
Facilitator guide

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

March 2009

Volume two



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

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Facilitator Guide

MODULE 4

Basic first aid and injury prevention

Goal

In this module volunteers will learn how to assess, plan, implement and evaluate first aid for various injuries and illnesses. Volunteers will practise communicating injury prevention messages with members of their 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 Choking
 - Topic 5 Bleeding and wounds
 - Topic 6 Shock
 - Topic 7 Burns and scalds
 - Topic 8 Injuries to the head, neck or back
 - Topic 9 Injuries to bones, muscles or joints
 - Topic 10 Poisoning
 - Topic 11 Chest pain
 - Topic 12 Stroke (optional)
 - Topic 13 Electrical injury (optional)
 - Topic 14 Drowning (optional)
 - Topic 15 Eye injuries and eye problems (optional)
 - Topic 16 Animal and insect bites or stings (optional)
 - Topic 17 Fever
 - Topic 18 Convulsions
 - Topic 19 Infection control in first aid
 - Topic 20 First aid kit
 - Annex Basic life support (Part 2)
-

Module summary

In Topic 1 volunteers will learn the four principles of first aid management and will be introduced to the four steps for first aid action: assess, plan, implement and evaluate.

In Topic 2 volunteers will learn how to recognize emotional stress. Volunteers will describe the four elements of psychological first aid, ways to reduce stress and care for self and will practise giving psychological first aid and peer support.

In Topic 3 volunteers will learn the steps for basic life support for adults and children who are unconscious but breathing.

In Topic 4 volunteers will learn how to tell if someone is choking. Volunteers will practise how to give first aid to choking adults, pregnant women, infants and children. This topic has to be taught by qualified first aid trainers recognised by the national society.

In Topic 5 volunteers will learn to distinguish between internal and external bleeding and will practise how to give first aid to a person who is bleeding by applying compression. They will learn how to cool and clean a wound.

In Topic 6 volunteers will learn how to assess for signs of shock and will practise how to give first aid to a person in shock.

In Topic 7 volunteers will learn how to give first aid for burns and scalds and will practise discussing how to prevent common causes of burns and scalds with household members in the community.

In Topic 8 volunteers will learn how to assess signs of head, neck or back injuries. Volunteers will demonstrate how to immobilize an injured person and give first aid to a person with head, neck or back injuries.

In Topic 9 volunteers will learn how to assess a person for injury to bones, muscles or joints. Volunteers will practise giving first aid to a person with injury to bones, muscles or joints and will learn how to make a simple stretcher.

In Topic 10 volunteers will learn the cause of poisoning. They will practise giving first aid to a person who has been poisoned and will discuss how to prevent poisoning with community members.

In Topic 11 volunteers will learn the signs of chest pain. Volunteers will practise giving first aid and/or basic life support to a person who is having a heart attack, until medical help can be obtained.

Optional. In Topic 12 volunteers will learn the signs of stroke. Volunteers will practise giving first aid to a person who has suffered a stroke.

Optional. In Topic 13 volunteers will learn the four causes of electrical injury and how to assess and give first aid to a person with an electrical injury.

Optional. In Topic 14 volunteers will learn how to give first aid and/or basic life support to a person who has drowned.

Optional. In Topic 15 volunteers will learn how to assess eye injuries and eye problems. Volunteers will practise giving first aid for injuries of the eye.

Optional. In Topic 16 volunteers will learn how to assess animal bites, bee or wasp stings, snake bites and scorpion bites. Volunteers will practise giving first aid for animal and insect bites.

In Topic 17 volunteers will learn how to assess if a person has a fever. Volunteers will practise giving first aid to lower body temperature and keep the person with a fever hydrated.

In Topic 18 volunteers will learn how to give first aid to a person who is convulsing and how to protect the person from injury.

In Topic 19 volunteers will learn why infection control is important. They will learn the four steps for preventing infection and practise proper hand washing.

In Topic 20 volunteers will learn about supplies to include in a basic first aid kit. Volunteers will identify where to find supplies for restocking the kit and will practise using and restocking the kit.

Annex: Volunteers will learn the steps for basic life support for adults and children who are unconscious and not breathing, who require cardiopulmonary resuscitation (CPR). This topic must be taught by qualified first aid trainers recognized by the National Society.

Facilitator preparation

This module focuses on practising first aid techniques in the community. It is NOT intended to replace the first aid certification course organized by National Red Cross Red Crescent Societies.

It is important that the information you present and the demonstrations you give during each topic are accurate. Make sure you prepare ahead of time by reading the topic summary, gathering the necessary materials, and practising how to demonstrate each first aid technique correctly. Topic 4 and the Annex topic on CPR must be taught by qualified first aid trainers recognized by the National Society.

Most topics in this module follow a similar suggested outline. It is up to you as facilitator to modify the activities to target the needs of the volunteers and organize the time you have for each topic.

- I. Assess volunteers' current knowledge and understanding of the topic by asking what they know, and what experience they have with the content in the topic.
 - II. Give a brief interactive presentation using information from the topic summary. Be sure to ask questions and create interest in the topic.
-

- III. Give a demonstration of how to give first aid for the topic by using the four steps for first aid action:
 - assess the situation, the environment and the person
 - plan the first aid intervention
 - implement first aid and psychological support
 - evaluate the effect of the first aid action
- IV. Divide volunteers into groups of three to practise giving each other first aid based on assigned scenarios. Groups will take turns playing the role of the person who needs first aid, the volunteer who gives first aid (the rescuer), and the observer. Observers will be responsible for coaching and giving feedback to the rescuer using the checklist in the Volunteer Manual. Be prepared to observe, evaluate and give feedback to volunteers during their first aid practice. Remember the classroom is a safe environment in which to practise. It is perfectly acceptable for volunteers to make mistakes as long as they learn from them. This is NOT a first aid certification course. The goal is to help volunteers understand and give first aid correctly. Topic 4 and the Annex for CPR must be taught by qualified first aid trainers recognized by the National Society. It is important to give positive feedback and encourage volunteers when you observe first aid actions that are done correctly. It is also important to correct any misunderstandings by explaining why an action is incorrect and demonstrating how to do it correctly. After a mistake has been corrected, ask the volunteer to demonstrate the first aid so you can ensure s/he understands.
- V. Review the topic content. This will vary from topic to topic. Feel free to adapt any of the suggested review activities to suit your style and the skills of your volunteers.

A few of the topics discuss giving first aid to infants and children under the age of one year. Consider getting a few dolls that you can use for demonstration and on which volunteers can practise.

Two topics are accompanied by Community Tools. These tools contain prevention messages that the volunteers will practise sharing with their household community members.

As always:

- read the topic summary before training each topic for this module. Be prepared to give a brief presentation on the content
- study the list of materials needed for each topic to ensure that you have all materials available
- ensure that a training room or community facility is available
- communicate the time and location for the training to the volunteers
- bring a clock or wristwatch to training to keep track of time
- prepare questions for the review activity at the end of each topic
- arrange for field visits in advance
- identify household members for each volunteer to visit
- communicate clear objectives of field visits to community leaders

Trainer note

The topics in this module vary in the length of time suggested for volunteers to learn and practise new knowledge and skills. It is recommended that shorter topics be combined so that two topics are facilitated during each training meeting.

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Topic 1

Principles of first aid



Learning objectives

At the completion of this topic, volunteers 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.
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Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 40 to 70 minutes to complete.

I. Introduction	Brief presentation from the topic summary.	🕒 10-20 min.
II. Demonstration	Facilitator demonstration of steps to assess, plan, implement and evaluate first aid.	🕒 20-30 min.
III. Check your understanding	Self-assessment.	🕒 10-20 min.



Materials and preparation

- Prepared presentation using the information from the topic summary.
- Prepared flipchart with the four principles of first aid management.
- Prepared flipchart with the four steps for first aid action: assess, plan, implement and evaluate.
- Box labelled “questions”.



Topic summary

First aid is the immediate assistance given to an injured or sick person until medical or professional help becomes available or arrives. First aid includes:

- preventing an accident, diseases, or illness
- preparing for a health emergency
- providing initial first response to injuries, disease or illness, or health emergencies
- providing psychological support

First aid aims at:

- ensuring safety
- assessing the person’s condition
- getting help
- administering first aid

The four principles of first aid management

The principles of first aid management are a sequence of activities which aim to stabilize the person’s condition until further medical help is available. The four principles are:

1. Stay calm. Do NOT take risks for yourself, the injured person, or any witnesses.
2. Manage the situation to give safe access to the person.
3. Manage the person.
4. Do things step by step.

How first aid is carried out will depend on the situation, the circumstances, the surrounding environment and the equipment or materials available. First aid can be given with little or no equipment. Regardless of how first aid is carried out the four principles remain the same.

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?
 - tilt the head and lift the chin to open the airway
 - look, listen, feel to check for breathing
 - if the person is unconscious, follow the actions for basic life support

Assess for injuries:

- assess for spinal injuries. If the person is unconscious, unable to move limbs or head or back injuries are suspected:
 - keep the person's neck and back still
 - do NOT move person except when it is absolutely necessary
- identify major injury such as wounds, burns or chest pain

Assess for signs of shock or psychological trauma:

- the condition of shock will come with any significant injury
- in all situations of illness and accident, the person and/or immediate relatives need to be considered for psychological first aid

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:
 - avoid contact with blood and body fluids of the person
 - avoid heavy lifting
-

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:

- immobilize any injured limbs and cover all wounds
- do NOT straighten mal-aligned bones; if possible splint them in the position they are in
- do NOT remove foreign objects sticking out of wounds; hold any object in position with protective bandages and pads or any cloth that is available
- ask for assistance from people nearby
- it may be necessary to find or make a basic stretcher to transport the person, depending on local circumstances
- transport the person carefully and immediately to the nearest clinic, hospital or health centre
- accompany the person if necessary

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

Facilitator directions

I. Introduction to Module 4

 10-20 minutes

1. Welcome volunteers back to training.
2. Introduce the title and goal for Module 4. Review the goal, learning objectives and volunteers' expectations. Give a brief overview of the core topics and any optional topics that have been selected.
3. Explain the difference between the CBHFA *in action* first aid training and the National Red Cross Red Crescent Societies' certification course for first aid.

Facilitator tip

You may wish to explain how and when each topic will be trained and get the volunteers to agree with your plan.

4. Give a short presentation of the information included in the topic summary.

Facilitator tip

You may wish to give personal examples of first aid situations you have experienced and how you followed the steps for first aid action.

5. Answer volunteers' questions.
 6. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box. The questions will be reviewed and addressed at the end of each topic
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II. Demonstration

 20-30 minutes

1. Go over the four principles of first aid management using the prepared flipchart.
2. Describe the steps for first aid action using the prepared flipchart.
3. Ask for a volunteer to come to the front of the classroom to play the role of an unconscious person.
4. Explain the following scenario.
 - You are walking home and come across an elderly man lying unconscious at the side of the road.
5. Ask the volunteers, what should you do first? Accept all answers that reflect the assessment step of first aid action.
6. Demonstrate how you would assess the situation and the person.
7. Explain that during your assessment you have determined that:
 - the individual is breathing and has no visible signs of injury
8. Ask the volunteers, what should you do next?
9. Accept all answers that reflect getting help and planning a first aid intervention.
10. Explain that several other people have come to help. Ask the volunteers what you should do next? Accept all answers that reflect preparing the person for transportation.
11. Ask the volunteers where they would take this person if this happened in their community?

Facilitator tip

You may need to review the Community Map and community assessment the volunteers conducted in Module 3.

12. Explain that you have safely carried the person to the local hospital, clinic or health centre where he is getting professional help. Ask the volunteers what you should do next? Accept all answers that reflect the evaluation step of first aid action.
13. Thank the volunteers for their participation. Debrief by stating that this was a very basic example of the steps for first aid action. Explain that as you cover each topic in this module they will practise these four steps.

III. Check your understanding

 10-20 minutes

1. Ask volunteers to review the main learning points for Topic 1 found in their Volunteer Manual.

Facilitator tip

You may wish to ask volunteers to take turns putting the main learning points into their own words.

2. Ask volunteers to work in pairs to complete the check your understanding self-assessment in Topic 1 of the Volunteer Manual. Remind volunteers that the self-assessment is to check their understanding of the information covered so far.
3. Allow enough time for everyone to complete.

Facilitator tip

If the majority of volunteers are NOT able to read and write, you may want to read the questions aloud and allow the volunteers to share their responses verbally. If only a few volunteers cannot read and write, then help them individually by coaching them through the questions and asking them to tell you the answers.

4. Check the answers by asking the volunteers to share their responses.

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.

5. Congratulate volunteers for correct responses.

6. Negotiate a time for the next classroom session.

7. Encourage volunteers to share what they have learnt with members of the community.

Topic 2

Psychological first aid



Learning objectives

At the completion of this topic, volunteers 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



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 90 to 130 minutes to complete.

I.	Introduction	Brief presentation from the topic summary.	20-30 min.
II.	Case study	Volunteers will discuss three case studies about giving psychological first aid.	30-45 min.
III. & IV.	Role plays 1 and 2	Volunteers will role play two scenarios about personal psychological reactions to first aid rescue and peer support.	30-40 min.
V.	Close	Close the session and allow time for questions.	10-15 min.



Materials and preparation

- Prepared short presentation using the information from the topic summary.
- Prepared flipchart with the four principles of psychological first aid.
- Look over the suggested case studies for the second activity. You may wish to change these to suit your volunteer audience. If your participants can read, write the case studies on three pieces of paper.



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.

What happens when someone experiences a critical situation?

When somebody is in shock or crisis, or has been feeling stressed for a long time, the person can be very vulnerable and easily misunderstands what is being done or said. The person's sense of time might be disturbed, and s/he might have difficulties thinking clearly and behaving the way s/he would normally do. The person might be affected by violent emotions, apathy or hopelessness. In such situations, psychological first aid is necessary.

In general it is important to show warmth and empathy and to listen and help with making the surroundings safe and to deal with practical needs and problems, while the person gradually becomes stronger and more capable of thinking clearly and taking care of him or herself. This applies in many different settings: in a situation of disaster, in connection to home visits, when delivering first aid, through telephone or online support or in support groups and other settings.

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 self-care

Self-care is both an essential prerequisite for effectively helping others and a means of maintaining fitness to continue in that capacity. Self-help techniques include:

- remembering that some reactions are normal and unavoidable and may cause the expression of frightening and strange feelings
- being aware of tension, and consciously trying to relax and get enough sleep
- talking to someone and describing thoughts or feelings about the critical event
- listening to what others say and think about the event. It has affected them too, and they may share beneficial insight
- taking good care of yourself, by eating well, limiting the intake of alcohol and tobacco, and exercising to relieve tension
- being creative. Draw, paint, write or play music. Look for a healthy outlet. Sometimes it is easier to express feelings by doing rather than talking
- when experiencing sleeping difficulties or feeling anxious, discuss with someone who can be trusted. Avoid caffeine before going to bed. Try to go to bed about an hour before you need to go to sleep and try to relax
- if it is difficult to concentrate on demanding duties after a difficult situation, continue to work on routine tasks. Inform peers and supervisors who will understand better if they have the relevant information
- remember that it takes time to process what has happened. Avoid perfectionist expectations which can lead to disappointment and conflict
- do not self-medicate. Seek professional advice if reactions are still difficult to deal with after a few weeks

Peer support

Support to a peer means offering assistance to someone at the same level as the supporter. It could be needed because someone is experiencing stress or is reacting to a situation they are in, or to their involvement in a highly stressful event.

The principles for peer support are the same as for psychological first aid and supportive communication in general. As the name suggests, the peer supporter gives support only and does not become a counsellor. Peer supporters give short-term assistance. They are not meant to replace professional help. The advantage of peer support is that support comes from someone who knows the situation and can give assistance quickly. Key elements of peer support include:

- concern, empathy, respect, trust
- effective listening/communication
- clear roles, team work, cooperation, problem-solving
- discussion of work experience

Caring for volunteer peers

- Maintain confidentiality. The cornerstone of the peer support process is confidentiality. If this breaks down the integrity of the entire team is questioned. A peer supporter might receive questions from concerned colleagues or other volunteers. Handle them with care and suggest the person speaks directly to the affected person.
- Be available. Someone who has experienced a stressful event usually welcomes assistance, but not intrusion. Be available to talk, or stay close to them.
- Manage the situation and locate resources. As a first step, if required, help with finding a quiet location, fending off media or onlookers and protecting the person experiencing difficulty from stressful sights or sounds. Locate people who can help, a doctor to attend to physical injuries, or family and friends.
- Give information. One of the most important ways of gaining personal control is to have accurate and objective information about the situation. Information allows the person affected to put the event into a more manageable perspective.
- Help a person to establish personal control. Treat the person as a colleague, not as a patient or victim. Support them in making decisions and respect decisions once they are made. Be non-intrusive and allow them to express feelings.
- Give encouragement. When people are under stress their self-esteem can be affected. They tend to experience guilt and to blame themselves. It is important to encourage other explanations and a more positive view, especially when the guilt is misplaced. This is better done by encouraging alternative explanations and thoughts, rather than trying to argue the point.

Facilitator directions

I. Introduction to psychological first aid

 20-30 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous session.
3. Refer to information in the topic summary to give an interactive presentation describing:
 - signs of shock, emotional distress, and stress
 - four elements of psychological first aid
 - psychological first aid
 - volunteer self-care
 - peer support
4. Answer volunteers' questions.

Facilitator tip

This topic may stimulate many questions from volunteers. As a facilitator it will be helpful to share from your own experience. You may not, however, be able to answer all questions. Consider using the question box for questions you wish to address at another time.

5. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box, especially if they feel uncomfortable asking questions in the full group.

II. Case study discussion

 30-45 minutes

1. Divide the volunteers into three groups and assign a group leader to each group.
2. Give each group a different case study and ask them to discuss their answers to the questions.

Facilitator tip

If the majority of volunteers are NOT able to read and write, you can read the case studies and questions to each group.

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?

Facilitator tip

These can be difficult topics to discuss. Circulate around the room to give support to each group.


4. Allow time for group discussion.
5. When the groups are ready, ask the group leader to give a brief presentation about the conclusions their group reached about their discussion topic.
6. After each group presentation invite feedback from the other groups.

III. Role play 1

 15-20 minutes

1. Divide the volunteers into groups of three.
2. Ask each group to practise giving psychological first aid, taking it in turns to play the following roles:
 - woman who has been rescued from her burning home
 - volunteer giving psychological first aid to the woman
 - observer taking notes on the dialogue, looking for the four elements of psychological first aid
3. After all three volunteers in each group have had a chance to practise ask them to discuss the following:
 - How did the observer experience the dialogue in relation to the four elements of psychological first aid?
 - Did the person being given psychological first aid feel helped?
 - Was it difficult to give enough support to the recipient. If the answer is yes, why is that?

IV. Role play 2

 15-20 minutes

1. In the same small groups, give a second role play scenario with the following roles:
 - volunteer who has tried to rescue a person's life, but failed
 - colleague giving peer support
 - observer taking notes on the dialogue
2. After all three volunteers have had a chance to practise ask them to discuss the following:
 - How did the affected volunteer feel?
 - How did the colleague support him or her?
 - What did the observer note about the dialogue?

V. Close

 10-15 minutes

Facilitator tip

The activities in this topic can be emotionally draining and upsetting. It is important to address any issues and close the session on a positive note.

1. Congratulate the group for participation.
2. Ask the group for any questions.
3. Explain that they will have the opportunity to practise giving psychological first aid during most of the first aid topics in this module.
4. Reinforce the importance and value of the Red Cross Red Crescent volunteer in providing psychological support to community members in times of pain and crisis.
5. Encourage volunteers to share what they have learnt with members of their household.

Topic 3

Basic life support (Part 1)



Learning objectives

At the completion of this topic, volunteers 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.



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 80 to 125 minutes to complete.

I. Introduction	Brief presentation from the topic summary.	🕒 20-30 min.
II. Demonstration	Facilitator demonstration of basic life support for adult, infant and child when they are unconscious and breathing, showing recovery position.	🕒 15-25 min.
III. Practice	Volunteers will practise basic life support for an unconscious, breathing adult, placing each other in recovery position.	🕒 30-45 min.
IV. Review	Volunteer teams question each other on topic content.	🕒 15-25 min.



Materials and preparation

- Prepared short presentation using the information from the topic summary.
- Prepared flipchart with the ABCs of basic life support:
 - Determine unresponsiveness.
 - Get help.
 - If unconscious, put the person in the recovery position.

Airway

- Open the airway with head tilt/chin lift.

Breathing

- Determine if breathing (allow ten seconds). Look to see whether the chest is moving up and down, listen for sound of breathing and feel for the breath against the cheek.
- If the person is breathing normally, put the person into the recovery position.

Circulation

- Monitor until professional/medical help arrives.
- Ten small pieces of paper for the review.



Topic summary

Volunteers may be called on to give basic life support to a person who has an open airway and is breathing. In this case, turn the person onto his or her side (recovery position) with the person's hand in front. This action forms the basis of Topic 3.

However, volunteers may also be called to give basic life support (BLS) to a person who is unconscious, has stopped breathing, and/or whose heart has stopped beating. In this case, cardiopulmonary resuscitation will be necessary.

Facilitators must take into consideration the local community profile and the hospital care system when addressing cardiopulmonary resuscitation (CPR) in first aid training. Before conducting CPR training, consider whether there is local qualified capacity to treat the person at the scene and then on to the rehabilitation phase. The content on CPR found in the Annex should be included in the CBHFA *in action* curriculum if the volunteers are working with communities living with specific risks (such as drowning) or where there is qualified professional/medical capacity to treat the case from the scene to the rehabilitation phase.

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.

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

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

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.
-

Facilitator directions

I. Introduction to basic life support

 20-30 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous sessions.
3. Introduce the topic and give a brief presentation of the steps for basic life support. Refer to information in the topic summary. Use the flipchart prepared earlier as a visual aid.
4. Answer volunteers' questions.
5. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box.

II. Demonstration

 15-25 minutes

1. Ask a volunteer to come to the front of the room to role play an unconscious, breathing person who is in need of basic life support.
2. Give a demonstration of the steps for basic life support for an adult who is unconscious and breathing. Include a demonstration of the recovery position.
3. Thank the volunteer for his/her participation in the role play and ask him/her to sit down.

Facilitator tip

Make sure to give clear instructions as you demonstrate each step. You may need to repeat the steps to ensure everyone understands.

III. Volunteer practice

 30-45 minutes

1. Allow volunteers to practise BLS actions for the following scenario:
 - an adult who is unconscious and breathing
2. Divide the volunteers into groups of three people. State that they will take turns in the different roles:
 - a. person who needs BLS
 - b. volunteer giving first aid (the rescuer)
 - c. observer
3. While playing the role of the observer they should use the checklist in Topic 3 of their Volunteer Manual and check off each step as it is completed. Observers can coach and give hints if the rescuer cannot remember the next step. After each practice the observer will give feedback on the rescuer's performance.

IV. Review

 15-25 minutes

1. Congratulate the volunteers for their participation and ask them to take a seat.
2. Divide the volunteers into two teams. Give each team five pieces of paper.
3. Ask each team to prepare five questions (with answers) about information covered in Topics 1, 2 and 3.
4. Once both teams have completed their five questions, ask each team to take turns asking each other their questions. Give one point for each question answered correctly.
5. Mediate and correct any incorrect information.
6. Congratulate the winning team with applause.
7. Ask volunteers to take turns going around the room reviewing the main learning points for Topic 3, Part 1, putting them in their own words if possible.
8. Review the questions in the question box, if any. Invite volunteers to take turns answering them if they can. Clarify any misunderstandings.
9. Negotiate a time for the next classroom session.

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, volunteers 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.
-



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 50 to 75 minutes to complete.

I. Introduction	Brief presentation from the topic summary.	🕒 5-10 min.
II. Demonstration	Facilitator demonstration of steps for first aid for choking.	🕒 15-25 min.
III. Practice	Volunteers practise the steps for first aid for choking.	🕒 30-40 min.



