 - these donors are referred for counselling
 8. Voluntary, non-remunerated blood donors are identified as the safest donors.
 9. Club 25 initiative encourages young blood donors to lead healthy lifestyles and to give blood on a regular basis (around two units of blood every year).
 10. Voluntary, non-remunerated blood donors should receive recognition and appreciation.
-

Topic summary

Blood safety

Blood safety is determined by testing donated blood for blood type and infections. Safe blood has no traces of viruses, parasites, drugs, alcohol, chemical substances or other factors that may cause harm to the recipient.

Donating blood is a simple process with quality systems in place to ensure the donor's health and safety. Needles and bags used to collect blood are used only once and then discarded, making spread of infection to the donor not possible.

Giving blood

The whole blood donation process takes about one hour. Before giving blood, donors will be asked a series of questions about their medical history and any medications they are taking, to determine if they are eligible for safe blood donation. Blood donors must give their consent to have their blood tested for illnesses such as HIV.

Every country has its own criteria for selecting blood donors. As a general guide, voluntary blood donors should meet the following requirements:

- be in good health
- weigh more than 45-50 kilograms
- be aged between 16 to 70 years (18 to 65 in some countries)
- meet all the guidelines designed to protect both the person giving the blood and the person who may receive the blood

People should NOT give blood if they:

- are not feeling well
- are anaemic
- are pregnant or have been pregnant in the last year
- are breastfeeding
- have heart disease, low or high blood pressure, diabetes or epilepsy
- are taking certain medications such as antibiotics
- have an infection or history of infection such as malaria, HIV, hepatitis B or other sexually transmitted infection (STI)

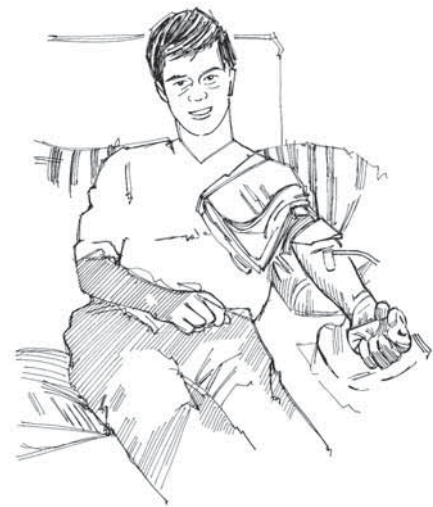
Club 25

Club 25 is an initiative that encourages young people between the ages of 16 and 25 to donate around two units of blood every year, while maintaining a healthy lifestyle. The young donors commit to giving blood regularly and may aim to achieve 20 or 25 blood donations initially but often go on to give many more over the period of their lifetime.

Club 25 helps to promote first aid, nutrition, regular exercise and road safety. It also helps to raise awareness about HIV and AIDS, excessive substance use, and minimizing risky health behaviours.



*Unit of blood from a Red Cross
Red Crescent blood donor*



Giving blood

World Blood Donor Day

The purpose of World Blood Donor Day is to:

- pay tribute to all blood donors around the world
- raise awareness about the benefits of blood donation
- gain commitment and support from health authorities

World Blood Donor Day is dedicated to voluntary, non-remunerated blood donors. It is celebrated annually on 14 June and has the support of all major stakeholders in blood transfusion medicine and blood transfusion services, including the World Health Organization, International Society of Blood Transfusion, International Federation of Blood Donor Organizations, and the International Federation of Red Cross and Red Crescent Societies.

Volunteer actions in the community

You can help community members to become aware of the need for safe blood and how to become a voluntary blood donor by:

- encouraging them to become voluntary, non-remunerated blood donors
- encouraging young people aged 16 to 25 to join Club 25 or similar youth programmes
- seeking support from community leaders to recruit low-risk, voluntary unpaid blood donors
- supporting local blood centres with blood donor drives and awareness campaigns
- participating every year in events on World Blood Donor Day
- becoming a regular voluntary, non-remunerated blood donor and encouraging family members to donate
- giving recognition and appreciation to voluntary blood donors

Key messages

- Blood saves lives.
- Donating blood is safe.