Materials and preparation

These skills must be trained by qualified first aid trainers recognised by the national society. Information is included in the annex.

- Prepared short presentation using the information from the topic summary.
- Consider bringing a few dolls to demonstrate and practise first aid for choking infant.



Topic summary

Choking happens when a person cannot breathe properly because an object or food is stuck in their windpipe (airway) blocking the flow of air to the lungs.

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

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 up
- Repeat 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.
-

Basic first aid steps for choking for pregnant women or obese people

The assessment, plan and evaluation remain the same.

Implement

- Position hands higher on the chest where lower ribs join.
- Proceed with thrusts, pressing hard into the chest, with a quick thrust.
- Repeat until blockage has cleared.
- If the person becomes unconscious, follow steps for basic life support.

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

The assess, plan and evaluate steps remain the same. An infant will not be able to tell you whether it can talk. Signs of choking in an infant are:

- an absence of noise when trying to cry
- discolouration of the face
- NOT breathing

Implement

- Sit down and hold the infant face down on your forearm. Rest your forearm on your thigh.
- Thump the infant gently but firmly five times on the middle of the back using the heel of your hand. The combination of gravity and the back blows should release the blocking object.
- If the object is not dislodged, hold the infant face up on your forearm with the head lower than the trunk. Using two fingers placed at the centre of the infant's breastbone, give five quick chest thrusts (push).
- Repeat the five back blows and five chest thrusts if breathing does not resume.
- If the infant becomes unconscious, follow steps for basic life support for infant.

Facilitator directions

I. Introduction to choking

 5-10 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous sessions.
3. Introduce the topic and agenda. Refer to information in the topic summary and briefly describe choking.
4. Ask the volunteers what are the signs of somebody who is choking. Correct any misinformation and supply additional information from the topic summary as needed.
5. Answer volunteers' questions.
6. Encourage questions during training. Explain that they can also use a piece of paper to write questions and deposit them in the question box.

II. Demonstration

 15-25 minutes

1. Ask for a volunteer to role play a person choking.
2. Demonstrate how to give first aid for an adult who is choking.
3. Refer to the information in the topic summary and state the steps for first aid out loud as you demonstrate the process.

Facilitator tip

Be careful. Avoid actually thrusting when demonstrating abdominal thrusts as it may cause vomiting.

4. Answer volunteers' questions.
5. Demonstrate how to give first aid for a pregnant woman who is choking. Refer to the information in the topic summary.
 - Make sure to point out that the steps stay the same. The only difference between first aid for the adult and a pregnant woman is the positioning of the fist higher near the breastbone.
6. Thank the volunteer for his/her participation.
7. Use a doll to demonstrate how to give first aid for an infant or child under one year of age who is choking. Refer to the information in the topic summary.
 - Make sure to point out that the steps remain the same. The differences between first aid for the adult and the infant are:
 - being able to use gravity to help dislodge the object by turning the infant downward
 - back blows are not as forceful as in the adult
 - give quick chest thrusts (push) with two fingers rather than upward abdominal thrusts
8. Answer volunteers' questions.

III. Volunteer practice

🕒 30-40 minutes

1. Let volunteers practise first aid actions for choking using the following three scenarios:
 - adult choking
 - pregnant woman or obese person choking
 - infant or child under one year of age choking
2. Divide the volunteers into groups of three. State that for each scenario they will take turns playing one of these roles:
 - a. person choking
 - b. volunteer giving first aid (the rescuer)
 - c. observer

If possible, circulate the doll around the groups so they can practise the two finger thrust on the infant.

Facilitator tip

Suggest that volunteers should not perform abdominal thrusts on each other, or should do so very carefully.

3. Explain when playing the role of the observer that they will need to refer to the checklist in Topic 4 of their Volunteer Manual and check off as each step is completed. Observers can coach and give hints if the rescuer does not remember the next step. After each practice the observer will give feedback on the rescuer's performance.

Facilitator tip

Circulate around the room to give feedback and correct technique as needed.

4. Allow enough time for all scenarios to be practised.

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, volunteers 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.



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 65 to 100 minutes to complete.

I. Introduction	Brief presentation from the topic summary.	10-15 min.
II. Demonstration	Facilitator demonstration of steps for first aid for bleeding and wounds.	15-25 min.
III. Practice	Volunteers practise the steps for first aid for bleeding and wounds.	30-40 min.
IV. Review	Volunteers will agree or disagree with statements about the topic content.	10-20 min.



Materials and preparation

- Prepared short presentation using the information from the topic summary.
- Prepare and stick two signs on opposite sides of the training room wall. Label one sign “Agree”. Label the second sign “Disagree”.



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.

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.

Facilitator directions

I. Introduction to bleeding and wounds

 10-15 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous sessions.
3. Introduce the topic and agenda. Refer to information in the topic summary and give a brief interactive presentation on the difference between external and internal bleeding, as well as nosebleeds.
4. Answer volunteers' questions.
5. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box.

II. Demonstration

 15-25 minutes

1. Ask for a volunteer to come to the front of the classroom to role play a person who is bleeding severely from wounds on the legs, upper arm and abdomen.
2. Demonstrate how to give first aid for a person who has bleeding wounds.
3. Refer to the information in the topic summary. State the steps for first aid out loud as you demonstrate the process.
4. Answer volunteers' questions.
5. Thank the volunteer for his/her participation and ask them to take a seat. Ask for another volunteer to come to the front of the classroom to help role play a person who is having a nosebleed.
6. Demonstrate how to give first aid for a person who has a nosebleed.
7. Thank the volunteer for his/her participation.
8. Ask the volunteers how they would assess a conscious person who is bleeding internally. Ask what first aid action they would take. Refer to the topic summary for possible answers.
9. Answer volunteers' questions.

III. Volunteer practice

 30-40 minutes

1. Let volunteers practise first aid actions for bleeding using the following three scenarios:
 - a person has been working with a sharp instrument and has accidentally deeply cut his/her arm
 - a person has been in a traffic accident and has many open cuts and is complaining of very bad abdominal pain
 - a child has a nosebleed
2. Divide the volunteers into groups of three. State that for each scenario they will take turns playing one of these roles:
 - a. person who is bleeding
 - b. volunteer giving first aid (the rescuer)
 - c. observer
2. Explain when playing the role of the observer they will need to refer to the checklist in Topic 5 of their Volunteer Manual and check off as each step is completed. Observers can coach and give hints if the rescuer cannot remember the next step. After each practice the observer will give feedback on the rescuer's performance.

Facilitator tip

Circulate around the room to give feedback and correct first aid actions as needed.

IV. Review

🕒 10-20 minutes

1. Ask the volunteers to stand in the middle of the room.
2. Point out the signs on either side of the room labelled “Agree” and “Disagree”.
3. Explain to volunteers that you will be reading several statements out loud. If the volunteers agree with the statement they should move to the side of the room with the sign labelled “Agree”. If they disagree with the statement they should move to the side of the room with the sign labelled “Disagree”.

Facilitator tip

You may wish to conduct this exercise at the beginning of the session as well to stimulate interest in the topic and to assess the volunteers’ current knowledge and learning needs about the topic.

4. State that you may be calling on individuals to explain why they chose their answer.
5. Read the statements aloud. Facilitate brief discussions for each answer.

Answer key

1. **Bleeding is life-threatening.**
 - ➔ Disagree. Not all bleeding is life-threatening. Only when it is severe and there is significant blood loss.
 2. **A person who has severe bleeding can go into shock.**
 - ➔ Agree.
 3. **The first thing you should do when you encounter a person who is bleeding is to check the scene for safety.**
 - ➔ Agree.
 4. **Applying pressure with a clean cloth or dressing to a bleeding wound will help stop the bleeding.**
 - ➔ Agree.
 5. **A tourniquet should be applied only to legs.**
 - ➔ Disagree. Tourniquets should NOT be used.
 6. **If you have applied pressure with a dressing and the bleeding has not stopped you should press more firmly and apply more dressings.**
 - ➔ Agree.
 7. **If there is an object sticking out of a wound you should remove it.**
 - ➔ Disagree. If there is an object sticking out of a wound, do NOT remove it. Leave it and try to stop the bleeding by placing dressings around it.
 8. **A person with a nosebleed should be instructed to sit down and lean their head forward while pinching the soft part of the nose with their fingers.**
 - ➔ Agree.
 9. **If the bleeding person becomes unconscious you should follow the actions for basic life support.**
 - ➔ Agree.
6. Congratulate the volunteers for their participation.
 7. Negotiate a time for the next classroom session.
 8. Encourage volunteers to share what they have learnt with members of their household.

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, volunteers 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.
-



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 60 to 95 minutes to complete.

I. Introduction	Brief presentation from the topic summary.	🕒 5-10 min.
II. Demonstration	Facilitator demonstration of steps for first aid for shock.	🕒 15-25 min.
III. Practice	Volunteers practise the steps for first aid for shock.	🕒 30-40 min.
IV. Review	Volunteers will ask each other questions about topic content.	🕒 10-20 min.



Materials and preparation

- Prepared short presentation using the information from the topic summary.
- Small sheets of paper for the review, one for each participant.



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.
-

Facilitator directions

I. Introduction to shock

🕒 5-10 minutes

1. Welcome volunteers to the topic session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous sessions.
3. Refer to information in the topic summary and give a brief interactive presentation on what causes shock, the signs of a person in shock and first aid steps for a person in shock.
4. Answer volunteers' questions.
5. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box.

II. Demonstration

🕒 15-25 minutes

1. Ask for a volunteer to role play a person who is in shock.
2. Demonstrate how to give first aid for a person who is in shock.
3. Refer to the information in the topic summary. State the steps for first aid out loud as you demonstrate the process.
4. Answer questions as they arise.
5. Thank the volunteer for his/her participation.

III. Volunteer practice

🕒 30-40 minutes

1. Let volunteers practise first aid actions for shock using the following scenarios:
 - You are called to an emergency. When you arrive, you see a woman who is bleeding heavily. The person is conscious. When you touch the person you notice her skin is cold and clammy.
2. Divide the volunteers into groups of three. State that for each scenario they will take turns playing one of these roles:
 - a. person in shock
 - b. volunteer giving first aid (the rescuer)
 - c. observer
3. Explain when playing the role of the observer they will need to refer to the checklist in Topic 6 of their Volunteer Manual and check off each step as it is completed. Observers can coach and give hints if the rescuer cannot remember the next step. After each practice the observer will give feedback on the rescuer's performance.

Facilitator tip

Circulate around the room to give feedback and correction to practice as needed.

IV. Review

 10-20 minutes

1. Distribute a small sheet of paper to each volunteer.
2. Explain that they will need to think of a question from Topic 6 that they would like to ask fellow volunteers.
3. Ask the volunteers to write down one question from Topic 6 and to give the answer on the same paper.

Facilitator tip

If the volunteers are not able to write, you can do this activity verbally.

4. Once the volunteers have completed writing their one question and answer, ask them to fold the paper in half. Collect all folded papers.
5. Fan the folded papers in your hand and ask each volunteer to select a piece of paper from your hand. If they get their own question, they should return it and choose another paper.
6. Ask volunteers to take turns around the room reading the question aloud and giving the written answer. Ask the volunteers if they agree with the answer given and correct any misunderstandings.
7. Repeat until all questions have been read and discussed.
8. Congratulate the volunteers for their participation.
9. Ask volunteers to review the main learning points for Topic 6 in their Volunteer Manual. Ask them to discuss in pairs and take turns stating the main learning points in their own words.
10. Review the questions in the question box, if any. Invite volunteers to answer them if they can. Clarify any misunderstandings.
11. Negotiate a time for the next classroom session.
12. Encourage volunteers to share what they have learnt with members of their household.

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, volunteers 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.
-



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 95 to 155 minutes to complete, including both classroom and community activities.

I. Introduction	Brief presentation from the topic summary.	🕒 10-15 min.
II. Discussion	Volunteers discuss dangerous places, hazards and risks for burns using the Community Map.	🕒 20-30 min.
III. Prevention campaign	Volunteers work in pairs to create a 60-second prevention message.	🕒 30-40 min.
IV. Check your understanding	Self-assessment.	🕒 5-10 min.
V. Activity in the community	Volunteers communicate prevention messages to community households.	🕒 30-60 min.



Materials and preparation

- Prepared short presentation using the information from the topic summary.
- Community Map completed in Module 3.
- Community Tools with key messages for the community about burns.



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.

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.

Burn hazards in the home

- stove or hot appliances
- fire
- matches
- candles
- electrical outlets or electrical appliances
- cleaning supplies, if swallowed

Burn hazards in the workplace

- working in kitchens or with electrical appliances
- hot machinery or vehicle engines
- chemicals used in factories
- gasoline or vehicle filling stations
- chemicals used in farming or industrial cleaning
- over-exposure to the sun
- welding

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:

- Burns can be caused by fire, hot liquids, chemicals or electric wires.
- Prevent burns when cooking:
 - stay nearby when food is cooking
 - 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.

Facilitator directions

I. Introduction to burns and scalds

🕒 10-15 minutes

1. Welcome volunteers to the topic session.
2. Refer to information in the topic summary and give a brief interactive presentation on the causes of burns and the different types of burns.
3. Explain the steps for first aid for a person with minor burns and severe burns.
4. Answer volunteers' questions.
5. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box.

II. Discussion of the Community Map

🕒 20-30 minutes

1. Ask volunteers to call out different burns hazards in the home. Refer to the topic summary for possible answers.
2. Ask volunteers to brainstorm burns hazards that may exist in different types of work. Refer to the topic summary for possible answers.
3. Review the Community Map to consider where risks and hazards for burns exist in the community.
4. Divide the volunteers into three groups.

discussion items

- Ask each group to discuss risks and hazards for burns that may exist in their community.
 - Ask each group to pick the top two hazards and one method of prevention that could be taken to reduce the risk of burns.
5. Allow sufficient time for the activity, and then ask each group to present the results of their discussion to the large group.
 6. Thank the groups for their participation.

III. Prevention campaign

 30-40 minutes

1. Divide the volunteers into pairs or groups of three.
2. Explain that their assignment is to create a 60-second (or less) advertisement for a burn prevention campaign. Explain that they can use any of the information from Topic 7 for their prevention message.
3. Encourage the volunteers to be creative. They can sing, rhyme, dance or include a picture that will help the people hearing or viewing the advertisement to remember the prevention message.
4. Allow enough time for the groups to complete the message.

Facilitator tip

Circulate around the room and give suggestions as needed.

5. Ask each group to present their prevention message to the large group.
6. Congratulate each group for their contribution.

IV. Check your understanding

 5-10 minutes

1. Ask volunteers to review the main learning points for Topic 7 in the Volunteer Manual.

Facilitator tip

You may wish to ask volunteers to take turns putting the main learning points into their own words.

2. Ask volunteers to work in pairs to complete the check your understanding self-assessment in Topic 7 of the Volunteer Manual. Remind volunteers that the self-assessment is to check their understanding of the information covered so far.
3. Ask volunteers to answer as many questions as they can.
4. Allow enough time for everyone to complete.

Facilitator tip

If the majority of volunteers are not able to read and write, you may want to read the questions aloud and allow the volunteers to share their responses verbally. If only a few volunteers cannot read and write, then help them individually by coaching them through the questions and asking them to tell you the answers.

5. Review the answers by asking the volunteers to share their responses.

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.

V. Activity in the community

🕒 30-60 minutes

1. Review the Community Tools for prevention of burns.
 - 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.
2. Ask for two volunteers to come to the front of the classroom and practise role playing using the Community Tools with a member of a community household.
3. Conduct community activity.

community activity:

- Use Community Tools to discuss prevention of burns.
4. Ask volunteers to come prepared to discuss the results of this activity when they return to the classroom.
5. Negotiate a time for the next classroom session. State that when they return they will discuss the results of their community activity.
6. Coach and supervise volunteers during the field visit.
7. Encourage volunteers to share what they have learnt with members of their household.

Topic 8

Basic first aid for head, neck or back injuries



Learning objectives

At the completion of this topic, volunteers 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.
-



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 70 to 110 minutes to complete.

I. Introduction	Brief presentation from the topic summary.	🕒 15-25 min.
II. Demonstration	Facilitator demonstration of immobilizing a person.	🕒 10-15 min.
III. Practice	Volunteers practise first aid actions for immobilization.	🕒 20-30 min.
IV. Discussion	Volunteers discuss injury prevention activities in the community.	🕒 20-30 min.
V. Review	Ball toss.	🕒 5-10 min.



Materials and preparation

- Prepared short presentation using the information from the topic summary.
- Items from the community that can be used for immobilizing head, neck or back injuries.
- Soft ball for review activity.



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.
-

Facilitator directions

I. Introduction to head, neck or back injuries

 15-25 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous sessions.
3. Introduce the topic and agenda. Refer to information in the topic summary and give a brief interactive presentation on the signs of head, neck or back injuries, and the steps for first aid action.
4. Answer volunteers' questions.
5. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box.

II. Demonstration

 10-15 minutes

1. Ask for a volunteer to role play a person who has a neck injury.
2. Demonstrate how to assess if the person is breathing.
3. Demonstrate how to immobilize a person with a head, neck or back injury.
4. Refer to the information in the topic summary. State the steps for first aid out loud as you demonstrate the process.
5. Answer questions as they arise.
6. Thank the volunteer for their participation and ask them to take a seat.

III. Volunteer practice

 20-30 minutes

1. Let volunteers practise first aid actions for head, neck or back injuries using the following scenario:
 - A man has fallen and has a neck injury. He is breathing but is not able to feel his feet or legs. The person is agitated and complains of a headache and nausea.
2. Divide the volunteers into groups of three. State that for this scenario they will take turns playing the following roles:
 - a. person who has a head, neck or back injury
 - b. volunteer giving first aid (the rescuer)
 - c. observer
3. Explain when playing the role of the observer they will need to refer to the checklist in Topic 8 of their Volunteer Manual and check off as each step is completed. Observers can coach and give hints if the rescuer cannot remember the next step. After each practice the observer will give feedback on the rescuer's performance.

Facilitator tip

Circulate around the room to give feedback and correct first aid actions as needed.

IV. Discussion

 20-30 minutes

1. In a large group discuss possible dangers that exist in the community which may result in head, neck or back injuries.
2. Discuss steps to prevent accidents in the home and on the road.
3. Discuss what can be done to encourage community members to change their behaviour to reduce accidents in the home and on the road.

V. Review

 5-10 minutes

1. Ask volunteers to review the main learning points for Topic 8 in their Volunteer Manual.
2. Ask volunteers to stand in a large circle.
3. Toss a soft ball to one volunteer and explain that s/he should state one thing s/he has learnt from this topic. After stating correct information, ask the volunteer to throw the ball to another volunteer to state another learning point. They should not repeat what somebody else has said.
4. Continue until everyone has caught the ball.
5. Congratulate the volunteers for their participation.
6. Negotiate a time for the next classroom session.
7. Encourage volunteers to share what they have learnt with members of their household.

Topic 9

Basic first aid for injury to bones, muscles or joints



Learning objectives

At the completion of this topic, volunteers 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.



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 60 to 95 minutes to complete.

I. Introduction	Brief presentation from the topic summary.	🕒 15-25 min.
II. Demonstration	Facilitator demonstration showing steps for first aid for injuries to bones, muscles or joints. Demonstration of how to make a simple stretcher using resources available locally.	🕒 15-20 min.
III. Practice	Volunteers practise first aid actions for injuries to bones, muscles or joints.	🕒 20-30 min.
IV. Check your understanding	Self-assessment.	🕒 10-20 min.



Materials and preparation

- Prepared short presentation using the information from the topic summary.
- Bring supplies such as pieces of wood, bandages and a belt to splint a lower limb injury.
- Bring supplies such as clothing and long sticks, items that can easily be found in the community, to make a simple stretcher.



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.

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.
-

Facilitator directions

I. Introduction to injuries to bones, muscles or joints

🕒 15-25 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous sessions.
3. Introduce the topic and agenda. Refer to information in the topic summary and give a brief interactive presentation on the signs of bones, muscle or joint injuries, and the steps for first aid action.
4. Answer volunteers' questions
5. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box.

II. Demonstration

🕒 15-20 minutes

1. Ask for a volunteer to role play a person who has a (closed) broken leg bone.
2. Demonstrate how to assess the injury.
3. Demonstrate how to immobilize the leg with a splint.
4. Refer to the information in the topic summary. State the steps for first aid out loud as you demonstrate the process.
5. Briefly demonstrate how to make an improvised stretcher, using materials readily available in the community, such as long sticks, blankets, rope or items of clothing.
6. Answer volunteers' questions
7. Thank the volunteer for his/her participation.

III. Volunteer practice

🕒 20-30 minutes

1. Let volunteers practise first aid actions for injuries to bones, muscles or joints using the following two scenarios:
 - woman with a broken arm
 - man with a broken leg bone who will require transport
2. Divide the volunteers into groups of three. State that for each scenario they will take turns playing one of these roles:
 - a. person who has a bone, muscle or joint injury
 - b. volunteer giving first aid (the rescuer)
 - c. observer

3. Explain when playing the role of the observer they will need to refer to the checklist in Topic 9 of their Volunteer Manual and check off as each step is completed. Observers can coach and give hints if the rescuer cannot remember the next step. After each practice the observer will give feedback on the rescuer's performance.

Facilitator tip

Circulate around the room to give feedback and correct first aid actions as needed.

IV. Check your understanding

 10-20 minutes

1. Ask volunteers to review the main learning points for Topic 9 in the Volunteer Manual

Facilitator tip

You may wish to ask volunteers to take turns putting the main learning points into their own words.

2. Ask volunteers to work in pairs to complete the check your understanding self-assessment in Topic 9 of the Volunteer Manual. Remind volunteers that the self-assessment is to check their understanding of the information covered so far.
3. Ask them to answer as many questions as they can.
4. Allow enough time for everyone to complete.
4. Check the answers by asking the volunteers to share their responses.

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.
6. Congratulate them for correct responses.
7. Review the questions in the question box, if any. Invite volunteers to take turns answering them if they can. Clarify any misunderstandings.
8. Negotiate a time for the next classroom session.
9. Encourage volunteers to share what they have learnt with members of the community.

Topic 10

Basic first aid for poisoning



Learning objectives

At the completion of this topic, volunteers 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.



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 85 to 120 minutes to complete, including the classroom and community activities.

I. Introduction	Brief presentation from the topic summary.	15-20 min.
II. Discussion	Volunteers discuss poisons commonly found in the community using the Community Map.	10-20 min.
III. Prevention poster	Volunteers design a poster that conveys a message to their community about poison prevention.	30-40 min.
IV. Activity in the community	Volunteers communicate prevention messages to community households.	30-40 min.



Materials and preparation

- Prepared short presentation using the information from the topic summary.
- Community Map completed in Module 3.
- Flipchart paper and coloured markers to distribute for poster activity.
- Community Tools with key messages for the community about poison.



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.

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.

Facilitator directions

I. Introduction to poisoning

 15-20 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous sessions.
3. Introduce the topic and agenda. Refer to information in the topic summary and give a brief interactive presentation on poisoning, including types of poisons and signs of poisoning.
4. Explain the steps for first aid for a person who is poisoned.
5. Answer volunteers' questions.
6. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box.

II. Discussion of the Community Map

 10-20 minutes

1. Ask volunteers to brainstorm the types of poisons that are most commonly found in their community, homes and workplaces. Refer to the topic summary for possible answers.
2. Review the Community Map. Facilitate a brief large group discussion about the potential risks of poisoning in the community.
3. Thank the group for their participation.

III. Prevention poster

 30-40 minutes

1. Divide the volunteers into pairs. Give each pair a piece of flipchart paper and markers.
2. Ask each pair to draw a picture with a message about preventing poisoning that they can share with the community.
3. Allow enough time for the groups to complete their drawings.

Facilitator tip

Circulate around the room and give suggestions as needed.

4. Ask each group to present their prevention message to the large group.
-

IV. Activity in the community

🕒 30-40 minutes

1. Review the Community Tools for prevention of poisoning.
 - Store all medicines, cleaners and household chemicals out of 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.

Facilitator tip

These prevention actions may vary in different communities.

2. Ask for two volunteers to practise role play using the Community Tools with a member of a community household.
3. Conduct community activity.

community activity:

- Use Community Tools to discuss prevention of poisoning.
4. Negotiate a time for the next classroom session. State that when they return they will discuss the results of their community activity.
 5. Coach and supervise volunteers during the field visit.
 6. Encourage volunteers to share what they have learnt with members of the community.

Topic 11

Basic first aid for chest pain



Learning objectives

At the completion of this topic, volunteers 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.
-



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 45 to 65 minutes to complete.

I. Introduction	Brief presentation from the topic summary.	🕒 5-10 min.
II. Chest pain	Volunteers non-verbally act out signs of person with chest pain. Facilitator reviews first aid actions for chest pain.	🕒 20-25 min.
III. Peer assessment	Volunteer teams assess each other on material completed to date in Module 4.	🕒 20-30 min.



Materials and preparation

- Prepared short presentation using the information from the topic summary.



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)

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.
-

Facilitator directions

I. Introduction

🕒 5-10 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous sessions.
3. Ask volunteers to reflect on and share any positive or successful stories that have occurred in their community as a result of their actions.
4. Congratulate volunteers for their successes.

II. Chest pain

🕒 20-25 minutes

1. Divide the volunteers into four groups. Ask each group to discuss how a person experiencing chest pain will look.
2. Ask each group to select one person from their group to play the role of a person experiencing chest pain, but without words.
3. Give the groups time to discuss and practise.
4. Ask each group representative to come to the centre of the room to act out the non-verbal drama of a person with chest pain.
5. Give positive recognition for the following:
 - clutching the chest
 - massaging or clutching the left arm, shoulder, neck, lower jaw or stomach
 - shortness of breath
 - dramatizing sweating by using water on the skin, or mopping brow
 - acting dizzy or fainting
 - acting nauseated or feeling sick
6. Thank the volunteers for their participation.
7. If any of the above signs were not dramatized, explain which, and demonstrate the additional signs of a person experiencing chest pain.
8. Refer to information in the topic summary and give a brief interactive presentation on the first aid actions for chest pain.
9. Answer questions as they arise.

III. Peer assessment

 20-30 minutes

1. Divide volunteers into two teams. Ask each team of volunteers to prepare a few questions about the main learning points for Topics 1 to 11 in their Volunteer Manual.
2. Ask each team to take it in turns to put a question to the other team.
3. Allow the teams to determine whether the question is answered correctly, but correct any misunderstandings.
4. Congratulate teams for their participation.
5. Negotiate a time for the next classroom session.
6. Encourage volunteers to share what they have learnt with members of the community.

Topic 12 (optional)

Basic first aid for stroke



Learning objectives

At the completion of this topic, volunteers 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.



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 35 to 55 minutes to complete.

I. Introduction	Brief presentation from the topic summary.	10-15 min.
II. Case study	Facilitator provides two case studies for large group discussion.	20-30 min.
III. Check your understanding	Self-assessment.	5-10 min.



Materials and preparation

- Prepared short presentation using the information from the topic summary.



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

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.

Facilitator directions

I. Introduction to stroke

 10-15 minutes

1. Welcome the volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous sessions. Suggest that they reflect on the progress of their achievements and what they have learnt so far in the CBHFA *in action* programme.
3. Introduce the topic and agenda. Refer to information in the topic summary and give a brief interactive presentation on the causes of stroke and first aid actions for stroke.
4. Ask volunteers if they are familiar with anyone who has experienced a stroke. If anyone is willing to share their experience, ask him/her to describe the experience.
5. Answer volunteers' questions. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box.

II. Case study and discussion

 20-30 minutes

1. Read the following case study.

A 77-year-old woman is cooking. She falls to the floor. Her daughter has called you, the volunteer, for help.
When you arrive, the old woman is awake. She states that she has a bad headache. Her speech is slurred.
2. Facilitate a group discussion. Ask volunteers to assess first aid action for this person.
3. Continue with the case study:

You ask the old woman if she can smile. When she tries to smile you notice that the right side of her face does not move.
You ask the woman to close her eyes and move her arms above her head. You ask the woman to move her legs. She is not able to make a fist with her right hand or lift her right leg off the floor.
4. Facilitate a group discussion. Ask volunteers how they would plan, implement and evaluate first aid action for a person they suspect of having a stroke.
5. Accept all answers that reflect the content in the topic summary.

III. Check your understanding

🕒 5-10 minutes

1. Ask volunteers to review the main learning points for Topic 12 in the Volunteer Manual.

Facilitator tip

You may wish to ask volunteers to take turns putting the main learning points into their own words.

2. Ask volunteers to work in pairs to complete the check your understanding self-assessment in Topic 12 of the Volunteer Manual. Remind volunteers that the self-assessment is to check their understanding of the information covered so far.
3. Ask them to answer as many questions as they can.
4. Allow enough time for everyone to complete.
5. Review the answers by asking volunteers to share responses.

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.
6. Congratulate volunteers for correct responses.
7. Negotiate a time for the next classroom session.
8. Encourage volunteers to share what they have learnt with members of the community.

Topic 13 (optional)

Basic first aid for electrical injury



Learning objectives

At the completion of this topic, volunteers 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.
-



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 60-90 minutes to complete.

I. Introduction	Brief presentation from the topic summary.	🕒 15-20 min.
II. Discussion	Volunteers discuss potential hazards for electrical injuries in the community using the Community Map.	🕒 15-25 min.
III. Demonstration	Facilitator demonstration of first aid for electrical injuries.	🕒 10-15 min.
IV. Practice	Volunteers practise first aid actions for electrical injuries.	🕒 20-30 min.



Materials and preparation

- Prepared short presentation using the information from the topic summary.
- Community Map completed in Module 3.
- Long stick or piece of wood, such as a broom.
- Piece of wood or plastic to stand on (optional).



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.

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.
-

Facilitator directions

I. Introduction to electrical injury

🕒 15-20 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous sessions.
3. Introduce the topic. Ask volunteers to list two causes of electrical injury. Provide positive reinforcement for the following:
 - live electric wires
 - lightning
4. Refer to information in the topic summary and give a brief interactive presentation on causes of electrical injury and first aid for electrical injury.
5. Answer volunteers' questions.

II. Discussion of the Community Map

🕒 15-25 minutes

1. Ask volunteers to brainstorm to identify potential sources of electrical hazards in their community.
2. Ask volunteers to review the Community Map to check it with the hazards and risks identified. Update the map if needed.
3. Thank the volunteers for their participation.

III. Demonstration

🕒 10-15 minutes

1. Ask for a volunteer to role play a person who has had an electrical injury.
2. Demonstrate how to assess the scene for safety and how to turn off or remove the electrical source from the person with an electrical injury.
3. Demonstrate how to assess the person for signs of breathing, circulation, shock and burns.
4. Refer to the information in the topic summary. State the steps for first aid for electrical injury out loud as you demonstrate the process.
5. Answer volunteers' questions.
6. Thank the volunteer for his/her participation.

IV. Volunteer practice

 20-30 minutes

1. Let volunteers practise first aid actions for electrical injuries using the following two scenarios:
 - A man is found unconscious next to an electrical wire. The electrical wire is plugged into the wall. The wall has black burn marks. There is a puddle of water next to the person.
 - A woman walking through a crop field in the rain has been struck by lightning. When you come to her aid, she is breathing but unconscious. She has noticeable burns on her finger tips.
2. Divide the volunteers into groups of three. Ask volunteers to take it in turn to play the roles for each scenario:
 - a. person with an electrical injury
 - b. volunteer giving first aid (the rescuer)
 - c. observer
3. Explain when playing the role of the observer they will need to refer to the checklist in Topic 13 of their Volunteer Manual and check off as each step is completed. Observers can coach and give hints if the rescuer cannot remember the next step. After each practice the observer will give feedback on the rescuer's performance.

Facilitator tip

Circulate around the room to give feedback and correct first aid actions as needed.

4. Review the questions in the question box, if any. Invite volunteers to take turns answering them if they can. Clarify any misunderstandings.
5. Negotiate a time for the next classroom session.
6. Encourage volunteers to share what they have learnt with members of the community.

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, volunteers 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.
-



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 60 to 90 minutes to complete.

I. Introduction	Brief presentation from the topic summary.	🕒 10-15 min.
II. Discussion	Volunteers discuss potential hazards for drowning in the community using the Community Map, and consider how to promote water safety for adults and children.	🕒 20-30 min.
III. Demonstration	Facilitator demonstration of first aid for drowning.	🕒 10-15 min.
IV. Practice	Volunteers practise first aid actions for drowning.	🕒 20-30 min.



Materials and preparation

- Prepared short presentation using the information from the topic summary.
- Items from the community that can be used to pull or rescue a drowning person from the water, such as a branch, pole or flotation device.
- Community Map completed in Module 3.



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 the person is NOT breathing, and if you are trained to do so, give CPR (see Annex)
 - 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.
-

Facilitator directions

I. Introduction to drowning

 10-15 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous sessions.
3. Introduce the topic. Refer to the information in the topic summary and give a brief interactive presentation on signs that a person is drowning and signs of a person who has drowned.
4. Explain the steps for first aid for a person who has drowned.
5. Facilitate a brief guided discussion on the risks of water rescue especially if the volunteer is not able to swim or swims poorly.
6. Answer volunteers' questions.

II. Discussion of the Community Map

 20-30 minutes

1. Ask volunteers to brainstorm to identify potential dangers for drowning in the community.
2. Ask volunteers to review the Community Map to check it with the dangers identified, and update the map if needed.
3. Discuss what volunteers can do to promote water safety for adults and children in the community.
4. Thank the group for their participation.

III. Demonstration

 10-15 minutes

1. Ask for a volunteer to role play a person who has drowned.
2. Demonstrate how to assess the scene for safety and what items you might use to help the person out of the water.
3. Refer to the information in the topic summary and state the steps for first aid for drowning out loud as you demonstrate the process.
4. Answer questions as they arise.
5. Thank the volunteer for his/her participation.

IV. Volunteer practice

 20-30 minutes

1. Let volunteers practise first aid actions for drowning using the following scenario:
 - A person swimming in shallow water in a river calls for help. The person's head keeps going under water and then coming up for air. There are several branches and vines at the edge of the river.
2. Divide the volunteers into small groups of three. State that for this scenario they will each take turns with the roles:
 - a. person who has drowned
 - b. volunteer giving first aid (the rescuer)
 - c. observer
3. Explain when playing the role of the observer they will need to refer to the checklist in Topic 14 of their Volunteer Manual and check off as each step is completed. Observers can coach and give hints if the rescuer cannot remember the next step. After each practice the observer will give feedback on the rescuer's performance.

Facilitator tip

Circulate around the room to give feedback and correct first aid actions as needed.

4. Negotiate a time for the next classroom session.
5. Encourage volunteers to share what they have learnt with members of the community.

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, volunteers 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
-



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 55 to 90 minutes to complete.

I. Introduction	Brief presentation from the topic summary.	🕒 15-25 min.
II. Demonstration	Facilitator demonstration of first aid for eye injuries and eye problems.	🕒 10-15 min.
III. Practice	Volunteers practise first aid for eye injuries and eye problems.	🕒 20-30 min.
IV. Check your understanding	Self-assessment.	🕒 10-20 min.



Materials and preparation

- Prepared short presentation using the information from the topic summary.
- Several cotton pads.
- Bandages.



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.

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.

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.
-

Facilitator directions

I. Introduction to eye injuries and problems

🕒 15-25 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous sessions.
3. Introduce the topic. Refer to information in the topic summary and give a brief interactive presentation on steps for basic first aid action for eye injuries and eye problems.
4. Answer volunteers' questions.

II. Demonstration

🕒 10-15 minutes

1. Ask for a volunteer to role play a person who has had a cut or strike to the eye.
2. Demonstrate first aid for an eye injury.
3. Answer questions as they arise.
4. Thank the volunteer for his/her participation.
5. Ask for a volunteer to come to role play a person who has a small object in the eye.
6. Demonstrate first aid for small object in the eye.
7. Answer questions as they arise.
8. Thank the volunteer for his/her participation.
9. Ask for a volunteer to come to role play a person who has a large object in the eye.
10. Demonstrate first aid for a large object in the eye.
11. Answer questions as they arise.
12. Thank the volunteer for his/her participation.
13. Ask for a volunteer to come to role play a person who has been exposed to harmful liquids in the eye.
14. Demonstrate first aid for harmful liquids in the eye.
15. Answer questions as they arise.
16. Thank the volunteer for his/her participation.

III. Volunteer practice

 20-30 minutes

1. Let volunteers practise first aid actions for eye injuries and eye problems using the following two scenarios:
 - a person with a cut or strike to the eye
 - a person with a large object that has punctured the eye and remains in the eye
2. Divide the volunteers into small groups of three. State that for each scenario they will take turns playing the role:
 - a. person with eye injury
 - b. volunteer giving first aid (the rescuer)
 - c. observer
3. Explain when playing the role of the observer they will need to refer to the checklist in Topic 15 of their Volunteer Manual and check off as each step is completed. Observers can coach and give hints if the rescuer cannot remember the next step. After each practice the observer will give feedback on the rescuer's performance.

Facilitator tip

Circulate around the room to give feedback and correct first aid actions as needed.

IV. Check your understanding

 10-20 minutes

1. Ask volunteers to review the main learning points for Topic 15 in the Volunteer Manual

Facilitator tip

You may wish to ask volunteers to take turns putting the main learning points into their own words.

2. Ask volunteers to work in pairs to complete the check your understanding self-assessment found in Topic 15 of the Volunteer Manual. Remind volunteers that the self-assessment is to check their understanding of the information covered so far.
3. Ask them to answer as many questions as they can.
4. Allow enough time for everyone to complete.

5. Check the answers by asking the volunteers to share their responses.

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.

6. Congratulate volunteers for correct responses.
7. Negotiate a time for the next classroom session.
8. Encourage volunteers to share what they have learnt with members of the community.

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, volunteers 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



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 60 to 90 minutes to complete.

I. Introduction	Brief presentation from the topic summary.	15-20 min.
II. Role play	Volunteers will role play first aid for animal and insect bites or stings.	20-30 min.
III. Discussion	Volunteers discuss ways to prevent animal and insect bites or stings in the community.	25-40 min.



Materials and preparation

- Prepared short presentation using the information from the topic summary.
- Research the types of local insects, animals and snakes that can cause harm. If possible obtain pictures.



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.

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.

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.

Scorpion sting:

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

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.
-

Facilitator directions

I. Introduction

🕒 15-20 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous sessions.
3. Introduce the topic. Refer to information in the topic summary and give a brief interactive presentation on first aid for animal and insect bites. Spend time on animals and insects that are a threat in the community.
4. Answer volunteers' questions.

II. Role play

🕒 20-30 minutes

1. Divide the volunteers into three groups. Assign each group to role play first aid action for one of the following three scenarios:
 - dog bite
 - snake bite
 - bee sting with allergic reaction
2. Allow time to practise.
3. Ask each group to enact their role play in front of the large group.
4. Ask volunteers to provide feedback and correct any incorrect actions.

III. Discussion on prevention

 25-40 minutes

1. Discuss common animal and insect bites in the community.
2. Discuss local remedies for common animal and insect bites.

Facilitator tip

You may wish to give information on where snake anti-venom is available.

3. Ask volunteers to brainstorm ways to prevent dog bites in the community. Provide positive reinforcement for the following:
 - avoid touching dogs you do not know
 - avoid dogs with unusual behaviour
 - vaccinate pets against rabies if possible
 - if attacked by a dog, pick up rocks to throw at it
4. Ask volunteers to brainstorm ways to prevent snake bites in the community. Provide positive reinforcement for the following:
 - cut tall grass
 - use a stick to tap the ground when walking through fields
 - if you see a snake, back away from it slowly and do not touch it
5. Ask volunteers to brainstorm ways to prevent bee and wasp stings in the community. Provide positive reinforcement for the following:
 - do not touch bee hives and do not throw rocks at bee or wasp hives
 - wear light clothing where bees live, such as in fruit orchards and flower gardens
 - remain calm if attacked by one or two bees or wasps. Do not wave hands at bees or wasps in an attempt to brush them away, since they react to movement
 - run away to shelter if attacked by a swarm
6. Ask volunteers to brainstorm ways to prevent scorpion stings in the community. Provide positive reinforcement for the following:
 - shake out shoes, socks and clothing before wearing
 - shake out bedding
 - do NOT handle scorpions
7. Ask volunteers to brainstorm ways to teach children about dangerous animals or insects.
8. Congratulate volunteers for their responses.
9. Negotiate a time for the next classroom session.
10. Encourage volunteers to share what they have learnt with members of the community.

Topic 17

Basic first aid for fever



Learning objectives

At the completion of this topic, volunteers 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.



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 25 to 35 minutes to complete.

I. Introduction	Brief presentation from the topic summary.	10-15 min.
III. Discussion	Volunteers discuss ways to prevent fever in infants and small children.	15-20 min.



Materials and preparation

- Prepared short presentation using the information from the topic summary.



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

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.

Facilitator directions

I. Introduction to fever

 10-15 minutes

1. Welcome the volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous sessions. Suggest that they reflect on the progress of their achievements and what they have learnt in the CBHFA *in action* programme.
3. Refer to information in the topic summary and give a brief interactive presentation on first aid for fever.
4. Answer volunteers' questions.

II. Discussion

 15-20 minutes

1. Ask the large group to share how fevers are treated locally.
2. Ask what can be done to prevent fevers in infants and children. Provide positive reinforcement for the following answers;
 - promote breastfeeding
 - promote immunizations for babies
 - use mosquito nets
 - use clean water to drink and prepare food
 - good hygiene and sanitation
3. Negotiate a time for the next classroom session.
4. Encourage volunteers to share what they have learnt with members of the community.

Topic 18

Basic first aid for convulsions



Learning objectives

At the completion of this topic, volunteers 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.



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 35 to 50 minutes to complete.

I. Introduction	Brief presentation from the topic summary.	10-15 min.
II. Discussion	Discussion on raising awareness of convulsions and preventing stigma in the community.	15-20 min.
III. Check your understanding	Self-assessment.	10-15 min.



Materials and preparation

- Prepared short presentation using the information from the topic summary.
- Community Map completed in Module 3.



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 near by 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 to 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.

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.

Facilitator directions

I. Introduction to convulsions

 10-15 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous sessions.
3. Ask volunteers to reflect on and share any positive successes that have occurred in their community as a result of their actions. Congratulate volunteers for their successes.
4. Refer to information in the topic summary and give a brief interactive presentation on first aid for convulsions.
5. Answer questions as they arise.

II. Discussion

 15-20 minutes

1. Ask volunteers if they are aware of any family member or persons in the community who have a history of convulsions. Mark these on the Community Map for at risk or vulnerable persons.
 2. Facilitate a brief discussion on possible stigma that may exist about convulsions.
 3. Suggest to volunteers the possibility of arranging a meeting for a small community group with the person who suffers from convulsions to raise awareness and reduce stigma in the community.
-

III Check your understanding

🕒 10-15 minutes

1. Ask volunteers to review the main learning points for Topic 18 in the Volunteer Manual

Facilitator tip

You may wish to ask volunteers to take turns putting the main learning points into their own words.

2. Ask volunteers to work in pairs to complete the check your understanding self-assessment in Topic 18 of the Volunteer Manual. Remind volunteers that the self-assessment is to check their understanding of the information covered so far.
3. Ask them to answer as many questions as they can.
4. Allow enough time for everyone to complete.

Facilitator tip

If the majority of volunteers are not able to read and write, you may want to read the questions aloud and let the volunteers share their responses verbally. If only a few volunteers cannot read and write, help them individually by coaching them through the questions and asking them to tell you the answers.

5. Check the answers by asking the volunteers to share their responses.

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.
6. Congratulate volunteers for correct responses.
7. Negotiate a time for the next classroom session.
8. Encourage volunteers to share what they have learnt with members of the community.

Topic 19

Infection control in first aid



Learning objectives

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

- state why infection control is important
- list four steps for preventing infection
- demonstrate how to protect themselves 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.
-



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 45 to 65 minutes to complete

I. Introduction	Brief presentation from the topic summary.	🕒 15-20 min.
II. Demonstration and practice	Facilitator will demonstrate proper hand washing techniques and ways to avoid direct contact with blood. After the demonstration, volunteers will practise.	🕒 30-45 min.



Materials and preparation

- Prepared short presentation using the information from the topic summary.
- Hand soap and water (if possible, use running water).
- Paper towels or clean towel.
- Plastic or rubber gloves.
- Plastic bags.
- Household bleach.



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.
-

Facilitator directions

I. Introduction to infection control

🕒 15-20 minutes

1. Welcome volunteers to the session.
2. Introduce the topic and agenda. Ask volunteers what they have practised in their homes and in the community as a result of the sessions.
3. Ask volunteers to list four ways whereby they can prevent infection in first aid. Accept all answers found in the topic summary and add content not mentioned:
 - wash hands
 - cover cuts or open wounds
 - avoid direct contact with blood
 - clean up blood spills
4. Ask volunteers to brainstorm ways in which they can create barriers if gloves are not available.
5. Facilitate a brief discussion about where items like gloves and household bleach are available in the community.
6. Review the steps to take if a volunteer is pricked or wounded while giving first aid.

II. Demonstration and practice

🕒 30-45 minutes

1. Review the steps for proper hand washing. Make sure to point out that hands should be washed before and after giving first aid.
2. Demonstrate the steps to proper hand washing.
3. Ask volunteers to practise proper hand washing.
4. Demonstrate how to create barriers to avoid direct contact with blood.
5. Ask volunteers to practise how to create barriers to avoid direct contact with blood.

Topic 20

Basic first aid kit



Learning objectives

At the completion of this topic, volunteers 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.
-



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 70 to 100 minutes to complete, plus 30 to 45 minutes optional activity.

I. Introduction	Volunteers will participate in a competitive activity to list the items they consider should be in a first aid kit.	🕒 10-15 min.
II. Demonstration and discussion	Facilitator will review content of the first aid kit. Volunteers will discuss where to obtain items for restocking.	🕒 30-45 min.
III. Community activity (optional)	Volunteers will do a community walk to find and price first aid kit supplies.	🕒 30-45 min.
IV. Module 4 close	Volunteers will reflect on what they have learnt during Module 4.	🕒 30-40 min.



Materials and preparation

- Prepared short presentation using the information from the topic summary.
- Sample first aid kit stocked with materials from the contents list.
- Ten to fifteen sheets of flipchart paper and coloured markers.



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

Facilitator directions

I. Introduction to first aid kit

 10-15 minutes

1. Welcome volunteers to the session. Introduce the topic.
2. Divide the volunteers into groups of four to six people. Provide each team with a sheet of flipchart paper.
3. Explain that the next activity will be a timed competition. Each group will have three minutes to list all the items they think should be in a first aid kit.
4. Ask the teams to begin.
5. At the end of three minutes ask them to stop.
6. Read the list of items listed in the topic summary. Ask each team to place a check mark next to each item you mention. The team with the most check marks is declared the winner.
7. Facilitate a brief discussion regarding any additional items the volunteers listed that may or may not be useful for a first aid kit and why.

II. Demonstration and discussion

 30-45 minutes

1. Using the first aid kit, review the list of items again, showing the volunteers what each item looks like. As you are displaying each item ask the volunteers what the item is used for. Correct any misunderstandings.
2. Demonstrate how to use each item.
3. Pass the items around to the volunteers and let them practise using them.
4. Ask volunteers how often the first aid kit should be checked and restocked. Accept the following answers.
 - items should be replaced after each use of the kit
 - items should be checked regularly to ensure that the quality is good
5. Divide the volunteers into the same teams. Assign each team four to five different items from the first aid kit. Ask each team to discuss where these items can be purchased or obtained for restocking.
6. Ask each team to present the findings of their discussion. Supply additional information as needed.