Check your understanding

- 1. What is blood tested for?
↳ _____
- 2. What is Club 25?
↳ _____
- 3. When is World Blood Donor Day?
↳ _____
- 4. What is the purpose of World Blood Donor Day?
↳ _____
↳ _____
↳ _____

Notes

Topic 3

Excessive substance use



Learning objectives

At the completion of this topic, you will be able to:

- list substances that can change a person's behaviour with excessive use
- list the harmful effects of these substances
- identify actions to promote awareness in the community about the harmful effects of excessive substance use
- link people to services and support related to alcohol and other drug use
- provide first aid during an overdose



Main learning points

1. Some substances or drugs can change a person's behaviour, including alcohol and cigarettes.
2. People who use substances in excess can become addicted.
3. Volunteers must promote non-stigmatization and non-discrimination against people using substances in excess.
4. Persons who are under the influence of substances may have reduced judgement and may engage in risky behaviours, such as unprotected sex, or driving.
5. Build life skills and knowledge to lead healthy lifestyles and discourage using substances in excess.
6. Provide first aid and seek immediate medical attention during an overdose.

Topic summary

The term “substance” refers to drugs, alcohol, or other chemicals that are able to change a person’s behaviour or that can become addictive. It can include legal substances, such as alcohol, cigarettes and medicines, and illegal substances such as marijuana, heroin, methamphetamines or cocaine. The possession and use of illegal substances may be punishable by law.

Excessive use of substances (legal or illegal) is harmful to people’s health. Excessive cigarette smoking can lead to cancer, chronic lung problems and death. Substances that are injected with needles and syringes that are shared can put people at risk of transmitting infections like HIV or hepatitis. Excessive alcohol use can lead to liver diseases and may impair judgement leading to vehicle accidents, or engaging in risky behaviours such as unprotected sex. Alcohol can also make depression worse and can contribute to violent behaviour.

Volunteers can encourage community and family members to talk about the consequences of excessive substance use without discrimination.



Solvents



Pills



Tobacco and marijuana



Alcohol



Intravenous drugs

Forms of substance use

Signs of excessive substance use

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 behaviour
- change in daily habits, activities or grooming
- motor accidents related to alcohol use

Volunteer actions in the community

You can help the community learn about excessive substance use by:

- educating the community about the dangers of excessive substance use
- discouraging young people from experimenting with harmful substances
- helping people to minimize harm to themselves caused by substance use
- providing information and linking people to services and support on key prevention activities, particularly those related to alcohol and other drugs use
- building skills and knowledge for people to lead healthy lives
- helping the person who uses excessive substances by educating his/her family and friends about first aid in emergencies
- helping caregivers to develop coping skills
- providing first aid for people who have overdosed
- organizing the community to address excessive substance use problems
- working with established agencies such as religious institutions or youth organizations to provide information about excessive substance use
- helping to establish support groups for persons who wish to stop using substances
- supporting harm reduction programmes, such as needle exchange projects, to reduce the harmful effects of excessive substance use
- advocating for the local Red Cross Red Crescent branch or chapter to be involved in substance abuse response programmes
- using established programmes to highlight messages about excessive substance use
- advocating for substance use awareness in schools and colleges
- promoting non-discriminatory attitudes towards substance users in the community

Key messages

- Lead a healthy lifestyle and discourage excess substance use.
 - Excessive use of alcohol and other substances can impair judgement and be life-threatening.
 - Cigarette use can damage health and is a cause of lung cancer.
 - Seek support to minimize substance use.
 - Seek immediate medical attention during an overdose.
-

Check your understanding

1. List two substances that can change a person's behaviour:
↳ _____
↳ _____
2. List two risky behaviours that people under the influence of substances may engage in:
↳ _____
↳ _____
3. What should volunteers do if they suspect a drug overdose?
↳ _____
↳ _____