III. Community walk (optional)

 30-45 minutes

1. Ask volunteers to go into the community to find out where the items in the first aid kit can be purchased. Ask volunteers to return with the name of the item, where it can be purchased and the price of each item.
2. Ask volunteers to make note of items that are currently not available or in stock in their community stores or pharmacies.
3. Ask volunteers to share their findings when they return to the classroom.

IV. Module 4 close

 30-40 minutes

1. Ask volunteers to share what they have practised in their homes and in the community as a result of the previous sessions.
 2. Ask volunteers to reflect on what they have learnt in Module 4.
 3. Provide each volunteer with a sheet of paper and ask them to draw a picture that represents what they know about basic first aid that they did not know previously.
 4. Ask volunteers to revisit the goals they wrote at the end of Module 1.
 5. Congratulate volunteers for successfully completing Module 4.
-

Annex

Basic life support (Part 2)



Learning objectives

At the completion of this topic, volunteers 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



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 80 to 125 minutes to complete.

I. Introduction	Brief presentation from the topic summary.	🕒 20-30 min.
II. Demonstration	Facilitator demonstration of basic life support on adult, infant and child.	🕒 15-25 min.
III. Practice	Volunteers will practise basic life support, using mannikins for adult and child and a doll for infant.	🕒 30-45 min.
IV. Review	Volunteer teams question each other on topic content.	🕒 15-25 min.



Materials and preparation

- These skills must be trained by qualified first aid trainers recognized by the National Society.
- Prepared short presentation using the information from the topic summary.
- Prepared flipchart with the ABCs of basic life support:
 - Determine unresponsiveness.
 - Get help.
 - If unconscious, put the person in the recovery position.

Airway

- Open the airway with head tilt/chin lift.

Breathing

- Determine if breathing (allow ten seconds). Look to see whether the chest is moving up and down, listen for sound of breathing and 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

- Begin chest compressions.
- Alternate 30 compressions (about 100 compressions in one minute) with two rescue breaths.
- Continue until professional/medical help arrives, person resumes breathing or you reach exhaustion.

- Consider bringing mannikins and a few dolls to demonstrate and practise basic life support.
- Ten small pieces of paper for the review.



Topic summary

Topic 3 gave information on basic life support (BLS) for a person who is unconscious and breathing. However, volunteers may also be called to give basic life support to a person who is unconscious, has stopped breathing, and/or whose heart has stopped beating. In this case cardiopulmonary resuscitation may be necessary.

It is important to take into consideration the local community profile and the hospital care system when addressing cardiopulmonary resuscitation (CPR) in first aid training. Before conducting CPR training, consider whether there is local qualified capacity to treat the person at the scene and then on to the rehabilitation phase. The following content on CPR should be included in the CBHFA *in action* curriculum if the volunteers are working with communities living with specific risks (such as drowning) or where there is qualified professional/medical capacity to treat the case from the scene to the rehabilitation phase.

These skills must be trained by qualified first aid trainers recognized by the National Society.

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.

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

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

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.
-

Facilitator directions

I. Introduction to basic life support

🕒 20-30 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous sessions.
3. Introduce the topic and give a brief presentation of the steps for basic life support. Refer to information in the topic summary. Use the flipchart prepared earlier as a visual aid.
4. Answer volunteers' questions.
5. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box.

II. Demonstration

🕒 15-25 minutes

1. Ask a volunteer to come to the front of the room to role play an unconscious person in need of basic life support.
2. Give a demonstration of the steps for basic life support for an adult who is unconscious and breathing. Include a demonstration of the recovery position.
3. Thank the volunteer for his/her participation in the role play and ask him/her to sit down.
4. Using a mannikin, give a demonstration of the steps for basic life support for an adult who is unconscious and NOT breathing.
5. Using a doll, give a demonstration of the steps for basic life support for an infant who is unconscious and NOT breathing.
6. Using a mannikin, give a demonstration of the steps for basic life support for a child who is unconscious and NOT breathing.

Facilitator tip

Make sure to give clear instructions as you demonstrate each step. You may need to repeat the steps to ensure everyone understands. Never practise CPR on one another in the classroom. Always use mannikins or dolls, which should be cleaned after each participant has practised.

III. Volunteer practice

 30-45 minutes

1. Allow volunteers to practise BLS actions for the following four scenarios:
 - an adult who is unconscious and breathing
 - an adult who is unconscious and NOT breathing
 - an infant who is unconscious and NOT breathing
 - a child who is unconscious and NOT breathing
2. Divide the volunteers into groups of three people. If possible, give a mannikin to each group. State that for each scenario they will take turns in the different roles:
 - person who needs BLS (for recovery position). The mannikin should be used for CPR practice
 - volunteer giving first aid (the rescuer)
 - observer
3. While playing the role of the observer they should use the checklist in Module 4 Annex of their Volunteer Manual and check off each step as it is completed. Observers can coach and give hints if the rescuer cannot remember the next step. After each practice the observer will give feedback on the rescuer's performance.
4. Allow enough time for all scenarios to be practised. If possible, circulate dolls around the groups so they can practise the two finger compression on the infant.

IV. Review

 15-25 minutes

1. Congratulate the volunteers for their participation and ask them to take a seat.
2. Divide the volunteers into two teams. Give each team five pieces of paper.
3. Ask each team to prepare five questions (with answers) about information covered in Topic 3, Part 2.
4. Once both teams have completed their five questions, ask each team to take turns asking each other their questions. Give one point for each question answered correctly.
5. Mediate and correct any incorrect information.
6. Congratulate the winning team with applause.
7. Ask volunteers to take turns going around the room reviewing the main learning points for Topic 3, Part 2, putting them in their own words if possible.
8. Review the questions in the question box, if any. Invite volunteers to take turns answering them if they can. Clarify any misunderstandings.
9. Negotiate a time for the next classroom session.

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		

Facilitator Guide

MODULE 5

Community mobilization in major emergencies

Goal

In this module volunteers will learn about major emergencies that may affect their 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

Module summary

In Topic 1, volunteers will discuss types of disaster that may affect their community and how disasters affect the needs for living. Volunteers will describe what they can do to prepare for and minimize disasters and how to respond in the event of a disaster. Volunteers will review first aid topics learnt in Module 4 that can be practised in a disaster. Lastly, volunteers will describe how to promote healthy behaviours after emergencies in regards to hygiene, water and prevention of communicable diseases.

In Topic 2, volunteers will learn how infections can spread in a community. Volunteers will identify six categories of diseases that can cause epidemics. For each of the six categories, volunteers will discuss how epidemics may be prevented and how an epidemic outbreak can be managed in the community.

Facilitator preparation

This module focuses on basic information regarding disasters and epidemics. It is NOT intended to replace *How to Do a VCA* (vulnerability capacity assessment) or *Epidemic control training package for volunteers* published by the International Federation of Red Cross and Red Crescent Societies. Volunteers should be encouraged to attend additional courses on disaster preparedness, disaster response and disaster management when offered.

Before training this module, contact a disaster preparedness (DP) and/or disaster management (DM) volunteer or branch staff and arrange for them to give a presentation for Topic 1.

The suggested flow for most topics in this module will follow a similar outline:

- I. Assess volunteers' current knowledge of the topic.
- II. Give a brief interactive presentation of the topic using information from the topic summary. Make sure to ask questions and elicit interest and familiarity with the topic.
- III. Discuss what the community can do to prevent and manage a disaster or outbreak.
- IV. Role play using Community Tools to communicate prevention messages and where community members can help respond to emergencies.
- V. Participate in and provide supportive supervision for community activities.

As always you should:

- read the topic summary before training each topic for this module and be prepared to give a brief presentation on the content
- review the list of materials needed for each topic
- ensure that your training room is available
- communicate the time and location for the training to the volunteers
- bring a clock or wristwatch to training
- prepare questions for the review activity at the end of each topic
- identify household members for each volunteer
- arrange for field visits in advance
- communicate clear objectives of field visits to community leaders

References

International Federation of Red Cross and Red Crescent Societies and John Hopkins University (2008), *Public health guide in emergencies*. Information from:
www.ifrc.org/what/health/relief/guide.asp.

International Federation, *How to Do a VCA* (vulnerability capacity assessment). Available from:
www.ifrc.org/Docs/pubs/disasters/resources/preparing-disasters/vca/how-to-do-vca-en.pdf.

International Federation, CBHFA materials (2008), Module 4, *Basic first aid and injury prevention*.

International Committee of the Red Cross and Red Crescent (2006), *First aid in Armed Conflict and other Situations of Armed Violence*. Available from:
www.icrc.org/web/eng/siteeng0.nsf/html/audio-first-aid-040706.

International Federation, *Epidemic control training package for volunteers* (in production, to be finalized December 2008).

Humanitarian Pandemic Preparedness (H2P), Health Working Group, International Federation, AED, American Red Cross, CORE Group, InterAction, UNICEF, USAID, and WHO, *Pandemic preparedness training curriculum for community health responders* (in production, to be finalized January 2009).

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Topic 1

Community mobilization in major emergencies



Learning objectives

At the completion of this topic, volunteers 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.



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 90 to 140 minutes to complete.

I. Introduction	Introduce the topic. The topic summary contains basic information.	🕒 30-45 min.
II. Presentation by DP and/or DM volunteers or branch/chapter staff	A guest speaker will address disaster preparedness and disaster management considerations.	🕒 30-45 min.
III. Role play	Volunteers will practise giving key messages in the Community Tools to the community about prevention of, and response to, disasters.	🕒 20-30 min.
IV. Check your understanding	Self-assessment.	🕒 10-20 min.



Materials and preparation

- Flipchart paper and coloured markers.
- Prepared presentation using the information from the topic summary.
- Needs for living diagram.
- Six flipchart papers, each labelled with one of the areas of need from the needs for living diagram: food, water and sanitation, shelter, safety and security, livelihood and health.
- Arrange for a disaster preparedness (DP) and/or disaster management (DM) volunteer or branch staff person to speak to the group. Make sure to discuss in advance the main presentation points with the speaker. It is recommended that an outline of the presentation be requested. Ask that s/he prepare a 30-minute talk that:
 - outlines roles and responsibilities of the DP and the DM volunteers and branch/chapter staff
 - describes the vulnerable populations that require assistance during a disaster and how they can be helped
 - facilitates the development of a plan of action that indicates how CBHFA volunteers can work with DP and DM volunteers to help the community during a disaster
 - lists the community's capacity and vulnerability to hazards
 - describes how the effects of a disaster can be minimized at all stages (before, during and after a disaster)
 - informs the group about being trained to be a DP or DM volunteer
- Community Map developed in Module 3.

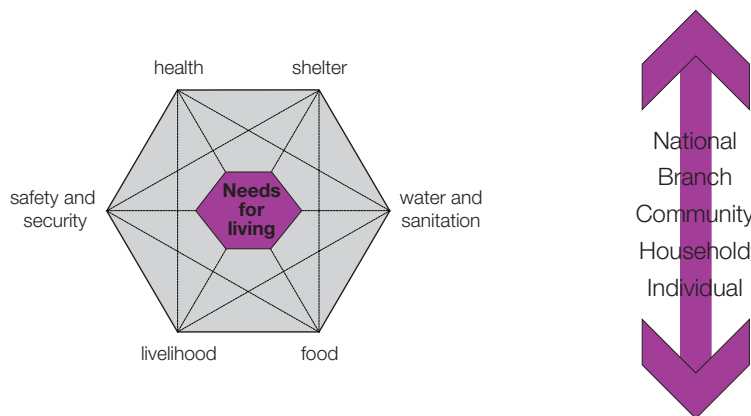
Topic summary

Disasters can disrupt a community and cause harmful negative consequences, including mass casualties and death. A man-made disaster or a natural event can happen unexpectedly. Examples of disasters include:

- natural events caused by weather, such as monsoons, hurricanes or typhoons, drought or flooding
- natural events such as earthquakes or tsunamis
- man-made events such as refugee situations, war or conflict
- communication or transportation disruptions, such as the collapse of a bridge
- other events that can be caused by weather or accidents, such as fires
- infections and epidemics, such as cholera

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

Emergencies and disasters may affect access to all the needs for living at each level: individual, household, community, district and country. The degree of effect depends on the size and complexity of the disaster.



The longer it takes a community to respond to the negative effects of a disaster the more harmful the consequences are likely to be. If a community plans and prepares for a disaster before it happens, lives can be saved and essential services can be restored more efficiently and effectively.

A team of well-prepared community volunteers can:

- prepare and reinforce key prevention measures in the community. These activities should be organized before disaster happens
- take action quickly to carry out first aid and respond to the needs of disaster victims
- motivate and organize community members to help each other and their families

CBHFA volunteers can help the community if they are prepared for a disaster before it happens. The branch or chapter staff and volunteers can identify additional resources and training that will prepare CBHFA volunteers about disaster preparedness and disaster management. The Red Cross Red Crescent has a huge amount of experience in disaster preparedness and disaster management activities which continue to represent the largest portion of the International Federation's work.

Important community information was collected in Module 3 during the community assessment. In the community assessment, the main disaster risks and health hazards were identified. The assessment helped identify where resources can be found as well as where vulnerable people live. People that will need assistance when disaster happens include:

- orphans
- pregnant women
- people living alone
- the disabled
- the old
- the sick
- the wounded

Additionally, in Module 4 first aid and care for injured people was practised. During an emergency it is important to assist in caring for the injured, providing both physical first aid assistance and psychological care.

When outside or additional help arrives in the community, volunteers should inform rescue teams what has been done and what is happening now, and may then continue with relief work.

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

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

Facilitator directions

I. Introduction to community mobilization in major emergencies

 30-45 minutes

1. Welcome volunteers back to training.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous topic.
3. Ask volunteers how they have been using the Community Tools. Share any feedback about the Community Tools with the branch/chapter staff and volunteers. Record and share with the branch staff responses they have received from their community households.
4. Introduce the title, objectives and agenda for the module and outline the two topics that will be addressed.
5. Ask volunteers if anyone can define “disaster”. Encourage volunteers to recall disasters that have affected the community in the past. Encourage volunteers to think big and to identify disasters that have affected other communities in their country. Answers should include:
 - fire
 - shelter collapse
 - drought
 - weather-related disasters, such as hurricanes or monsoons, tornados, too much rain, too much snow
 - flooding
 - epidemics caused by widespread disease
 - earthquakes
6. Inform volunteers that disasters affect peoples' health by causing:
 - direct injuries
 - communicable diseases such as diarrhoea, measles and malaria
 - psychological trauma and stress
 - other diseases
7. Remind volunteers that they can help the community when disaster happens.
8. Ask volunteers to explain what is meant by “disaster preparedness” and “disaster management”. Ensure that responses recognize the Red Cross Red Crescent history and mandate regarding disasters.
9. Post the needs for living flipchart diagram. Point out the six flipcharts prepared earlier labelled with the titles of the areas for need: food, water and sanitation, shelter, safety and security, livelihood and health.
10. Ask volunteers to identify how the different needs will be disrupted or affected when a disaster happens. Record the volunteer responses on the appropriate flipchart.
11. Ask for six volunteers to come to the front of the room, and stand by the posted flipchart papers. Ask each volunteer to:
 - indicate how that need may be disrupted during a disaster
 - state what CBHFA volunteers can do to help the community respond to the disruptions caused by the disaster for that need for living

12. After each response, ask for additional suggestions from the group. At the end of each response ask for applause for good suggestions.
13. Give a presentation of the information included in the topic summary. Summarize important points made by volunteers during the needs for living presentations.
14. Answer any questions.

Facilitator tip

Post the Community Map developed in Module 3.

15. Ask volunteers to identify potential disaster sites in the community. Update the Community Map, if needed.
16. Ask volunteers to identify human and physical resources on the Community Map that can assist the community during a disaster. Update the Community Map, if needed.
17. Ask volunteers to identify where vulnerable people are located on the Community Map. Update the Community Map, if needed.
18. Encourage questions during training. Explain that volunteers can also write down questions and deposit them in the question box. The questions will be reviewed and addressed at the end of each topic.

II. Presentation by DP or DM resource people

 30-45 minutes

1. Introduce the guest speaker, identifying his/her background and disaster experience.
2. Inform volunteers that the speaker will talk about:
 - roles and responsibilities of the disaster preparedness and disaster management volunteers and branch or chapter staff
 - vulnerable populations that require special assistance in a disaster
 - development of a plan of action for CBHFA volunteers to coordinate with disaster preparedness and the disaster management volunteers and the community during a disaster
 - the community's capacity and vulnerability to hazards
 - how the effects of a disaster can be minimized at all stages (before, during and after a disaster)
 - how to be trained as a disaster preparedness or disaster management volunteer
3. Encourage volunteers to ask questions.
4. Ask the DP or DM volunteer and the CBHFA volunteers to look at the list of first aid topics in Module 4. Ask volunteers to call out the first aid topics that would be most important during disasters, epidemics or public health emergencies. Ensure that the first aid actions that are mentioned include:
 - psychological first aid
 - infection prevention
 - broken bones
 - others, as appropriate
5. Thank the speaker.

III. Community Tools role play

 20-30 minutes

1. Review the key messages for the community in the Community Tools for community mobilization in major emergencies.
 - 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.
2. Ask volunteers if there are any additional key messages.
3. Ask for two volunteers to practise role playing using the dialogue questions in Community Tools with a member of a community household.
4. After the role play encourage volunteers to give feedback on:
 - what they did well
 - what they could do differently
5. Divide the volunteers into small groups of three. Ask each group to practise using the Community Tools and take it in turns to play the following roles:
 - volunteer
 - community household member
 - observer
6. After each role play, ask the observer to give feedback on the volunteer's ability to communicate key messages.

IV. Check your understanding

 10-20 minutes

1. Ask volunteers to take turns expressing, in their own words, the main learning points for Topic 1 found in the Volunteer Manual.
2. Ask volunteers to complete the check your understanding self-assessment found in Topic 1 of the Volunteer Manual.
3. Allow enough time for everyone to complete.

Facilitator tip

If the majority of volunteers are NOT able to read and write, you may want to read the questions aloud and let the volunteers share their responses verbally. If only a few volunteers cannot read and write, then help them individually by coaching them through the questions and asking them to tell you the answers.

4. Check the answers by asking the volunteers to share their responses.

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.
5. Congratulate volunteers for correct responses.
 6. Negotiate a time for the next classroom session.
 7. Encourage volunteers to share what they have learnt with members of the community.

Topic 2

Public health in emergencies: preventing and responding to epidemics



Learning objectives

At the completion of this topic, volunteers 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.
-

Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 150 to 220 minutes to complete.

I. Introduction	Introduce the topic. Refer to information in the topic summary.	 20-30 min.
II. Prevention and management	Volunteers will work in small groups to discuss prevention activities and managing outbreaks of epidemics for assigned disease categories.	 40-50 min.
III. Role play	Volunteers will practise giving key messages to the community about preventing epidemics and responding to them when they occur.	 20-30 min.
IV. Check your understanding	Self-assessment	 10-20 min.
V. Activity in the community	Volunteers will use the Community Tools to communicate key messages about preventing and responding to epidemics.	 60-90 min.

Materials and preparation

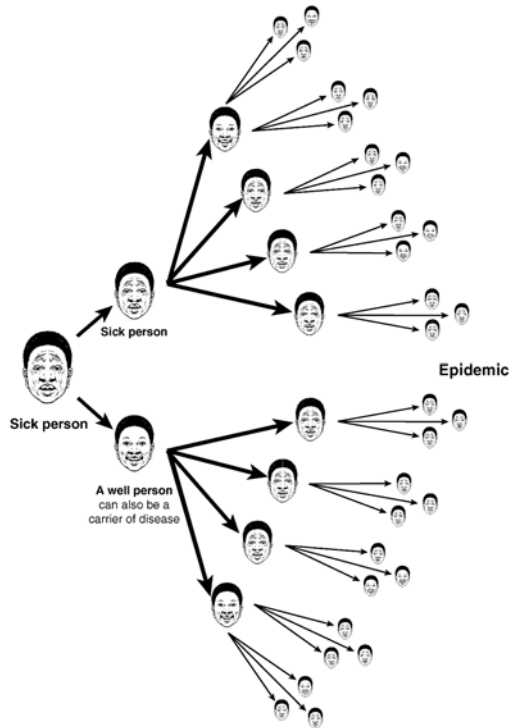
- Prepared short presentation using the information from the topic summary.
- Eight sheets of flipchart paper and coloured markers.
- Picture of the epidemic spread chart.

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



Epidemic spread chart

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

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.

Epidemics

An epidemic happens when more people than usual (or normal) in the community have the same infection at the same time. When many people are sick with the same infection it means that the infection can spread more rapidly to others.

An epidemic may spread because:

- germs are stronger than usual or new kinds of germs appear
- there are more vectors, such as an increase in mosquitoes in the rainy season
- very few people have immunity or are unable to resist the infection, such as those who are mal-nourished, very young, very old or already sick
- environmental reasons, such as lack of water or poor hygiene

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)

	Category of disease	Prevention activities	Management of outbreaks
Diarrhoeal diseases	<ul style="list-style-type: none"> ■ diarrhoea is passing three or more watery stools in one day ■ if severe, diarrhoea can lead to dehydration and be fatal ■ mainly affects children under five years of age ■ severe diarrhoea such as cholera can affect anyone ■ transmitted through unsafe water, unsafe food, dirty hands and flies 	<ul style="list-style-type: none"> ■ practising good hygiene, such as washing hands ■ drinking safe water ■ storing water in clean and covered containers ■ eating safe food by washing vegetables and fruit, storing food in sanitary conditions and reheating food before eating ■ keeping toilet and latrine areas clean 	<ul style="list-style-type: none"> ■ knowing the source and cause of the outbreak (unsafe water, inappropriate latrines or unsafe hygiene practices) ■ treating water (boil, filter, treat with chlorine) ■ finding cases of diarrhoea ■ giving oral rehydration solution to sick children in the home ■ referring very sick and dehydrated children to health facilities ■ promoting good hygiene to community members
Respiratory infections	<ul style="list-style-type: none"> ■ respiratory infections affect breathing ■ usually cause cough, pain, fever and difficulty breathing ■ can be severe and can cause death, especially in young children ■ germs are spread by coughing or sneezing from an infected person ■ epidemics can spread when people live in crowded conditions 	<ul style="list-style-type: none"> ■ practising good hygiene such as covering the mouth and nose when coughing or sneezing ■ having proper living conditions ■ identifying infected people in the community and keeping them away from others until they are better ■ referring children with cough or difficulty breathing to a health facility for treatment 	<ul style="list-style-type: none"> ■ recognizing respiratory illness early and referring those who are sick to health facilities for prompt treatment ■ having proper living conditions ■ providing healthy foods to children
Preventable by vaccines	<ul style="list-style-type: none"> ■ diseases that can cause epidemics and can be prevented with vaccines: <ul style="list-style-type: none"> – yellow fever – meningitis – measles – polio ■ vaccines help people resist infection before it happens ■ some vaccines are injected, others are given by mouth 	<ul style="list-style-type: none"> ■ vaccinating enough people in the community against diseases that can cause epidemics ■ yellow fever epidemics can be prevented by controlling mosquitoes and protecting people with mosquito nets ■ improving living conditions, hygiene and sanitation ■ reducing crowding will help prevent polio, measles and meningitis 	<ul style="list-style-type: none"> ■ educating the community to participate in mass vaccination campaigns if an epidemic happens ■ destroying mosquito breeding sites for control of yellow fever ■ intensifying the distribution of mosquito nets for control of yellow fever ■ educating the community about safe water, sanitation and hygiene to control polio ■ educating the community to improve living conditions and reduce crowding to control measles and meningitis ■ referring new cases of illness to the health facility

	Category of disease	Prevention activities	Management of outbreaks
Transmitted by vectors	<ul style="list-style-type: none"> ■ vectors are insects such as mosquitoes, flies or ticks that transmit diseases through biting humans, or they can be animals such as rats or bats ■ different kinds of mosquitoes carry diseases that can cause epidemics of : <ul style="list-style-type: none"> – malaria – dengue fever – yellow fever – Rift Valley fever ■ these diseases usually cause high fever ■ people without bed net and/or near water surfaces where mosquitoes lay their eggs are more at risk ■ epidemics happen more in the rainy season 	<ul style="list-style-type: none"> ■ controlling mosquitoes and preventing their breeding ■ sleeping under long-lasting insecticide-treated bed nets (LLIN) ■ spraying houses and tents with insecticides ■ destroying filling ponds and small swamps ■ wearing clothes that cover most of the body ■ burning mosquito coils 	<ul style="list-style-type: none"> ■ distributing mosquito nets ■ educating community members to sleep under nets ■ educating community members on how to identify the diseases and when to go to the health facility ■ referring cases of illness with high fever to the health facility ■ participating in clean up campaigns ■ assisting water sanitation specialist with mosquito control spraying
Very contagious and fatal	<ul style="list-style-type: none"> ■ new and highly contagious diseases are not very common but can quickly cause death: <ul style="list-style-type: none"> – Ebola haemorrhagic fever – Marburg haemorrhagic fever (green monkey disease) ■ these diseases can spread to anyone through contact with body fluid such as blood, vomit, saliva, stools and urine. They can also be transmitted from the bodies of people who have died from the disease, or anything that was touched by sick people such as bed sheets, utensils, floors or tools ■ these diseases cause bleeding, fever, headache and body pain ■ these diseases exist mainly in a few countries in Africa 	<ul style="list-style-type: none"> ■ Ebola and Marburg epidemics are hard to prevent, but activities include teaching people how to recognize signs and to stay away from those that are sick ■ initiating quarantines early 	<ul style="list-style-type: none"> ■ wearing personal protection equipment (PPE) to protect from direct contact with body fluids ■ referring sick people to health facility ■ cleaning items touched by sick people with strong detergent ■ safe burial of dead bodies: <ul style="list-style-type: none"> – using gloves and boots – washing hands before and after handling the dead – avoiding touching face or mouth – washing and disinfecting equipment, clothes and vehicles ■ preparing and distributing detergent ■ teaching people to stay away from the sick ■ teaching survivors how to clean and prepare dead bodies for burial ■ providing psychological first aid

	Category of disease	Prevention activities	Management of outbreaks
New diseases	<ul style="list-style-type: none"> ■ new diseases such as <ul style="list-style-type: none"> – pandemic influenza – avian influenza – SARS spread quickly and kill many people because there is no treatment or vaccine ■ spread from the sick person by coughing or sneezing ■ avian influenza is spread to humans by contact with birds infected with avian influenza 	<ul style="list-style-type: none"> ■ teaching people how to recognize signs and to stay away from sick people ■ initiating quarantines early ■ killing birds infected with avian influenza ■ avoiding contact with sick birds 	<ul style="list-style-type: none"> ■ managing the sick when health facilities are full ■ promoting social distancing and good hygiene ■ providing support to health officials ■ providing support to community officials if quarantines are in place

Epidemic control training

Volunteers can attend additional training on epidemic control, where volunteers will learn:

- the role of the volunteer in an epidemic
- how to conduct an epidemic assessment by gathering information about the nature and extent of the epidemic. This includes asking questions, getting and analysing information, using and reporting information relating to the epidemic
- how to determine the risk of an epidemic in the community by finding out how likely or possible it is for a specific epidemic to happen in the community. Factors that contribute to this include the vulnerability of the people, existing diseases and the surrounding environment
- the epidemic response cycle: preparing between epidemics, how to alert for an epidemic, how to respond to an epidemic and how to evaluate the epidemic response

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.

Facilitator directions

I. Introduction to public health in emergencies: preventing and responding to epidemics

 20-30 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous topic.
3. Ask volunteers how they have been using the Community Tools. Share any feedback about the Community Tools with the branch or chapter staff. Record and share with the staff responses they have received from their community households.
4. Introduce topic objectives and agenda.
5. Ask volunteers to define “infection” and to call out how an infection can lead to or cause an epidemic. Record their responses on a flipchart. Refer to the topic summary for additional answers if needed. Provide positive reinforcement for correct answers.
6. Display and explain the picture of the epidemic spread chart, pointing out how quickly diseases can spread between people.
7. Ask volunteers about epidemics that have occurred in their community or a nearby community.
8. Refer to information in the topic summary. Give an interactive presentation on the six categories of diseases that cause epidemics.

Facilitator tip

Refer to the information found only in the first column of the table. Volunteers will provide information for the other two columns in the next activity. You may not want to spend much time discussing diseases that are not found in the communities where the volunteers live. Point out the diseases that are covered in Module 6. Based on the topics chosen by the volunteers and the community for Module 6, explain that you will be covering these in greater depth later.

9. Answer volunteers’ questions as they arise.
10. Refer to the topic summary and lead a guided discussion on ways to prevent respiratory infections in the household. Record volunteer responses on flipchart and tape to the classroom wall.
11. Encourage questions during training. Explain that volunteers can also write questions and deposit them in the question box. The questions will be reviewed and addressed at the end of each topic.

II. Prevention and management of epidemics

🕒 40-50 minutes

1. Divide volunteers into three groups. Assign each group two of the six categories of diseases that cause epidemics.
2. Provide each group with two pieces of flipchart paper and coloured markers.
3. Ask each group to write “Prevention activities” on one flipchart paper and “Management of outbreaks” on the other. Ask each group to brainstorm about and list what they can do to:
 - prevent epidemics
 - manage outbreaks

Facilitator tip

Walk around the room to provide assistance and suggestions. Revisit any information covered during your presentation as needed.

4. Allow 30 minutes to complete.
5. Invite each group in turn to present the information on their flipchart paper. After each group presentation, facilitate a brief interactive discussion to add any missing information.
6. Clarify any misunderstandings and congratulate volunteers for correct information.
7. After all the presentations are completed ask volunteers which epidemic they think poses the greatest threat to their community. Explain that this will be the epidemic on which they will focus prevention messages from the Community Tools for their activity in the community.

Facilitator tip

You may want to ensure that this topic will be covered in Module 6. If it was not chosen, you may want to negotiate with volunteers to include it for training.

8. Ask CBHFA volunteers to discuss, as a large group, how they can work and coordinate with other volunteers during a public health emergency or epidemic. Record suggestions on flipchart paper.
9. Explain to volunteers that there is an additional Red Cross Red Crescent course on epidemic control. Refer to the topic summary and briefly describe what is covered in this course and when it is offered.
10. Assess volunteers’ interest and need for additional training. Discuss the epidemic control package for volunteers.

III. Community Tools role play

 20-30 minutes

1. Review the key messages for the community in the Community Tools for preventing and responding to epidemics.
 - 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
2. Ask volunteers if there are any additional key messages.
3. Ask for two volunteers to come to the front of the classroom to practise role playing using the dialogue questions in Community Tools with a member of a community household.
4. After the role play encourage volunteers to give feedback on:
 - what they did well
 - what they could do differently
5. Divide the volunteers into small groups of three. Ask each group to practise using the Community Tools and take it in turns playing the following roles:
 - volunteer
 - community household member
 - observer
6. After each role play, ask the observer to give feedback on the volunteer's ability to communicate key messages.

IV. Check your understanding

 10-20 minutes

1. Ask volunteers to review the main learning points for Topic 2 in the Volunteer Manual.
2. Ask volunteers to work in pairs to complete the check your understanding self-assessment in Topic 2 of the Volunteer Manual.
3. Allow enough time for everyone to complete.

Facilitator tip

If the majority of volunteers are not able to read and write, you may want to read the questions aloud and let the volunteers share responses verbally. If only a few volunteers cannot read and write, then help them individually by coaching them through the questions and asking them to tell you the answers.

4. Check the answers by asking the volunteers to share their responses.

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.

5. Congratulate volunteers for correct responses.

V. Activity in the community

 60-90 minutes

1. Review community activity.

community activity:

- Use the Community Tools with members of your community household to educate them on how to prevent diseases that cause epidemics.
 - Learn what your National Society is doing to plan for epidemics. Ask how you can help.
 - Meet with community leaders and leaders from other community organizations to learn what they know about epidemics and what preparation plans they have made.
 - Talk to members in the health facility about mass vaccination campaigns. Ask what volunteers can do to help.
 - 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.
2. Ask volunteers to conduct the first community activity and choose one other.
 3. Ask volunteers to discuss the results of each activity when they return to the classroom.
 4. Negotiate a time for the next classroom session. State that when they return they will discuss the results of their community activity.
 5. Coach and supervise volunteers during the field visit.
 6. Encourage volunteers to share what they have learnt with members of their household.

Facilitator Guide

MODULE 6

Disease prevention and health promotion

Goal

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

Topics

There are 16 topics in this module. You are expected to train volunteers on a minimum of five topics. The topics you choose will be based on the community assessment conducted during Module 3.

- 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)
-

Module summary

In Topic 1, volunteers will learn methods to communicate and educate members of the community about disease prevention and health promotion, and will practise methods for effective behaviour change communication (BCC). Volunteers will review the use of Community Tools to support their health activities in households and the community.

In Topic 2, volunteers will learn about the benefits of family planning and birth spacing. They will learn where the family planning centres are located in their community and about the services they provide. Volunteers will discuss the strengths and weaknesses of various family planning methods available in the community and will practise teaching community members how to use a male and female condom correctly.

In Topic 3, volunteers will learn about healthy practices during pregnancy and what families should do to prepare for a safe birth. Volunteers will discuss promoting at least four pregnancy checks by a skilled birth attendant, immunizations, and good nutrition during pregnancy. They will also learn how to help community members recognize the danger signs of complicated pregnancy and when to go to a health centre.

In Topic 4, volunteers will discover how to help families learn about maternal and household care for a newborn. They will practise promoting the benefits of breastfeeding and childhood immunizations, and will learn to recognize danger signs in a newborn that require immediate medical attention.

In Topic 5, volunteers will learn to differentiate between good nutritional practice and signs of malnutrition. They will describe when a person with malnutrition should be referred to the health centre and will practise promoting breastfeeding and good nutrition in the community.

In Topic 6, volunteers will learn about the common illnesses, preventable by vaccines, that tend to occur in childhood. Volunteers will discuss the national vaccination schedule and how to support the local health centre during national immunization days. They will practise promoting vaccination campaigns.

In Topic 7, volunteers will learn how good hygiene and sanitation help to prevent diarrhoeal diseases. The needs for living model will be revisited to review how water and sanitation affects health, food, shelter and livelihood. Volunteers will discuss the five important practices for safe water, hygiene and sanitation, and what volunteers can do to improve practices in their household and act as role models. Volunteers will practise good hand-washing techniques and how to teach members of the community when and how to wash their hands. They will practise promoting messages in the community about personal and household hygiene, drinking safe water, and disposal of faeces and other waste.

In Topic 8, volunteers will learn the signs of diarrhoea and the common causes of diarrhoea. They will learn how to recognize dehydration and how dehydration can cause death if not treated immediately, especially in children under five years of age. Volunteers will give first aid for dehydration including preparing and giving oral rehydration solution (ORS).

In Topic 9, volunteers will learn about the danger signs of acute respiratory infections and when to refer persons to a health centre. They will discuss how to prevent acute respiratory infections and how to increase awareness in the community about respiratory infections.

In Topic 10, volunteers will learn how malaria is spread by an infected mosquito. They will practise how to educate the community in ways to prevent mosquito bites, including sleeping under mosquito nets treated with long-lasting insecticide. Volunteers will learn how to recognize signs of malaria and when to refer a person to a health centre for treatment.

In Topic 11, volunteers will learn how STIs and HIV are transmitted from one person to another. They will learn about signs of STIs and HIV and the difference between HIV and AIDS. Volunteers will discuss ways to prevent the spread of HIV and will practise teaching community members how to use a male and female condom.

In Topic 12, volunteers will learn which factors contribute to HIV-related stigma and describe ways to reduce stigma and discrimination in the community. They will learn how to recognize signs of stress and how they can provide psychological support to caregivers and families of people living with HIV (PLHIV).

In Topic 13, volunteers will learn how tuberculosis germs spread and discuss ways to reduce the spread of TB in the community. Volunteers will describe signs of tuberculosis and the importance of completing all TB treatment medicines. They will practise promoting TB awareness and prevention in the community, including encouraging PLHIV to be tested for TB and referring people with TB to HIV voluntary testing and counselling centres.

In Topic 14, volunteers will learn how avian influenza spreads from infected birds to humans and how to recognize signs of avian influenza infection in birds and humans. They will discuss ways to prevent the spread of avian influenza and practise promoting awareness about avian influenza in the community.

In Topic 15, volunteers will learn how dengue is spread by an infected mosquito and ways to prevent mosquito bites. They will learn how to recognize signs of dengue and when to refer a person to a health centre, as well as discussing ways to eliminate mosquito breeding sites in their community.

In Topic 16, volunteers will learn skills they can provide for the sick in the home environment. Emotional and psychological support for the sick and their caregivers will be discussed. Volunteers will identify the contents of a home-based care kit, and will practise how to lift a sick person correctly from a lying or sitting position.

Facilitator preparation

This module focuses on promoting healthy behaviours in the community in order to prevent illnesses and death. During the community assessment conducted in Module 3, volunteers selected five topics to be taught from Module 6. The selection of topics is based on:

- needs identified by community members
- priorities identified by the health centre staff, such as a large number of reported cases of malaria or TB, or outbreaks of preventable diseases in children
- priority needs identified by community leaders, for example a clean-up campaign
- patterns of unhealthy behaviours that need to be addressed, seen by CBHFA volunteers during their community activities

Topics 2 to 15 are accompanied by Community Tools. Volunteers will use the Community Tools to discuss health behaviours and to give key messages to community members. Information in the Community Tools includes how to recognize signs of illness, how to get help from health workers, and how to prevent illness and the spread of disease in the community.

The Community Map will be reviewed and revised in several of the topics.

Each topic summary will present content in a similar way:

- information about the topic and/or illness, such as where it comes from and how it spreads
- signs of illness
- treatment information about the illness
- how to prevent the illness
- actions volunteers can take in the community for health promotion and disease prevention

The flow for most topics in this module will follow a similar suggested outline. All exercises, methods and lesson plans are only suggestions. You are encouraged to adapt the materials, activities and timing to suit the needs of the volunteer participants.

- I.** Introduce the topic by asking volunteers what they know about the topic already. Their answers will help you to understand the volunteers' cultural beliefs about the illness/topic. It will also help you decide how much time you need to spend providing content information and clarifying any misunderstandings.
- II.** Discuss the burden or impact of the illness on members of the community.
- III.** Give a brief interactive presentation of the topic using information from the topic summary. Make sure to ask questions to elicit interest and familiarity with the topic.
- IV.** Conduct interactive classroom activities, such as small group presentations, role plays, case studies and competitive games, or rehearse community awareness campaigns to help volunteers promote key messages in the community.
- V.** Role play using Community Tools to communicate disease prevention and health promotion messages.
- VI.** Participate in and provide supportive supervision for community activities that involve behaviour change communication methods to work with individuals, households or community groups. These will include developing communication strategies, participating in health promotion campaigns, and partnering with local organizations to promote healthy behaviours in the community.

As always:

- read the topic summary before giving the training for each topic in this module. Be prepared to give a brief presentation on the content
 - read the facilitator instructions for the module, think about the specific needs of your audience and the training room, and be prepared to change or “tailor” how the content is presented to make it active for your audience
 - check the list of materials needed for each topic to ensure you have all you need
 - ensure that your training room is available
 - communicate the time and location for the training to the volunteers
 - bring a clock or wristwatch to keep track of time
 - prepare questions for the review activity at the end of each topic
 - arrange for field visits in advance
 - identify household members for each volunteer to visit
 - communicate clear objectives of field visits to community leaders
-

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Topic 1

Community health education and promotion



Learning objectives

At the completion of this topic, volunteers 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.
-



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 95 to 130 minutes to complete.

I. Introduction	Introduction to Module 6. Present information from the topic summary.	🕒 15-25 min.
II. Behaviour change communication (BCC) scenario discussion	Facilitator will present scenarios of BCC messages. Volunteers will evaluate how effective they are.	🕒 25-35 min.
III. Review of the Community Tools	Facilitator will review the purpose of the Community Tools introduced in Module 2.	🕒 15-20 min.
IV. Practise BCC	In groups, volunteers will use the Community Tools to develop one health message for the community using the steps for effective BCC.	🕒 40-50 min.



Materials and preparation

- Prepared presentation using the information from the topic summary.
- Three to five sheets of flipchart paper and coloured markers.
- Community Tools for topics selected in Module 6.



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. This is the essence of health behaviour change.

Starting new health behaviours or changing old behaviours takes time, and in many cases can be challenging because many barriers need to be overcome. People need to have a desire to change their health behaviours. People are also influenced by their:

- health beliefs
- family and social relationships
- body's physical responses
- environment

Improved health outcomes such as better health and/or quality of life should be the result of health behaviour change. For example, if volunteers effectively communicate the importance of childhood immunizations to community members, changed behaviours should result in:

- an increase in the number of children immunized in the community
- a subsequent reduced number of childhood illnesses that are preventable by immunizations

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 behaviours¹

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

Facilitating behaviour change communication in the community

WHAT information needs to be communicated?

When choosing what message to communicate, it is useful to:

1. promote a single clear message
2. use simple and easy-to-understand language
3. be specific about the message
4. focus the message so it includes realistic and achievable actions

WHO will communicate the information and who needs to receive it?

When deciding who should communicate a health message it is important to consider:

1. who is the best person to communicate the message?
2. who is the most informed or knowledgeable on the topic?
3. who speaks the local language and understands the cultural expectations?
4. who should receive the message, individuals or groups?
5. who has access to the groups that need to hear the message?

Some messages are best communicated by community leaders, such as informing mothers to get their children vaccinated during childhood immunization days.

Some messages are best communicated to individuals by CBHFA volunteers during a house-to-house visit.

¹ AIDSCAP/FHI. *Control of Sexually Transmitted Diseases*. Chapter 4: An approach to effective communication. Undated. AIDSCAP Electronic library. Information from: www.rhrc.org/resources/sti/hivaidmanual/resources/Day-2-Handouts/D2-Introduction-to-BCC.doc.

Communicating with 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

When communicating with adults it is important to respect the fact that adults learn in a different way from children.

- Adults have more life experience, and thus may be better prepared to build upon previous knowledge and experience.
- Adults are more aware of their life goals and learning needs and are motivated to learn because they understand the value of knowledge.
- Adults use their knowledge and experience in the learning process.
- Adults should be able to recognize the differences made by their behaviour changes.

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

WHY people need to change their behaviour

When people should change their behaviour, it is useful to:

1. communicate how people will benefit from changing their behaviour
2. promote how health and the needs for living can be improved as a result of behaviour changes

Some of the examples of why people should change their behaviour may include:

- feeling better
- being healthy
- living longer
- being able to work
- being able to take care of the family
- being productive and contributing to the community

HOW the information will be communicated

When choosing how to communicate a message, it is useful to consider:

1. how can the message be communicated effectively?
2. which materials can be used to communicate the message? Examples are:
 - written materials, such as newsletters or one-page flyers. These materials may not be good for groups who cannot read or write (low literacy groups)
 - pictures or drawings work well for children and low literacy groups. Signs and symbols can reinforce messages, such as the sign for “No smoking”
 - oral communication, such as story-telling or drama
 - a very simple acting out of a situation around a specific topic, known as role play. For example, a role play could include a family who collectively decides to begin washing their hands after using the toilet, and how this eventually decreases the number of illnesses amongst household members
 - discussion groups that bring people together around a specific topic of conversation. They may be a very effective method of communicating information in the community and may lead to increased dialogue among community members
 - interpersonal communication (IPC), that is talking directly to someone about issues that directly affect them. IPC is used to understand the specific needs the person has, and give them suggestions that relate to their situation. Examples of recipients of IPC are the mother of the family, the person with tuberculosis, or the aunt caring for HIV orphans

HOW OFTEN the message needs to be communicated

When choosing how often to communicate a message, it is useful to consider:

1. how often can the message be repeated?
2. what type of reinforcement can be given for positive actions and behaviour change?

Reinforcement, through frequent repetition, will help people adopt healthy living and behaviour change communication messages. Once the simple message has been determined, it should be repeated as often as possible to the individual or group.

WHEN the information should be communicated

When deciding the best time to communicate a message, it is useful to consider:

1. is the individual or group ready to initiate behaviour change?
2. what time of day or year is best to communicate the message?

Unless people understand the need for change they may be reluctant to listen to the information given. When there is an epidemic or when people are sick they are likely to do what is needed to get better. It is more difficult to communicate health promotion messages when there is no visible need. For example, talking about prevention of avian influenza may not be heeded if there are no cases of avian influenza in birds in the community.

Consider the time of year or day when people are more willing to listen to the information. For example, it may be useful to communicate messages about prevention of diarrhoea before the rainy season when diarrhoeal cases increase.

WHERE the best location is to communicate the message?

When deciding the location to choose to communicate a message, it is useful to consider:

1. where should the message be communicated?
2. what opportunities are there in the community to communicate health messages to large groups of people?

For example, schools are found in most communities and tend to be good places for introducing behaviour change communication messages about health, nutrition and first aid in communities because:

- teachers typically have skills to facilitate the learning process
- students can promote health education messages to their household members
- students can be prepared to be peer educators. As peer educators, students can reinforce messages to their fellow students, and team up with out-of-school youth to carry the message to other youth
- schools have buildings to use for community group meetings

Religious institutions are also a valuable resource for health promotion and disease prevention communication. It is critical that all religious institutions fully participate and be consulted in community health priority setting and messages because:

- religious figures are often community leaders who are involved in community decision-making and priority setting
- religious leaders and institutions can play a role in increasing the level of community participation in immunization campaigns, and other health-related activities
- religious leaders can encourage others to include stigmatized groups

Places of employment are good locations to promote health behaviours that can be applied at work. For example, correct and consistent hand-washing is a good message to communicate in places that handle food or animals, or work with other people.

Women's or men's groups that meet regularly are good places to promote health messages about family planning, safe motherhood or care of the newborn.

Sports teams may be open to information about first aid and injury prevention.

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 volunteers 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

The Community Tools

To complement CBHFA *in action* activities, volunteers will use the Community Tools when working with household and community members. Each tool is an easy-to-use summary of accurate information on a specific health topic. The Community Tools are designed to be used to help start conversations with household and community members. Each tool provides information that supports the behaviour change communication process that the CBHFA volunteer is developing with community members.

The Community Tools are based on similar educational tools developed by the African Red Cross and Red Crescent National Societies called the African Red Cross Red Crescent Health Initiative (ARCHI) 2010 Toolkit. National societies have found that the simple messages in each tool, when adapted to their local community needs, can help promote healthy behaviours and practices.

A CBHFA volunteer can promote healthy behaviours to household and community members by modelling them within his/her own household and by sharing information with neighbouring households.

How to use the Community Tools

This information is taken from Module 2, Topic 4. Facilitators may wish to review this topic before starting Module 6.

To use the tools effectively, preparation, discussion and practice are needed. During each session volunteers will be introduced to the tools and will be given an opportunity to practise using them in the classroom.

The Community Tools help to begin conversations with community members by including:

- pictures
 - questions to trigger a dialogue
 - key messages for the community about the topic
 - discussion of actions that can be taken to prevent the health issue or to improve it
-

The tools are designed to act as a guide to help promote healthy actions and activities of community members. With each tool, the volunteer needs to remember important messages and simple actions that can bring about changes in the community.

The Community Tools are flexible and should be adapted to the local context (the community in which the tools will be used). More information on adaptation is available in the Implementation Guide. For example, locally available foodstuffs that are recommended by health authorities for use in home-based care nutrition programmes can be identified in the appropriate tool. All adaptations must follow national or international guidelines.

Ask—Praise—Advise—Check

For most topics in this module, volunteers will be using Community Tools to communicate key messages to members of the community. During the classroom activities where they practise role playing using the Community Tools, volunteers will 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

Volunteer actions in the community

Volunteers are expected to use the Community Tools to give information to community members about healthy practices and encourage them to make changes to improve their health. Volunteers should model healthy behaviours in their own household. In order for healthy behaviours to be maintained, it is important for volunteers to give frequent positive reinforcement about the healthy behaviours they observe. They 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

References

Behavior Change Communication Handbook Series: AIDSCAP/Family Health International, 1996. Arlington, VA. Information from:
www.fhi.org/en/HIVAIDS/pub/guide/BCC+Handbooks/index.htm.