Notes

Topic 4

Collection and burial of the dead



Learning objectives

At the completion of this topic, you will be able to:

- explain how to assist local authorities in the collection, identification and burial of the dead after a disaster
- provide psychological first aid to the grieving



Main learning points

1. Management, identification and burial of the dead in a disaster are the responsibilities of the authorities.
 2. Volunteers will only work under the supervision of authorities and the local Red Cross Red Crescent branch or chapter in assisting with collection and burial of the dead.
 3. Use protective gowns, outfits and gloves when handling dead bodies.
 4. Wear protective Red Cross Red Crescent emblem.
 5. Wash hands carefully with soap or ash and clean water after handling dead bodies.
 6. Clean and wash all the equipment, clothes and other materials used.
 7. Seek psychological support from the local Red Cross Red Crescent branch or chapter.
-



Topic summary

Management of the dead is one of the most difficult aspects of disaster response, whether the disaster is man-made or natural. Management, identification and burial of the dead are the responsibility of the local authorities, although National Societies may be asked to help. Volunteers must have full authorization from the local authorities and the local Red Cross Red Crescent branch or chapter before beginning the collection and burial of the dead.

It is important for volunteers to respect the dignity of the dead, according to local, cultural and religious practices and to provide psychological support for the grieving

Collection of dead bodies and body parts

Body recovery is the first step in managing dead bodies and is usually chaotic and disorganized. The conditions and areas need to be clear before volunteers can begin assisting with the collection of dead bodies.

Body recovery only lasts a few days or weeks, but may be prolonged following earthquakes or very large disasters.

Stretchers and body bags should be available for volunteers to transport the dead bodies.

Identification of the dead

Without cold storage a dead body will decompose rapidly. Cold storage slows the rate of decomposition and preserves the body for identification.

Identification of dead bodies is done by matching the deceased (physical features, clothes, etc.) with similar information about individuals who are missing or presumed dead.

Visual identification or photographs of fresh bodies are the simplest way of identifying a dead body. Local authorities may ask volunteers to complete identification forms to describe basic information about dead bodies or body parts that can aid later identification procedures.

Bodies should NOT be buried or cremated before they are identified.

Burial of the dead

The local authorities are responsible for the construction and the location of graves. Volunteers can assist the local authorities by following their instructions.

- All identified dead bodies should be released to relatives or their communities for disposal according to local custom and practice.
- Careful thought must be given to the location of any burial site. The site should be acceptable to communities living near the burial site. The site should be close enough for the affected community to visit.
- If possible, human remains should be buried in clearly marked, individual graves.
- For very large disasters, communal graves may be necessary.
- Prevailing religious practices may indicate preference for the orientation of the bodies (heads facing east, towards Mecca, for example).
- Each body must be buried with its unique reference number on a waterproof label.
- This number must be clearly marked at ground level and mapped for future reference.



Safe handling of dead bodies

Support for families and survivors

- The dead and the bereaved should be respected at all times.
- The priority for affected families is to know the fate of their missing loved ones.
- Honest and accurate information should be provided at all times and at every stage of the recovery and identification process.
- A sympathetic and caring approach is owed to the families throughout.
- Mistaken identification should be avoided.
- Psychosocial support for families and relatives should be considered.
- Cultural and religious customs should be respected.

Volunteer protection

After most natural disasters there is fear that dead bodies will cause epidemics. Dead bodies from natural disasters do NOT cause epidemics. There is a need to be cautious, however, if deaths were caused by a contagious disease.