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www.rhrc.org/resources/sti/hivaidsmanual/resources/Day-2-Handouts/D2-Introduction-to-BCC.doc.

African Red Cross and Red Crescent Health Initiative, Toolkits for Volunteers 2010. *House-to-House Promotion and Prevention Guidelines*. Available from:
www.ifrc.org/Docs/pubs/health/archi/housetohouse.pdf.

Facilitator directions

I. Introduction to community health education and promotion

🕒 15-25 minutes

1. Welcome volunteers back to training.
2. Introduce the title and goal for Module 6. Review the learning objectives and volunteer expectations for each of the topics that will be taught in this module. Give a brief overview of the core topics selected.

Facilitator tip

You may wish to explain how and when each topic will be trained and get the volunteers to agree with your plan.

3. Introduce the topic objectives and agenda. Ask volunteers if anyone would like to review what they learned about communicating and building relationships during Module 2, Topic 1. Accept the following answers:

- Effective communication is a skill that can be developed and practised.
- Communicating effectively means:
 - following traditional practices and culture
 - making eye contact
 - being friendly
 - showing interest and respect
 - matching posture with the person with whom you are communicating
 - understanding problems
 - active listening
 - checking that people have understood
- Overcoming barriers to communication requires:
 - understanding the situation
 - being flexible
 - respecting all viewpoints

Facilitator tip

You may wish to review the main learning points in Module 2.

4. Give a presentation on the information included in the topic summary. Describe:
 - health promotion and disease prevention
 - health behaviour change
 - behaviour change communication (BCC)
 - facilitating behaviour change communication in the community
 - barriers to behaviour change
5. Answer volunteers' questions.
6. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box. The questions will be reviewed and addressed at the end of each topic

II. Facilitating BCC scenarios

🕒 25-35 minutes

1. Refer volunteers to Topic 1 in their Volunteer Manual. Explain that you will be reading three scenarios that contain a health promotion and disease prevention message. As a large group, volunteers will discuss and evaluate each message to decide if they use effective behaviour change communication.
2. For each scenario, ask the volunteers to answer the following questions?
 - What is the health promotion or disease prevention message?
 - Is the message specific and clear?
 - Is the message in simple and easy-to-understand language?
 - Is this the best person to communicate the message? If not, who would be a better person?
 - Is the message directed to the right people? If not, to whom should it be directed?
 - Is the method chosen to communicate the message effective? If not, what would be a better method?
 - Is this the best time to communicate this message? If not, what would be a better time?
 - Is this the best place to communicate this message? If not, what would be a better place?

Facilitator tip

The first two scenarios contain something that does NOT contribute to effective behaviour change communication. Encourage the volunteers to discuss why it is not effective and what can be done to improve it. For example, in scenario one it may be better if a female CBHFA volunteer met with the mother of a newborn instead of a male. In scenario two the message is not specific and clear, and it may be unlikely that a health worker tells people that he expects to see their children vaccinated. The messages the volunteers will evaluate are written in italic letters.

3. Read the first case study and guide the discussion.

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.

4. Read the next scenario and guide the discussion.

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.

5. Read the last scenario and guide the discussion.

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.

Facilitator tip

You may wish to create a scenario of your own, using examples of health promotion or disease prevention messages employed in your community.

III. Review of the Community Tools

 15-20 minutes

1. Give a short review of the information included in the topic summary and on the Community Tools in Module 2, Topic 4. Inform volunteers that there will be opportunities to practise using the Community Tools during the next sessions as they learn about the different health topics.

IV. Practise BCC

🕒 40-50 minutes

1. Divide the volunteers into groups of three to four people each. Explain that each group will discuss and decide on one behaviour change message they wish to communicate to their community.
2. Ask each group to prepare a brief presentation for the other groups on the health promotion or disease prevention information they will be communicating to the community, addressing:
 - WHAT is the message?
 - WHICH part of the information will get listeners to initiate change?
 - WHO will be communicating the information?
 - For WHOM is the information?
 - HOW will the information be communicated?
 - HOW OFTEN does it need to be communicated?
 - WHEN should the information be communicated?
 - WHERE is the best location to communicate the message?
3. Refer volunteers to the BCC checklist in Topic 1 of their Volunteer Manual.
4. Allow time for the groups to discuss and plan their presentations.

Facilitator tip

Circulate around the classroom and provide assistance as needed.

5. Ask each group to present their BCC message. Allow time for the other volunteers to give feedback on what each group did well and what they could do differently the next time.
6. Thank each group for their participation.
7. Ask volunteers how the Community Tools are used to promote health behaviour change.
8. Select a Community Tool that has been used in a previous topic. Ask volunteers to use the BCC checklist to evaluate the key messages.
9. Review the Ask-Praise-Advise-Check method.
10. Guide a brief discussion. Reinforce that as volunteers use the Community Tools in Module 6, they should think about how best to communicate the key messages so that they are effective.
11. State that many of the activities in Module 6 will be focused on how to use BCC skills for health promotion and disease prevention topics that they have selected.

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, volunteers 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).
-



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 170 to 240 minutes to complete, including classroom and community activity.

I. Introduction	Introduce the topic. Refer to information in the topic summary.	🕒 15-20 min.
II. Family planning gallery	In groups volunteers will write on flipchart paper what they know about various family planning methods, and will consider the most and least effective methods.	🕒 30-40 min.
III. Male and female condom demonstration and practice	Facilitator will review the correct steps for using a male and female condom. Volunteers will practise in pairs.	🕒 30-40 min.
IV. Role play	Using the Community Tools, volunteers will practise giving key messages to the community about family planning.	🕒 25-30 min.
V. Check your understanding	Self-assessment.	🕒 10-20 min.
VI. Activity in the community	Volunteers will use the Community Tools to communicate key messages about family planning.	🕒 60-90 min.



Materials and preparation

- Study the content in the topic summary.
- Twelve sheets of flipchart paper and markers.
- Pictures of various contraceptive methods.
- Prepared flipchart with the diagram “Effectiveness of preventing pregnancy” found in the topic summary.
- Male (and female, if available) condoms and anatomical model to practise demonstration, such as broomstick or bananas.
- Condoms for volunteers to practise.
- List of health centres in the community where contraception is available.



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).

Family planning is the ability to plan if and when to have a child. Family planning helps couples and individuals choose:

- when to have children
- how many children to have

An important aspect of family planning is birth spacing, which means being able to space the time between births for the health of the mother and whole family.

Knowledge about family planning methods and contraceptives, as well as access to family planning services, antenatal clinics and delivery services improves 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 planning methods

Pregnancy results from a man's sperm fertilizing a woman's egg. Contraception is any method or combination of methods that:

- blocks sperm from reaching the egg. Condoms and diaphragms work this way
- keeps the woman's ovaries from releasing eggs that could be fertilized. Birth control pills work this way
- prevents a fertilized egg from attaching to the womb. Intrauterine devices (IUDs) work this way
- permanently prevents a woman from getting pregnant or a man from being able to get a woman pregnant. Male and female sterilization work this way

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

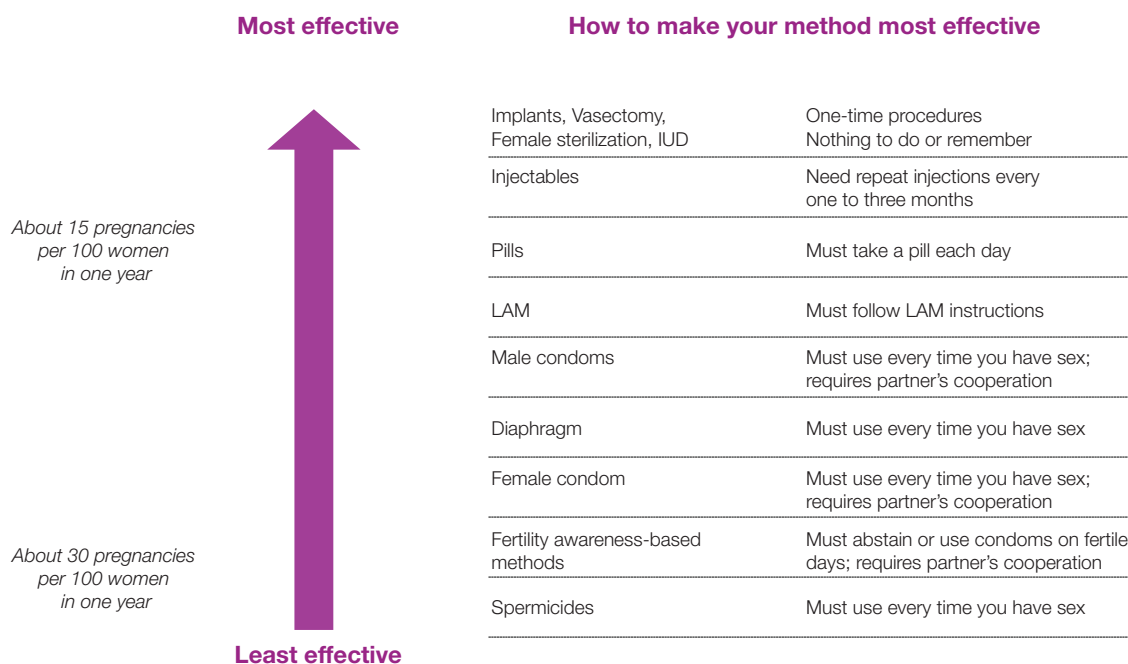
Medical methods

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

Effectiveness at preventing pregnancy



How to use a male condom

Using condoms consistently and correctly helps to prevent pregnancy as well as to 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.

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.
-

Volunteer actions in the community

CBHFA *in action* volunteers 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

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Facilitator directions

I. Introduction to family planning

 15-20 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous topic.
3. Ask volunteers how they have been using the Community Tools and the responses they have received from their community households. Share any feedback they have received about the Community Tools with the branch or chapter staff.
4. Introduce the topic objectives and agenda. Ask volunteers to brainstorm and describe the benefits of family planning. Record their responses on a flipchart. Refer to the topic summary to provide positive reinforcement for correct information. Provide any missing information.

Facilitator tip

Knowing what the volunteers currently know and think about family planning will help you to understand the beliefs about contraception in the community.

5. Ask volunteers where members of the community can access advice and services about family planning. Record their answers on a flipchart paper. Tape flipchart paper to the wall and save for activity in the community.

II. Family planning gallery

 30-40 minutes

1. If needed, briefly go over how pregnancy occurs.
2. As a large group ask volunteers to brainstorm the family planning methods of which they are aware. Record their responses on a flipchart paper.
3. Refer to the table in the topic summary and add any methods not mentioned to the list.

Facilitator tip

Carefully review the list. You may wish to eliminate any family planning methods not available in your country or community.

4. Divide volunteers into five groups. Assign each group two different family planning methods. Give each group flipchart paper and a marker. Ask each group to write what they know about each method:

- describe how it works
- strengths
- weaknesses

5. Explain that you will give each group time to write what they know about each method. You will then clap your hands and ask for each group to circulate clockwise to the next flipchart paper. After reading what the previous group has written, volunteers can add new information or correct any information they think is wrong. Explain that they will continue circulating until they have reviewed all five flipchart papers.

Facilitator tip

Reassure volunteers that it is acceptable if they do not know much about the methods. They should write what they know.

6. After all five groups have completed filling out the flipcharts, ask them to sit.
7. Check over the information on each flipchart. Refer to the topic summary and correct any incorrect information or add information not listed.
8. Ask for a volunteer from each group to come to the front of the classroom. Give each volunteer a coloured marker. Ask them to examine each flipchart and place a mark next to the family planning methods they think are most effective at preventing pregnancy.
9. Thank them and ask them to sit.
10. Ask for different volunteers from each group to come to the front of the classroom. Give each volunteer a marker. Ask them to examine each flipchart and place a mark next to the family planning methods they think are least effective at preventing pregnancy.
11. Thank them and ask them to sit.
12. Ask the whole group if they agree with the selections made. Refer to the prepared flipchart on the effectiveness of preventing pregnancy and provide positive reinforcement for similar responses.

III. Male and female condom demonstration and practice

 30-40 minutes

1. Refer to the topic summary and go over the steps for how to use a female condom. Ask volunteers to review the diagram in their Volunteer Manual. Demonstrate how to squeeze the inner ring. Pass the female condom around to allow volunteers to touch.
2. Refer to the topic summary and give a demonstration of how to use a male condom. State each step aloud as you demonstrate.
3. Give each volunteer a condom. Divide volunteers into small groups of three and give each group a stick or banana.
4. Ask volunteers to take turns playing one of these roles:
 - volunteer
 - community member
 - observer
5. Ask volunteers to review the checklist in Topic 2 of the Volunteer Manual. Ask observers to check off each step as it is completed. Observers should coach and give feedback after each practice.
6. Let volunteers practise teaching each other how to use a condom correctly.

Facilitator tip

Circulate around the room and give feedback as needed.

IV. Community Tools role play

 25-30 minutes

1. Review the key messages for the community in the Community Tools for family planning:
 - Pregnancies can be planned.
 - Planning pregnancies help 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.
2. Ask volunteers if there are any additional key messages.
3. Ask for two volunteers to come to the front of the classroom and practise role playing using the dialogue questions in Community Tools with a member of a community household.
4. After the role play encourage volunteers to give feedback on what they did well and what they could do differently.
5. Practise using condoms.
6. Divide the volunteers into groups of three people. Ask each group to practise using the Community Tools and take it in turns playing the following roles:
 - volunteer
 - community household member
 - observer
7. After each role play, ask the observer to give feedback on the volunteer's ability to communicate key messages.

V. Check your understanding

🕒 10-20 minutes

1. Ask volunteers to review the main learning points for Topic 2 in the Volunteer Manual.
2. Ask volunteers to work in pairs to complete the check your understanding self-assessment in Topic 2 of the Volunteer Manual. Remind volunteers that the self-assessment is to check their understanding of the information covered so far.
3. Allow enough time for everyone to complete.

Facilitator tip

If the majority of volunteers are NOT able to read and write, you may want to read the questions aloud and let the volunteers share responses verbally. If only a few volunteers cannot read and write, then help them individually by coaching them through the questions and asking them to tell you the answers.

4. Review the answers by asking the volunteers to share their responses.

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.

5. Congratulate volunteers for correct responses.

VI. Activity in the community

🕒 60-90 minutes

1. Ask volunteers which actions they can take to promote family planning in the community. Record their responses on a flipchart. Refer to the topic summary and add any further information.
2. Review the flipchart with the list of family planning centres in the community recorded earlier. Update as needed.
3. Review community activity.

community activity:

- Use Community Tools with members of your community household to:
 - a. discuss the benefits of family planning
 - b. ensure household members know where they can access family planning advice and services
 - c. discuss common contraceptive methods
 - d. demonstrate proper condom use
 - Visit a family planning centre. Meet with health workers and learn what services they provide. Learn what contraceptives they can give and the costs of their services. Ask how Red Cross Red Crescent volunteers can help promote family planning in the community.
 - Chose one volunteer action discussed in the classroom that you can model and teach members of your family. Begin practising this behaviour today.
4. Ask volunteers to conduct the first community activity and choose two others.
 5. Ask volunteers to discuss the results of each activity when they return to the classroom.
 6. Negotiate a time for the next classroom session. State that when they return they will discuss the results of their community activity.
 7. Coach and supervise volunteers during the field visit.
 8. Encourage volunteers to share what they have learnt with members of their household.
-

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		

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 3

Safe motherhood



Learning objectives

At the completion of this topic, volunteers 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

Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 145 to 210 minutes to complete, including classroom and community activity.

I. Introduction	Group discussion from the topic summary.	 20-30 min.
II. Safe birth checklist	Volunteers will create a safe birth checklist with information to use with pregnant women during household visits.	 30-40 min.
III. Role play	Using the Community Tools, volunteers will practise giving key messages to the community about safe motherhood.	 25-30 min.
IV. Check your understanding	Self-assessment.	 10-20 min.
V. Activity in the community	Volunteers will use the Community Tools to communicate key messages about safe motherhood.	 60-90 min.

Materials and preparation

- One to three sheets of flipchart paper and coloured markers.
- Two flipcharts prepared with the list of healthy practices during pregnancy and household preparation for a safe birth. See topic summary.
- List of antenatal centres and birth facilities in the community.
- List of centres that offer HIV and STI testing and counselling for prevention of mother-to-child transmission of HIV.
- List of where prenatal vitamins and other nutritional supplements are available in the community.
- Invite a health worker or birthing assistant to come to the session to share information about safe motherhood in the community.



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.²

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.

Volunteers 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

² Facts for Life. Safe Motherhood. United Nations Children's Fund, New York, 2002. Available from: www.unicef.org/ffi/02.
World Health Organization, Making Pregnancy Safer. Information from: www.who.int/making_pregnancy_safer/en..

Household preparation for safe birth

Volunteers 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 bleeding³

Danger signs of complicated pregnancy and delivery

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

- 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)
- no movement of the baby
- pregnant woman does not gain weight

Volunteer actions in the community

CBHFA *in action* volunteers 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

³ *Safer Motherhood 2000*. The Communication Initiative Network. Information from: www.comminet.com/en/node/212302.

References

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Facilitator directions

I. Introduction to safe motherhood

 20-30 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous topic.
3. Ask volunteers how they have been using the Community Tools and the responses they have received from their community households. Share any feedback they have received about the Community Tools with the branch or chapter staff.
4. Introduce the topic objectives and agenda. Ask female volunteers who have children to share their experiences regarding care during their pregnancy and childbirth. Ask male volunteers to share their perspectives regarding female family members who have recently experienced pregnancy and childbirth.
5. Facilitate a brief discussion about community delivery practices and ideas about safe motherhood.
6. Ask volunteers to raise their hands if there are any members of their community household groups who are currently pregnant or who recently delivered a child.
7. Ask volunteers to share what they think are healthy practices during pregnancy. Refer to the flipchart prepared earlier with information from the topic summary. Discuss each healthy practice.

Facilitator tip

You may need to explain the reason for some of the healthy practices:

- balanced diet (see Module 6 Topic 5)
- tetanus vaccine (see Module 6 Topic 6)
- HIV and STI testing and counselling (see Module 6 Topic 11)

8. Ask volunteers if they know what some of the danger signs during pregnancy and childbirth are. Record their responses on flipchart paper. Refer to the topic summary and ensure all the danger signs are discussed and that volunteers understand the importance of immediate referral for any of the early danger signs for pregnancy or delivery complications.
9. Ask the group if they know of anyone who has experienced any of these danger signs and what was done for them. Ask if anyone is aware where the nearest health centre is located to which they can refer pregnant women during an emergency. Provide any additional referral resources as needed.
10. Answer volunteers' questions.
11. Congratulate the volunteers for their responses.
12. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box. The questions will be reviewed and addressed at the end of each topic.

II. Safe birth checklist

 30-40 minutes

Facilitator tip

You may wish to ask a birth attendant or health worker to come to this session and provide the reason why each of these preparation steps is important.

1. Refer to the flipchart taken from the topic summary on household preparation for safe births. Ask the group if any of the topics on the list seem new to them.
2. Facilitate a discussion on how easy or difficult families expecting delivery in the community may find it to comply with this list. Discuss how to overcome any barriers or constraints.
3. Divide volunteers into groups of four people each. Ask each group to review the two flipcharts with lists of healthy pregnancy practices and household preparation for safe birth.
4. Inform the groups that they should prepare a volunteer checklist that they can use during household visits with families who are expecting a child. Explain that their list must include information from both flipchart lists. The group must decide:
 - the order of each item on the checklist. Which items should be checked or completed early in the pregnancy? Which items should be checked or completed towards the end of the pregnancy?
 - the frequency that each item will be checked with household members
 - how volunteers will know that the item has been completed by the household member. What can the volunteers do to evaluate its achievement?
5. Allow groups sufficient time to prepare their checklists.

Facilitator tip

You may need to assign at least one person who is able to write to each group. If nobody is able to write, ask the group to discuss their checklist.

6. Ask each group to present their checklist and the results of their discussion.
7. Thank the groups for their participation.

III. Community Tools role play

🕒 25-30 minutes

1. Review the key messages for the community in the Community Tools for safe motherhood.
 - 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.
2. Ask volunteers if there are any additional key messages.
3. Ask for two volunteers to come to the front of the classroom and practise role playing using the dialogue questions in Community Tools with a member of a community household.

Facilitator tip

You may wish to ask them to use information from their own checklist.

4. After the role play encourage volunteers to give feedback on what they did well and what they could do differently.
5. Divide the volunteers into groups of three. Ask each group to practise using the Community Tools and take it in turns playing the following roles:
 - volunteer
 - community household member
 - observer
6. After each role play, ask the observer to give feedback on the volunteer's ability to communicate key messages.

IV. Check your understanding

 10-20 minutes

1. Ask volunteers to go over the main learning points for Topic 3 in the Volunteer Manual.
2. Ask volunteers to work in pairs to complete the check your understanding self-assessment found in Topic 3 of the Volunteer Manual. Remind volunteers that the self-assessment is to check their understanding of the information covered so far.
3. Allow enough time for everyone to complete.

Facilitator tip

If the majority of volunteers are not able to read and write, you may want to read the questions aloud and let the volunteers share responses verbally. If only a few volunteers cannot read and write, then help them individually by coaching them through the questions and asking them to tell you the answers.

4. Check the answers by asking the volunteers to share their responses.

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.
5. Congratulate volunteers for correct responses.

VI. Activity in the community

🕒 60-90 minutes

1. Ask volunteers which actions they can take to promote safe motherhood in the community. Record their responses on a flipchart. Refer to the topic summary and add any additional information.
2. Review community activity.

community activity:

- Use Community Tools with pregnant members of your community household to:
 - a. discuss the benefits of healthy pregnancy practices
 - b. give information about the early danger signs of complications of pregnancy and childbirth
 - Use the safe birth checklist to help pregnant mothers prepare for a safe birth.
 - Visit a health centre to discuss emergency deliveries in the community. Learn what volunteers can do to help with transportation and communication in the event of an emergency.
3. Ask volunteers to conduct one of the suggested activities.
 4. Negotiate a time for the next classroom session. State that when they return they will discuss the results of their community activity.
 5. Coach and supervise volunteers during the field visit.
 6. Encourage volunteers to share what they have learnt with members of their household.

Topic 4

Care of a newborn



Learning objectives

At the completion of this topic, volunteers 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.
-



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 130 to 200 minutes to complete, including classroom and community activity.

I. Introduction	Group discussion from the topic summary.	🕒 20-30 min.
II. Scenario discussion	Volunteers will discuss four different scenarios in groups and present their conclusions to the large group.	🕒 20-30 min.
III. Role play	Using the Community Tools, volunteers will practise giving key messages to the community about care of a newborn.	🕒 20-30 min.
IV. Check your understanding	Self-assessment.	🕒 10-20 min.
V. Activity in the community	Volunteers will use the Community Tools to communicate key messages about care of the newborn, breastfeeding and infant immunizations.	🕒 60-90 min.



Materials and preparation

- One to three sheets of flipchart paper and coloured markers.
- Review the topic summary for Module 6 Topic 6 on childhood immunizations.
- A copy of the national vaccination schedule for children under one year of age. You can obtain this from health workers who give vaccinations, or from the ministry of health.
- Information about vaccination campaigns in the community.
- Posters promoting breastfeeding (optional). These may be available from UNICEF, World Health Organization or the national department of health.



Topic summary

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

- breastfeeding
- childhood immunization
- disease prevention and health promotion

Household care of a newborn

- It is important to practise proper hygiene when handling a newborn. Birth attendants and mothers should wash hands before the delivery and when handling the baby.
- It is important to keep a newborn baby warm at birth to prevent heat loss, even in hot climates. This can be done by wrapping the baby immediately, or by drying and putting the baby skin to skin with the mother with a cloth over the baby. Delay bathing.
- Babies should be put to the breast immediately, within the first hour after birth. The first breast milk (thick and yellow) that comes immediately after birth protects the baby from infections.
- Keep cord clean and dry.
- Both mother and baby should be seen by a health worker within twelve hours of birth.

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. Volunteers can work with mothers to help them find solutions and 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 drink⁴

⁴ Facts for Life. *Breastfeeding*. United Nations Children's Fund. New York (2002). Available from: www.unicef.org/ffi/04/key_messages.htm.

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.

Baby food

- Begin introducing foods when the baby is six months old.
- Introduce foods gradually to allow the baby to adjust to new tastes.
- Give small amounts of mashed-up food from the family pot, or make a porridge.
- Feed the baby with a clean spoon and bowl.
- Prepare food with clean utensils.
- Do NOT store food. Give a little fresh food each time.
- It is normal for babies to spit food out as they learn to eat.

Breastfeeding and HIV

There is a risk that a woman infected with HIV can pass the disease on to her infant through breastfeeding. Women who are infected or suspect that they may be infected with HIV should talk to a trained health worker for testing, counselling and advice on how to reduce the risk of infecting their child. Before the baby is born women living with HIV should talk to a trained health worker about breastfeeding.

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

CBHFA *in action* volunteers 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

References

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Facilitator directions

I. Introduction to care of a newborn

 20-30 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous topic.
3. Ask volunteers how they have been using the Community Tools and the responses they have received from their community households. Share any feedback they have received about the Community Tools with the branch or chapter staff.
4. Introduce the topic objectives and agenda. Ask volunteers to raise their hands if they have taken care of a newborn before. Ask those who raise their hand to describe their experience and some of the challenges.
5. Refer to the topic summary and give an interactive presentation describing:
 - care of newborns
 - danger signs in a newborn that require immediate medical attention
 - benefits of breastfeeding
 - national vaccination schedule for infants under one year of age
6. Answer volunteers' questions.
7. Ask volunteers to share some of the cultural beliefs and challenges that may prevent a mother from breastfeeding during the first six months of a baby's life. Ask volunteers to brainstorm solutions to overcome these challenges. Record their responses on a flipchart.
8. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box. The questions will be reviewed and addressed at the end of each topic.

II. Newborn scenarios

 20-30 minutes

1. Divide the volunteers into four groups. Provide each group with a different scenario about caring for newborns. Ask each group to discuss their scenario and then present it with their answers to the large group.

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?

Facilitator tip

Suggest volunteers refer to the main learning points in their Volunteer Manual.

2. Allow time for the groups to discuss their scenarios. In a large group, ask each group to read their scenario out loud and present the outcomes of their discussion. Facilitate a whole group discussion about any issues that were brought up.
3. Thank the groups for their participation.

III. Community Tools role play

🕒 20-30 minutes

1. Review the key messages for the community in the Community Tools for care of the newborn.
 - 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.
2. Ask volunteers if there are any additional key messages.
3. Ask for two volunteers to come to the front of the classroom and practise role playing using the dialogue questions in Community Tools with a member of a community household.
4. After the role-play encourage volunteers to give feedback on what they did well and what they could do differently.
5. Divide the volunteers into groups of three people. Ask each group to practise using the Community Tools and take it in turns playing the following roles:
 - volunteer
 - community household member
 - observer
6. After each role play, ask the observer to give feedback on the volunteer's ability to communicate key messages.

IV. Check your understanding

 10-20 minutes

1. Ask volunteers to review the main learning points for Topic 4 found in the Volunteer Manual.
2. Ask volunteers to work in pairs to complete the check your understanding self-assessment found in Topic 4 of the Volunteer Manual. Remind volunteers that the self-assessment is to check their understanding of the information covered so far.
3. Allow enough time for everyone to complete.

Facilitator tip

If the majority of volunteers are not able to read and write, you may want to read the questions aloud and let the volunteers share responses verbally. If only a few volunteers cannot read and write, then help them individually by coaching them through the questions and asking them to tell you the answers.

4. Check the answers by asking the volunteers to share their responses.

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.

5. Congratulate volunteers for correct responses.

VI. Activity in the community

🕒 60-90 minutes

1. Ask volunteers which actions they can take to promote breastfeeding and childhood immunizations in the community. Record their responses on a flipchart. Refer to the topic summary and add any further information.
2. Review community activity.

community activity:

- Use Community Tools with new parents or expectant parents in your community to:
 - a. give information on how to care for a newborn
 - b. promote the benefits of breastfeeding
 - c. discuss the recommended schedule for breastfeeding
 - d. give information about the danger signs in a newborn that require immediate medical attention
 - e. encourage mothers and babies to be checked after birth
 - f. promote childhood immunizations and give information on the national vaccination schedule
 - Meet with women in the community to learn what problems they face that may hinder breastfeeding.
 - Talk to members of your community to promote childhood immunizations.
 - Meet with traditional birth attendants and health workers and learn what you can do to help promote breastfeeding in the community.
3. Ask volunteers to conduct one of the suggested activities.
 4. Negotiate a time for the next classroom session. State that when they return they will discuss the results of their community activity.
 5. Coach and supervise volunteers during the field visit.
 6. Encourage volunteers to share what they have learnt with members of their household.

Topic 5

Nutrition



Learning objectives

At the completion of this topic, volunteers 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



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 155 to 225 minutes to complete, including classroom and community activity.

I. Introduction	Word association icebreaker. Brief presentation from the topic summary. List of foods that give energy, growth and protection.	🕒 30-45 min.
II. Communicating nutrition	Volunteers will create a BCC campaign about nutrition for various community groups.	🕒 40-45 min.
III. Role play	Using the Community Tools, volunteers will practise giving key messages to the community about breastfeeding and nutrition.	🕒 15-25 min.
IV. Check your understanding	Self-assessment.	🕒 10-20 min.
V. Activity in the community	Volunteers will use the Community Tools to promote breastfeeding and good nutrition.	🕒 60-90 min.



Materials and preparation

- Ten sheets of flipchart paper and coloured markers.
- Pictures of different nutritious foods available in the community. If possible, bring in samples of nutritious foods.
- The name and location of the nearest health worker or health centre that can treat severely malnourished children.
- List of places where vitamins and nutritional supplements are sold.
- Recipes that include nutritious foods (optional).
- You may want to use the needs for living model to discuss the relationship between food and the other parts of the model (optional).



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.⁵

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

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.

Breast milk alone is the only food and drink an infant needs for the first six months. After six months infants need other foods in addition to breast milk. Children aged six months to two years should be fed at least five times a day in addition to continued breastfeeding.

Children need to eat foods rich in vitamin A. Vitamin A helps to resist illnesses and prevent night blindness. Vitamin A occurs in fruits and vegetables (especially orange and yellow fruits and vegetables), oils, fatty fish, eggs, dairy products, breast milk, or Vitamin A supplements.

Children need to eat foods rich in iron. Lack of iron causes anaemia and can impair physical and mental development. Iron occurs in liver, lean meats, fish, eggs, green leafy vegetables, and iron pills. Children need iodine to prevent learning disabilities and delayed development. Iodine is found in iodized salt.

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.

Baby food

- Begin introducing foods when the baby is six months old.
- Introduce foods gradually to allow the baby to adjust to new tastes.
- Give small amounts of mashed-up food from the family pot, or make a porridge.
- Feed the baby with a clean spoon and bowl.
- Prepare food with clean utensils.
- Do NOT store food. Give a little fresh food each time.
- It is normal for babies to spit food out as they learn to eat.

⁵ World Health Organization (2008). Health topics. *Nutrition*. 2008. See: www.who.int/topics/nutrition/en.

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.

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.⁶

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.

⁶ World Health Organization (2008). Health Topics. *Malnutrition*.
See: www.who.int/child_adolescent_health/topics/prevention_care/child/nutrition/malnutrition/en.

Signs of malnutrition

There are two types of malnutrition: wasting and swelling.

Children with any signs of malnutrition must be taken immediately to a health centre for treatment.

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

Signs of malnutrition with “swelling” include:

- 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

Volunteer actions in the community

CBHFA *in action* volunteers 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

References

United Nations Children’s Fund (2002) Facts for Life. See: *Nutrition and Growth, Breastfeeding*. Available from: <http://www.unicef.org/ffl>.

World Health Organization website. Health topics (2008). See: *Nutrition, Malnutrition, Obesity, Diet*. 2008. Available from: www.who.int/topics/en.

Facilitator directions

I. Introduction to nutrition

 30-45 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous topic.
3. Ask volunteers how they have been using the Community Tools and the responses they have received from their community households. Share any feedback they have received about the Community Tools with the branch or chapter staff.
4. Introduce the topic objectives and agenda. Begin the session by asking all the volunteers to stand in a circle. Go round the circle asking volunteers to each say one word that describes nutrition.

Facilitator tip

This activity is an icebreaker and opener. It should get volunteers to reflect on the topic and to make associations between nutrition and good health. The volunteers' responses will help you to assess what they currently associate with nutrition.

5. Ask volunteers to sit down. Present an interactive presentation on the information in the topic summary. Describe:
 - foods for energy, growth and protection
 - nutrition and children
 - benefits of breastfeeding
 - signs of malnutrition
 - when to refer a person with malnutrition to a health centre

Facilitator tip

Use pictures or samples of food.

6. Answer volunteers' questions.
7. Divide volunteers into groups of four or five people. Provide each group with flipchart paper and markers. Ask each group to make a list of foods available in the community at different times or seasons of the year. After their list is complete, ask them to identify whether the foods are for energy, growth, or protection.
8. Ask each group to present their list to the large group.

II. Communicating nutrition

 40-45 minutes

1. Allow volunteers to choose which group to join for the next activity. Explain the activity. The objective is to design a behaviour change communication campaign on nutrition for each of the following five groups:
 - schoolchildren aged five to ten years
 - young people aged 13 to 18
 - pregnant women
 - mothers with children under two years of age
 - mothers with children 2 to 12 years of age.
2. Ask volunteers to refer to the main learning points in their Volunteer Manual to help focus the messages to each age group. Encourage volunteers to be creative with their campaign. Suggest that they can create a role play, a poster, a presentation or any other method they feel would be appropriate.
3. Remind volunteers about the steps to planning a BCC message.
 - WHAT will be communicated
 - WHO will communicate the information
 - WHY people need to change their behaviour
 - HOW the information will be communicated
 - HOW OFTEN the message will be communicated
 - WHEN the information will be communicated
 - WHERE the information will be communicated
4. Ask volunteers to select their work group. Allow 20 minutes for each group to plan their campaign.
5. Ask each group to present their BCC campaign.

III. Community Tools role play

 15-25 minutes

1. Review the key messages for the community in the Community Tools for nutrition:
 - 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.
 2. Ask volunteers if there are any additional key messages.
 3. Divide the volunteers into small groups of three people. Ask each group to practise using the Community Tools and take it in turns playing the following roles:
 - volunteer
 - community household member
 - observer
 4. After each role play, ask the observer to give feedback on the volunteer's ability to communicate key messages.
-

IV. Check your understanding

🕒 10-20 minutes

1. Ask volunteers to review the main learning points for Topic 5 found in the Volunteer Manual.
2. Ask volunteers to work in pairs to complete the check your understanding self-assessment found in Topic 5 of the Volunteer Manual. Remind volunteers that the self-assessment is to check their understanding of the information so far.
3. Allow enough time for everyone to complete.

Facilitator tip

If the majority of volunteers are not able to read and write, you may want to read the questions aloud and let the volunteers share responses verbally. If only a few volunteers cannot read and write, then help them individually by coaching them through the questions and asking them to tell you the answers.

4. Check the answers by asking the volunteers to share their responses.

Answer key

1. **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.
2. **How many months should infants have breast milk alone?**
 - The first six months.
3. **List two foods that give energy:**
 - Rice, potato, cassava, millet/sorghum, maize, edible oil.
4. **List two foods that protect against illness:**
 - Fruits and vegetables.
5. **List two foods that help the body to grow:**
 - Eggs, beans, lentils, milk, nuts, meat or fish.
6. **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.

Continues on next page

Answer key (continued)

7. **What should you do if you see a child who is malnourished?**
 - Refer them to the health centre immediately.
 8. **What are three nutrients every child should have in their diet?**
 - Vitamin A, iron, iodine.
 9. **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.
 10. **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.
5. Congratulate volunteers for correct responses.

V. Activity in the community

 60-90 minutes

1. Ask volunteers to reflect on the most important issues regarding nutrition in the community.
2. Facilitate a brief discussion and ask volunteers what they would like to do to address the issues.
3. Review community activity.

community activity:

- Use the Community Tools with members of your community household to promote the benefits of breastfeeding and good nutrition.
 - Talk to staff at the health centre to learn if malnutrition is common in the community. Ask what the health centre is doing to respond to the problem.
 - Work with other volunteers to collect recipes for foods that contain nutritious foods. Discuss plans to create a recipe book with community women.
 - Identify where nutritional supplements are available in the community.
 - Talk to school officials about arranging a talk on nutrition.
4. Ask volunteers to conduct the first community activity and choose one other.
 5. Ask volunteers to discuss the results of each activity when they return to the classroom.
 6. Negotiate a time for the next classroom session. State that when they return they will discuss the results of their community activity.
 7. Coach and supervise volunteers during the field visit.
 8. Encourage volunteers to share what they have learnt with members of their household.

Topic 6

Immunization and vaccination campaigns



Learning objectives

At the completion of this topic, volunteers 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.



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 125 to 190 minutes to complete, including classroom and community activity.

I. Introduction	Presentation from the topic summary.	20-25 min.
II. Case study discussion	Volunteers will discuss actions needed to promote routine immunizations in the community.	20-30 min.
III. Role play	Using the Community Tools, volunteers will practise giving key messages to the community about childhood immunizations and vaccination campaigns.	15-25 min.
IV. Check your understanding	Self-assessment.	10-20 min.
V. Activity in the community	Volunteers will use the Community Tools to communicate key messages about childhood immunizations and vaccination campaigns.	60-90 min.



Materials and preparation

- One to three sheets of flipchart paper and markers.
- A copy of the national vaccination schedule. You can obtain this from health workers who give vaccinations or from the ministry of health.
- Information about vaccination campaigns in the community.
- Information about National Immunization Days.
- Prepared case study specific to your community regarding the promotion of immunizations. A sample is provided in the facilitator directions.



Topic summary

Immunizations protect children against diseases in childhood. Routine vaccinations are provided in all countries. Vaccinations protect against six diseases:

- polio
- pertussis (whooping cough)
- diphtheria
- tetanus
- tuberculosis
- measles

In some countries children may also be vaccinated against hepatitis B, *Haemophilus influenzae* type B, rotavirus, and/or yellow fever. Some countries may introduce pneumococcal vaccine or meningococcal meningitis vaccine by 2010.

All children, including most who are sick or 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.

To protect themselves and their babies against tetanus, 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.

Breastfeeding gives some natural protection against childhood illnesses. All children must still be immunized.

Vaccines are safe, especially when compared to the diseases they prevent. Serious complications rarely occur.⁷ 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. Some countries may use DTaP, a newer version of DTP, and many countries add hepatitis B and/or Hib to the same injection as DPT.

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.

⁷ World Health Organization Fact Sheet No. 288 (2005) *Immunization against diseases of public health importance*. Available from: www.who.int/mediacentre/factsheets/fs288/en/index.html.

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.⁸ 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).

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. Many countries use tetravalent vaccine (DPT plus hepatitis B vaccine) instead of plain DPT. Some give pentavalent, which is tetravalent plus Hib vaccine, against *Haemophilus influenzae* type b.

⁸ World Health Organization. Immunization, Vaccines and Biologicals. *Vitamin A Supplementation*. Available from: www.who.int/vaccines/en/vitamina.shtml.

Recommended tetanus vaccination schedule for pregnant women*

Dose	Vaccine
First dose	■ Tetanus vaccine
Second dose	■ Tetanus vaccine one month after the first dose
Third dose	■ Tetanus vaccine at least six months after the second dose
Fourth dose	■ Tetanus vaccine in next pregnancy
Fifth dose	■ Tetanus vaccine in following pregnancy

* National immunization schedules may vary from country to country. Five tetanus vaccines, given at least at the minimum intervals, 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.

Emergency vaccinations to prevent epidemics

When an epidemic threatens a community, health officials may recommend emergency vaccinations. During emergency epidemic situations, all eligible people should be vaccinated according to the recommendations of health workers. If there is a threat of measles, a priority will be made to vaccinate children under 15 years of age because they are most at risk. CBHFA Module 5 discusses volunteer activities during an emergency.

If polio reappears in a polio-free country, the country should organize polio vaccination campaigns in areas at high risk.

Volunteer actions in the community

CBHFA *in action* volunteers 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

References

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World Health Organization. Immunization, Vaccines and Biologicals. *Vitamin A Supplementation*. Available from: www.who.int/vaccines/en/vitamina.shtml.

Facilitator directions

I. Introduction to immunization and vaccination campaigns

🕒 20-25 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous topic.
3. Ask volunteers how they have been using the Community Tools and the responses they have received from their community households. Share any feedback they have received about the Community Tools with the branch or chapter staff.
4. Introduce the topic objectives and agenda. Begin the session by asking the volunteers if they know which childhood diseases can be prevented by vaccines. Record their responses on a flipchart.
5. Once the list is complete, ask volunteers if they are aware of the national vaccination schedule.

Facilitator tip

Refer to the national vaccination schedule.

6. Refer to the topic summary and give a presentation on:
 - how vaccines work
 - vaccines included in the national vaccination schedule
 - safety of vaccines
 - recommended tetanus vaccination schedule for pregnant women
 - vaccination campaigns in the community
 - National Immunization Days
7. Answer volunteers' questions.

II. Promoting immunizations case study

 20-30 minutes

1. Explain to volunteers that they will work in a group to respond to a case study and prepare a plan for promoting immunizations in the community.

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?

Facilitator tip

This is a sample case study. To make it more relevant, you may wish to change the case study to fit the specific challenges of your community or use an example from your own experience.

2. Ask volunteers what they can do in their community to help promote childhood immunizations.
3. Guide a discussion on their responses. Record responses on flipchart.

III. Community Tools role play

 15-25 minutes

1. Review the key messages for the community in the Community Tools for immunization.
 - 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.
2. Ask volunteers if there are any additional key messages.
3. Divide the volunteers into groups of three people. Ask each group to practise using the Community Tools and take it in turns playing the following roles:
 - volunteer
 - community household member
 - observer
4. After each role play, ask the observer to give feedback on the volunteer's ability to communicate key messages.

IV. Check your understanding

🕒 10-20 minutes

1. Ask volunteers to review the main learning points for Topic 6 found in the Volunteer Manual.
2. Ask volunteers to work in pairs to complete the check your understanding self-assessment found in Topic 6 of the Volunteer Manual. Remind volunteers that the self-assessment is to check their understanding of the information covered so far.
3. Allow enough time for everyone to complete.

Facilitator tip

If the majority of volunteers are not able to read and write, you may want to read the questions aloud and let the volunteers share responses verbally. If only a few volunteers cannot read and write, then help them individually by coaching them through the questions and asking them to tell you the answers.

4. Check the answers by asking the volunteers to share their responses.

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.
5. Congratulate volunteers for correct responses.

V. Activity in the community

 60-90 minutes

1. Ask volunteers to identify actions that they wish to promote for routine immunizations in the community. Remind them to consider the case study.
2. Review community activity.

community activity:

- Use the Community Tools with members of your community household to promote the childhood immunizations and vaccination campaigns in your community.
 - Talk to health workers in the community to learn where and when vaccines are given.
 - Talk to leaders, health workers and other organizations to learn what is done in the community to promote immunization.
 - Talk to community members about immunization:
 - a. Find out what they think about vaccination and vaccine-preventable diseases.
 - b. Count the number of households that vaccinate their children.
 - c. Identify why families do not vaccinate their children.
 - d. Educate and promote the benefits of immunization to those families who have not immunized their children.
3. Ask volunteers to conduct the first community activity and choose one other.
 4. Negotiate a time for the next classroom session. Remind volunteers that they will discuss the results of their community activity at the next session.
 5. Coach and supervise volunteers during the field visit.
 6. Encourage volunteers to share what they have learnt with members of their household.
-

Topic 7

Safe water, hygiene and sanitation



Learning objectives

At the completion of this topic, volunteers 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.



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 185 to 255 minutes to complete, including classroom and community activity.

I. Introduction	Brief presentation from the topic summary. Review of the needs for living model.	20-30 min.
II. Group activity	In small groups volunteers will discuss questions about one of the five practices for safe water, hygiene and sanitation. The whole group will consider the Community Map. They will discuss actions they can take to promote safe water, sanitation and hygiene in the community.	60-70 min.
III. Washing hands demonstration and practice	Facilitator will give a demonstration of proper hand-washing technique. Volunteers will practise.	10-15 min.
IV. Role play	Using the Community Tools, volunteers will practise giving key messages to the community about safe water, hygiene and sanitation.	25-30 min.
V. Check your understanding	Self-assessment.	10-20 min.
VI. Activity in the community	Volunteers will use the Community Tools to communicate key messages about safe water, hygiene and sanitation.	60-90 min.



Materials and preparation

- Three to five sheets of flipchart paper and coloured markers.
- Needs for living model.
- Prepared flipchart with a list of the five important practices for safe water, hygiene and sanitation to prevent diarrhoeal diseases. Refer to the topic summary.
- Community Map completed in Module 3.
- Hand soap and water (if possible, use running water).
- Clean cloth or paper towel.
- Hand sanitizer (if available).
- You may wish to invite a volunteer who has been trained in Participatory Hygiene and Sanitation Transformation Series (PHAST) to describe the two-day programme.



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.

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)

Five points for safe water, hygiene and sanitation

1. sanitary behaviours
2. safe water sources
3. preservation of water supplies
4. proper food hygiene
5. cleanliness in the home and environment

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

Preservation of water supplies

- The usage of a community's water supply must be agreed upon by the community itself. Water use may include drinking, washing clothes, bathing, hand-washing and washing children.
 - Water for washing clothes may be used again for flushing, cleaning, irrigation and other household needs.
 - Communities need to be aware of water preservation by ensuring leaks to containers are fixed. Water consumption needs to be carefully managed.
-

Food hygiene

- Hand-washing and cleanliness when preparing, cooking and storing food is important.
- Cook foods well. Meats and other animal products such as eggs need to be cooked very well to kill germs.
- Wash all vegetables and fruit with safe water before eating.
- Utensils (plates, pots, and cutlery) need to be washed with soap and clean water before cooking, serving and eating food.
- Food should be covered when stored. Stored food should be reheated before consumption.

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.

Correct hand-washing technique

Wet hands with water, preferably running water

Use soap or ash

Rub 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 hands with a clean or disposable towel

Use a towel to turn off running water

Proper use of an alcohol-based hand sanitizer

Alcohol-based hand sanitizers, which do not require water, are an alternative to hand-washing, particularly when water and soap or ash are not available. Use only the alcohol-based products that contain at least 60 per cent alcohol. Apply a small amount of the sanitizer to the palm of your hand and rub your hands together, covering all surfaces of your hands, until they are dry

If your hands are visibly dirty, wash with water and soap or ash rather than a sanitizer.