Volunteers should protect themselves when handling dead bodies by:

- wearing protective gowns and gloves
- wearing the Red Cross Red Crescent emblem
- washing their hands with soap and water or ash and water, after handling dead bodies
- cleaning and washing all the equipment, clothing and materials used
- working under the supervision of the local authorities and local Red Cross Red Crescent branch or chapter
- seeking psychological support from the local Red Cross Red Crescent branch to deal with emotional stress

Volunteer actions

You can assist after a disaster by:

- informing the community that dead bodies from a natural disaster do NOT cause epidemics
- giving psychological first aid to survivors, especially to children
- following the instructions of the local authorities and local Red Cross Red Crescent branch or chapter

Check your understanding

1. True or false? Volunteers do not need any supervision when burying the dead after a disaster.



2. List three things volunteers can do to protect themselves when handling dead bodies:







3. Where can volunteers get psychological support?



Notes

Answer keys

Check your understanding

Module 7, Topic 1: Road safety

Answer key

1. **List four reasons why road crashes occur:**
 - ↳ Driving fast and not keeping a safe distance from other vehicles.
 - ↳ Drinking alcohol or using drugs and driving.
 - ↳ Using mobile or cell phone while driving.
 - ↳ Unlicensed drivers.
 - ↳ Distracted drivers.
 - ↳ Tiredness on a long trip.
 - ↳ Lack of, or poorly visible road signs about vehicles, people and animals crossing the road.
 - ↳ Bad weather conditions such as fog, rain and wind.
 - ↳ Old and poorly maintained vehicles.
 - ↳ Bad and unsafe road infrastructure.
2. **List two road safety behaviours:**
 - ↳ Fasten seat belts, or in the case of motorcyclists, wear helmets with the chinstrap fastened.
 - ↳ Keep a safe distance from other vehicles.
 - ↳ Keep to speed limits and adapt driving speeds to weather conditions, the state of roads and the amount of traffic.
 - ↳ Obey traffic lights and highway codes.
 - ↳ Never drive after drinking alcohol or using drugs.
 - ↳ Discourage children from playing on busy roads and show them how to cross the road safely.

Check your understanding

Module 7, Topic 2: Safe blood and voluntary blood donor recruitment

Answer key

1. **What is blood tested for?**
 - For diseases, for blood type and to make sure it is safe for both donor and recipient.
2. **What is Club 25?**
 - An initiative that encourages young blood donors to lead healthy lifestyles and to give blood on a regular basis (around two units of blood every year).
3. **When is World Blood Donor Day?**
 - Every year on 14 June.
4. **What is the purpose of World Blood Donor Day?**
 - To pay tribute to all voluntary blood donors around the world.
 - To raise awareness about the benefits of blood donation.
 - To gain commitment and support from health authorities.

Check your understanding

Module 7, Topic 3: Excessive substance use

Answer key

- 1. List two substances that can change a person's behaviour:**
 - ↳ Alcohol.
 - ↳ Marijuana.
 - ↳ Medicines.
 - ↳ Heroin.
 - ↳ Cocaine.
 - ↳ Cigarettes.
 - ↳ Methamphetamines.
- 2. List two risky behaviours that people under the influence of substances may engage in:**
 - ↳ Unprotected sex.
 - ↳ Driving with excess alcohol intake.
- 3. What should volunteers do if they suspect a drug overdose?**
 - ↳ Give first aid and seek immediate medical attention.

Check your understanding

Module 7, Topic 4: Collection and burial of the dead

Answer key

1. **True or false? Volunteers do not need any supervision when burying the dead after a disaster.**
 - False. Volunteers must **only** work under the supervision of authorities and the local Red Cross Red Crescent branch or chapter in assisting with collection and burial of the dead.
2. **List three things volunteers can do to protect themselves when handling dead bodies:**
 - Use protective gowns, outfits and gloves when handling dead bodies.
 - Wear protective Red Cross Red Crescent emblem.
 - Wash hands carefully with soap or ash and clean water after handling dead bodies.
 - Clean and wash all the equipment, clothes and other materials used.
3. **Where can volunteers get psychological support?**
 - The local Red Cross Red Crescent branch or chapter.

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.



The International Federation of Red Cross and Red Crescent Societies promotes the humanitarian activities of National Societies among vulnerable people.

By coordinating international disaster relief and encouraging development support it seeks to prevent and alleviate human suffering.

The International Federation, the National Societies and the International Committee of the Red Cross together constitute the International Red Cross and Red Crescent Movement.