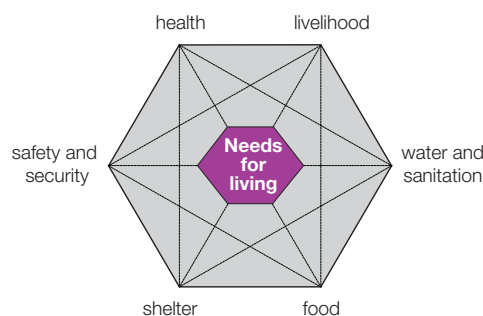
When to wash hands

- before preparing food
- before eating or feeding a child
- after using the toilet or latrine
- after handling faeces or changing a soiled child
- before and after taking care of a sick person
- after blowing nose, sneezing or coughing

Volunteer actions in the community

CBHFA *in action* volunteers 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 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:



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Facilitator directions

I. Introduction to safe water, hygiene and sanitation

 20-30 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous topic.
3. Ask volunteers how they have used the Community Tools. Ask about responses they have received from community households. Share any feedback they have received about the Community Tools with the branch or chapter staff.
4. Introduce the topic objectives and agenda. Ask volunteers which practices put people in the community at risk of diarrhoea. Accept the following answers:
 - drinking unsafe water
 - disposing of faeces unsafely
 - not practising good personal and household hygiene
5. Ask volunteers to define “hygiene”. Accept answers that include practising behaviours to ensure good health and cleanliness.
6. Refer to the topic summary. Define “safe water” and give an explanation of which diseases are caused by unsafe water and poor hygiene and how they are passed from person to person.

Facilitator tip

If they have selected Topic 8, state that they will learn more on how to prevent diarrhoea and treat dehydration. Review Topic 8 for additional information.

7. Refer back to the needs for living model introduced in Module 1. Ask if anyone would like to describe how water, good hygiene and sanitation affect health, food, shelter, livelihood, and safety of the community. Accept answers similar to the following:
 - having enough water for farms provides food
 - drinking safe water prevents diarrhoeal diseases
 - keeping shelters clean and practising good household hygiene can prevent diseases
 - having safe water sources and preserving water supplies ensures the health of the community
 - community members who practise good hygiene, drink safe water and prepare foods using good hygiene are healthy and can maintain their livelihood

Facilitator tip

You may need to coach the volunteers to elicit the responses by asking questions such as: “How can having enough water for farming affect the community?”

8. Answer volunteers’ questions.
9. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box, especially if they feel uncomfortable asking questions in the full group.

II. Community and volunteer actions

🕒 60-70 minutes

1. Display the flipchart with the list of five important practices for clean water, hygiene and sanitation:
 - sanitary behaviours
 - safe water sources
 - preservation of water supplies
 - proper food hygiene
 - cleanliness in the home and environment
2. Allow volunteers to choose one practice that interests them and ask them to divide into five groups based on the practice they have chosen.

Facilitator tip

Makes sure there is a minimum of two people per group to make this activity interactive.

3. Ask each group to discuss the following questions and prepare a brief presentation on their conclusions to the large group.

discussion items

- Describe what this practice means to you.
- Describe why this practice is important to the community.
- What is the community currently doing about this practice?
- What are you as volunteers doing about this practice?
- What can be done in the community to improve this practice?
- Design one question you can ask your community household members to begin a dialogue about this practice.

Facilitator tip

It may help to have this list of discussion items listed on a flipchart.

4. Give the groups 20 minutes for their discussion.
5. Ask each group to give a presentation about their group discussion. After each presentation ask the large group for feedback and additional information. Refer to the topic summary and provide further information as needed.
6. After all five groups have presented the outcomes of their discussions, refer the volunteers to the Community Map completed in Module 3.

7. In a large group ask volunteers to call out the answers to the following questions.

discussion items

- Where are the water sources in the community (e.g. wells, springs, rain water, rivers, communal water, municipal water)?
 - Which water sources are safe?
 - Which water sources are NOT safe?
 - Which toilet or latrine facilities are available in the community?
 - Where and how is waste disposed of in the community?
 - How do community members clean clothes?
 - Where is food provided for sale?
8. Update the Community Map as needed.
9. Ask volunteers the following questions and record their responses on a flipchart. Accept the following answers:

Answer key

1. **What can community members do if water is not safe to drink or prepare food?**
 - Boil, filter, or treat.
2. **What can community members do to keep stored water safe?**
 - Keep free from animals and waste.
 - Store safe water in clean and covered containers.
 - Empty and clean water containers weekly.
3. **What can community members do to practise good food hygiene?**
 - Wash hands before preparing food, feeding children, and eating.
 - Wash all fruits and vegetables with safe water before eating.
 - Cook foods well. Meats and other animal products such as eggs need to be cooked very well to kill germs.
 - Wash utensils (plates, pots and cutlery) with soap and clean water for cooking, serving and eating food.
 - Cover foods to be stored in clean containers.
 - Reheat stored food before consumption.
4. **What can community members do to practise good personal hygiene?**
 - Wash hands, face, body and teeth.
 - Wash clothes.
5. **What can community members do to practise good household hygiene?**
 - Clean house and keep clear of refuse. Sweep floors.
 - Clean toilet and toilet areas.
 - Keep water sources and toilet areas separate.
 - Burn, bury, or dispose of rubbish in appropriate areas.

10. Congratulate the volunteers for their contributions and participation in this activity.

Facilitator tip

You may want to take a break and conduct an energizer when they return.

III. Demonstration and practice

🕒 10-15 minutes

1. Ask volunteers when hands should be washed. Refer to the topic summary for correct answers.
2. Go over the steps for proper hand-washing.
3. Demonstrate the steps for proper hand-washing, while reading the steps out loud.
4. Let volunteers practise proper hand-washing.
5. If available, demonstrate how to use a hand sanitizer.
6. Let volunteers practise cleaning hands with hand sanitizer.

IV. Community Tools role play

🕒 25-30 minutes

1. Review the key messages for the community in the Community Tools for safe water, hygiene and sanitation.
 - 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
2. Ask volunteers if there are any additional key messages.
3. Ask for two volunteers to come to the front of the classroom and practise role playing using the dialogue questions in Community Tools with a member of a community household.
4. After the role play encourage volunteers to give feedback on what they did well and what they could do differently.
5. Divide the volunteers into groups of three people. Ask each group to practise using the Community Tools and take it in turns playing the following roles:
 - volunteer
 - community household member
 - observer
6. After each role play, ask the observer to give feedback on the volunteer's ability to communicate key messages.

V. Check your understanding

🕒 10-20 minutes

1. Ask volunteers to review the main learning points for Topic 7 found in the Volunteer Manual.
2. Ask volunteers to work in pairs to complete the check your understanding self-assessment found in Topic 7 of the Volunteer Manual. Remind volunteers that the self assessment is to check their understanding of the information covered so far.
3. Allow enough time for everyone to complete.

Facilitator tip

If the majority of volunteers are not able to read and write, you may want to read the questions aloud and let the volunteers share responses verbally. If only a few volunteers cannot read and write, then help them individually by coaching them through the questions and asking them to tell you the answers.

4. Check the answers by asking the volunteers to share their responses.

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.
5. Congratulate volunteers for correct responses.

VI. Activity in the community

🕒 60-90 minutes

1. Ask the volunteers to call out which actions they can take as volunteers to help community members learn about safe water, sanitation and hygiene. Record their responses on a flipchart. Refer to the topic summary for suggested responses.
2. Review the community activity.

community activity:

- Use the Community Tools with members of your community household to promote :
 - a. drinking safe water
 - b. disposing of faeces safely
 - c. keeping the community clean
 - d. practising good hygiene
 - e. preserving water supplies
 - f. practising proper food hygiene
 - Meet with community health and sanitation leaders and Red Cross Red Crescent staff to help organize special clean-up days for the community. Discuss which areas require special clean-up actions.
 - Encourage community household members to wash their hands at critical times.
 - Talk to community households about the importance of using and cleaning latrines and toilet areas.
 - Learn how many members of the community need latrines or toilets. Find out which partner organizations help dig latrines. Help to organize labour and materials to help community members dig and build latrines.
 - Talk with elders and leaders about their need for safe water. Identify non-governmental organizations that can promote community action to help keep water supplies clean and safe.
3. Ask volunteers to conduct the first community activity and choose one other.
 4. Negotiate a time for the next classroom session. State that volunteers will discuss the results of each activity when they return to the classroom.
 5. Coach and supervise volunteers during the field visit.
 6. Encourage volunteers to share what they have learnt with members of their household.

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, volunteers 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.



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 140 to 200 minutes to complete, including classroom and community activity.

I. Introduction	Volunteers will prepare flipcharts on causes, signs, treatment and prevention of diarrhoea.	🕒 30-40 min.
II. ORS preparation	Facilitator will demonstrate how to prepare ORS with packet.	🕒 15-20 min.
III. Role play	Using the Community Tools, volunteers will practise giving key messages to the community about diarrhoea and dehydration.	🕒 25-30 min.
IV. Check your understanding	Self-assessment.	🕒 10-20 min.
V. Activity in the community	Volunteers will use the Community Tools to communicate key messages about diarrhoea prevention and treatment.	🕒 60-90 min.



Materials and preparation

- Five sheets of flipchart paper. Label each flipchart with one of the following:
 1. Causes of diarrhoea
 2. Signs of dehydration
 3. First aid for dehydration
 4. When to refer to a health centre
 5. Prevention of diarrhoea
- Coloured markers and tape.
- Sample packet of ORS.
- One litre of safe water.
- Measuring cups and spoons.
- Samples of zinc tablets from a health centre.
- List where ORS packets can be obtained in the community and the cost per packet.

Facilitator tip

Training for this topic should be given after Topic 7, Safe water, hygiene and sanitation. If Topic 7 was NOT selected during the community assessment, it is recommended that you become familiar with the content from the topic summary.



Topic summary

Diarrhoea is the passage of three or more loose, watery stools in one day. Diarrhoea can lead to dehydration.

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.

It is important to refer persons with severe diarrhoea and signs of dehydration to a health centre immediately.

Common causes of diarrhoea

Diarrhoea is most commonly caused by germs from:

- drinking unsafe water
- eating foods prepared with unsafe water
- eating spoiled foods or uncooked meats
- not washing hands
- living in unclean conditions

Signs of dehydration

- sunken eyes with little or no tears when crying
- dry mouth and tongue
- thirst
- little or no urine: babies who have fewer 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

How to prepare Oral Rehydration Solution (ORS) and give 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 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

Avoid with diarrhoea

Do NOT give to someone with diarrhoea:

- soft drinks
- sweetened tea
- sweetened fruit drinks
- coffee
- local medicines and teas

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.

Volunteer actions in the community

CBHFA *in action* volunteers 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

References

UNICEF (2002) Facts for Life. *Diarrhoea*. Available from: www.unicef.org/ffl/07.

African Red Cross Red Crescent Health Initiative, Volunteer Toolkits 2010. *Diarrhoea*. Available from: www.ifrc.org/Docs/pubs/health/archi/diarrhoea.pdf.

Facilitator directions

I. Introduction to diarrhoea and dehydration

 30-40 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous topic.
3. Ask volunteers how they have used the Community Tools. Ask about responses they have received from community households. Share any feedback they have received about the Community Tools with the branch or chapter staff.
4. Introduce the topic objectives and agenda. Ask volunteers to define diarrhoea. Refer to the topic summary and provide positive reinforcement for correct answers.
5. Using the flipchart labelled “Causes of diarrhoea,” ask volunteers to share what they think causes diarrhoea. Refer to the topic summary and record accurate responses on the flipchart.

Facilitator tip

Ignore incorrect responses by asking if there are any other suggestions. Note that there are other causes of diarrhoea besides germs, such as stress, medicines and certain foods. For the purpose of this topic you will focus on the most common cause: germs such as bacteria, viruses, parasites and worms.

6. Divide volunteers into four groups. Give each group one of the prepared flipcharts. Give each group a different coloured marker to identify their group in the activity.
7. Explain that each group will have two minutes to write as much as they can about the topic written on the flipchart. After two minutes they will move on clockwise to the next flipchart, read what the previous group has written and add further information. Explain that they may correct any information they think is incorrect.
8. Ask groups to begin. Clap your hands after two minutes and ask groups to move on.
9. Repeat five times.
10. Once the groups return to the flipchart where they started, they should look over what others have added and discuss whether they agree with the information.
11. Ask each group to present their flipchart. Refer to the topic summary and provide positive reinforcement for correct answers. Clarify any incorrect information. Add any information that is missing.
12. Call attention to the following:
 - Diarrhoea can be especially serious for children under five years of age, and can result in death if not treated immediately.
 - Children with diarrhoea should be breastfed more frequently.
 - Treat diarrhoea by giving plenty of safe water, food-based fluids and ORS.
 - Refer to health centre for signs of dehydration, blood in the stool, fever, or severe diarrhoea.
13. Post flipcharts on the wall.
14. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box. The questions will be reviewed and addressed at the end of each topic.

II. ORS preparation

 15-20 minutes

1. Explain that Oral Rehydration Solution (ORS) prevents the body from getting dehydrated and can reduce the risk of death from diarrhoea.
2. Pass around a packet of oral rehydration salts.
3. Ask volunteers if they have used or seen these packets. If anyone raises their hand ask them to share where they are available in the community and how much they cost. If nobody has used them, provide the information.
4. Ask for a volunteer to read the instructions on the packet.
5. Demonstrate how to prepare ORS using the oral rehydration salt packet.

Facilitator tip

Do not forget to wash your hands (with water and soap, or water and ash) first, or role play washing your hands.
If volunteers have their own drinking container, offer a small amount of ORS for them to taste.

6. Ask volunteers what can be done if oral rehydration salt packets are not available in the community or in the home. Provide positive reinforcement for those who state giving other food-based fluids such as on the list above.

III. Community Tools role play

 25-30 minutes

1. Review the key messages for the community in the Community Tools for diarrhoea.
 - 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
2. Ask volunteers if there are any additional key messages.
3. Ask for two volunteers to come to the front of the classroom and practise role playing using the dialogue questions in Community Tools with a member of a community household.
4. After the role play encourage volunteers to give feedback on what they did well and what they could do differently.
5. Divide the volunteers into groups of three people. Ask each group to practise using the Community Tools and take it in turns playing the following roles:
 - volunteer
 - community household member
 - observer
6. After each role play, ask the observer to give feedback on the volunteer's ability to communicate key messages.

IV. Check your understanding

 10-20 minutes

1. Ask volunteers to review the main learning points for Topic 8 in the Volunteer Manual.
2. Ask volunteers to work in pairs to complete the check your understanding self-assessment found in Topic 8 of the Volunteer Manual.
3. Allow enough time for everyone to complete.

Facilitator tip

If the majority of volunteers are not able to read and write, you may want to read the questions aloud and let the volunteers share responses verbally. If only a few volunteers cannot read and write, then help them individually by coaching them through the questions and asking them to tell you the answers.

4. Check the answers by asking the volunteers to share their responses.

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).
5. Congratulate volunteers for correct responses.

V. Activity in the community

 60-90 minutes

1. Ask volunteers what practices they can begin today in their household to prevent diarrhoea. Record responses on a flipchart.
2. Ask volunteers what actions they can take to prevent diarrhoea in the community. Record their responses on a flipchart. Refer to the topic summary and add any further information.
3. Review the community activity.

community activity:

- Use the Community Tools with members of your community household to talk about prevention of diarrhoea and how to recognize and treat dehydration.
 - Teach community members how and when to wash their hands.
 - Teach community households how to prepare ORS correctly.
 - Talk to mothers about the importance of breastfeeding alone for the first six months of life.
 - Find out where ORS packets are available in the community. Ask how much they cost and how frequently they are stocked. Share this information with community members and encourage them to keep ORS available in the home.
 - Talk to your National Society and learn how volunteers can obtain ORS packets free of charge from organizations such as UNICEF.
 - Learn how many households do NOT have toilets or latrines. Work with your National Society to find out which groups will help build latrines.
 - Encourage community members to have their children vaccinated according to the national immunization schedule.
4. Ask volunteers to conduct the first community activity and choose two others.
 5. Negotiate a time for the next classroom session. State that volunteers will discuss the results of each community activity when they return to the classroom.
 6. Coach and supervise volunteers during the field visit.
 7. Encourage volunteers to share what they have learnt with members of their household.
-

Topic 9

Acute respiratory infections



Learning objectives

At the completion of this topic, volunteers 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



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 110 to 165 minutes to complete, including classroom and community activity.

I. Introduction	Introduce the topic. Refer to information in the topic summary.	20-25 min.
II. Role play	Using the Community Tools, volunteers will practise giving key messages to the community.	20-30 min.
III. Check your understanding	Self-assessment.	10-20 min.
IV. Activity in the community	Volunteers will use the Community Tools to communicate key messages about ARI.	60-90 min.



Materials and preparation

- Study the content in the topic summary.
- Two to three sheets of flipchart paper and markers.



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.

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 ARIs.

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.

Breastfeeding provides protection against infections. Breastfeeding babies during the first two years of life and beyond (exclusively for the first six months) can reduce the risk of respiratory infections.

Danger signs of acute respiratory infections

Food-based fluids should also be given to someone sick with diarrhoea. Good fluids include:

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	

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

CBHFA *in action* volunteers 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
-

Facilitator directions

I. Introduction to acute respiratory infections

🕒 20-25 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous topic.
3. Ask volunteers how they have been using the Community Tools and the responses they have received from their community households. Share any feedback they have received about the Community Tools with the branch or chapter staff.
4. Introduce the topic objectives and agenda. Ask volunteers to describe what they know about acute respiratory infection and how it is treated.
5. Refer to information in the topic summary and give an interactive presentation describing:
 - what are ARI
 - danger signs of ARI
 - early recognition of ARI
 - treatment of ARI
6. Answer volunteers' questions.
7. Refer to the topic summary and lead a guided discussion on ways to prevent respiratory infections in the household. Record volunteer responses on flipchart and tape to the classroom wall.

II. Community Tools role play

 20-30 minutes

1. Review the key messages for the community in the Community Tools for acute respiratory infections.
 - 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.
2. Ask volunteers if there are any additional key messages.
3. Ask for two volunteers to come to the front of the classroom and practise role playing using the dialogue questions in Community Tools with a member of a community household.
4. After the role play encourage volunteers to give feedback on what they did well and what they could do differently.
5. Divide the volunteers into groups of three people. Ask each group to practise using the Community Tools and take it in turns playing the following roles:
 - volunteer
 - community household member
 - observer
6. After each role play, ask the observer to give feedback on the volunteer's ability to communicate key messages.

III. Check your understanding

🕒 10-20 minutes

1. Ask volunteers to review the main learning points for Topic 9 found in the Volunteer Manual.
2. Ask volunteers to work in pairs to complete the check your understanding self-assessment found in Topic 9 of the Volunteer Manual.
3. Allow enough time for everyone to complete.

Facilitator tip

If the majority of volunteers are not able to read and write, you may want to read the questions aloud and let the volunteers share responses verbally. If only a few volunteers cannot read and write, then help them individually by coaching them through the questions and asking them to tell you the answers.

4. Check the answers by asking the volunteers to share their responses.

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.

5. Congratulate volunteers for correct responses.

IV. Activity in the community

 60-90 minutes

1. Ask volunteers to share which actions they can take to prevent and treat ARI, including pneumonia. Refer to the topic summary for additional information.
2. Review community activity.

community activity:

- Use the Community Tools with members of your community household.
 - Learn how your National Society is working with the national health programme to prevent and treat pneumonia in your country.
 - Meet with local health workers and discuss the common ARI in your community. Ask what you can do to prevent ARIs.
 - Talk to a health worker about Integrated Management of Childhood Illness (IMCI). Learn what the national vaccination schedule is, and bring information to share with other volunteers.
3. Ask volunteers to conduct the first community activity and choose one other.
 4. Negotiate a time for the next classroom session. State that when they return they will discuss the results of their community activity.
 5. Coach and supervise volunteers during the field visit.
 6. Encourage volunteers to share what they have learnt with members of their household.
-

Topic 10 (optional)

Malaria prevention and control



Learning objectives

At the completion of this topic, volunteers 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



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 140 to 200 minutes to complete, including classroom and community activity.

I. Introduction	Introduce the topic. Refer to information in the topic summary.	🕒 15-20 min.
II. Discussion	Large group discussion on how to prevent malaria in the community. Review of mosquito nets.	🕒 20-25 min.
III. Role play	Using the Community Tools, volunteers will practise giving key messages to the community about malaria.	🕒 35-45 min.
IV. Check your understanding	Self-assessment.	🕒 10-20 min.
V. Activity in the community	Volunteers will use the Community Tools to communicate key messages about malaria prevention and control to community household members.	🕒 60-90 min.



Materials and preparation

- Prepared presentation using the information from the topic summary.
- Twelve sheets of flipchart paper and markers.
- Pictures of mosquito nets properly hung and tucked under mattress or mat.
- If possible, an opened long-lasting insecticide-treated mosquito net (LLIN).
- Samples of mosquito coils and repellents sold in community stores (optional).
- List of health centres and/or ministry of health workers in the community where malaria treatment is given.
- List of places mosquito nets can be obtained, and if applicable, their cost.
- Community Map completed in Module 3.



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

Signs of malaria

- The most common sign of malaria is fever.
- Other symptoms of malaria may include:
 - headache
 - pain in the joints
 - sweating and chills
 - severe vomiting
 - difficulty eating or drinking
 - convulsions/fits
- Malaria that is not treated immediately may lead to severe illness. Signs of severe malaria illness include:
 - vomiting
 - convulsions or fits
 - drowsiness and unconsciousness
- It is important that anyone with signs of malaria be taken immediately to a health centre.
- Malaria in pregnant women can cause anaemia, miscarriage, premature birth and low birth weight babies.

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)

Preventing mosquito bites:

- Mosquito nets are one of the most important ways to protect against malaria. Nets that have been treated with a long-lasting insecticide (LLIN) which lasts for three to five years, are recommended. You should:
 - make sure the net is tucked under the mattress or mat to prevent mosquitoes from entering
 - follow guidelines provided with net on washing, care and retreatment
 - repair small tears and holes immediately to prevent further tearing and preserve net
- Screen windows and doors, especially in rooms where people sleep.
- Wear long sleeved clothes.
- Use mosquito repellent on the skin.
- Burn mosquito coils.

Recognizing signs of malaria:

- Recognize signs of malaria and get immediate help.
- Ensure that anyone on malaria treatment finishes the full course of treatment.
- Ensure that anyone who continues to have fever while on malaria medicine goes to the health centre.

Participating in government prevention programmes:

- Support malaria control activities in the community such as indoor residual spray (IRS).
 - Encourage pregnant women to go to an antenatal clinic to get intermittent preventive treatment (IPT) and a LLIN.
 - Encourage children to complete vaccination and to receive a LLIN.
-

Types of mosquito net

There are three types of mosquito net:

1. untreated
2. treated with insecticide (ITN)
3. treated with long-lasting insecticide (LLIN)

The most effective long-lasting insecticide-treated mosquito nets have been approved by WHOPEP (World Health Organization Pesticides Evaluation Scheme) and are effective for three to five years.

Type of mosquito net	Information	Advantages
Untreated	<ul style="list-style-type: none"> ■ Sold in markets or in shops ■ Does NOT come with an insecticide to put on the net ■ Can be treated with insecticide to improve protection 	An untreated mosquito net will offer protection to the person sleeping under it. Mosquitoes will bite people who are not protected by the net.
Treated	<ul style="list-style-type: none"> ■ Sold in markets, shops or through health centres ■ Have either been dipped in an insecticide or have an insecticide in the package for the buyer to use to treat the net ■ Must be retreated with insecticide every 6-12 months to remain effective 	A treated mosquito net will kill or disable a mosquito. In this way, the person sleeping under the net is protected. The net may offer protection to others sleeping in the same room.
Long-lasting insecticide-treated mosquito net (LLIN)	<ul style="list-style-type: none"> ■ Distributed free of charge during mass campaigns ■ Distributed free of charge to pregnant women and children under five years of age at health centres ■ Sold in shops or at health centres but are more expensive than other types of nets ■ Treated with an insecticide that will last for 3-5 years ■ Long lasting nets do not need to be retreated 	The biggest advantage of a long-lasting insecticide-treated net is that it does not need to be retreated. Like a treated mosquito net, a long-lasting net may offer some protection to people who are in the same room but not sleeping under the net.

Volunteer actions in the community

CBHFA *in action* volunteers 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

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Facilitator directions

I. Introduction to malaria prevention and control

🕒 15-20 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised doing in their homes and in the community as a result of the previous session.
3. Ask volunteers how they have been using the Community Tools and the responses they have received from their community households. Share any feedback they have received about the Community Tools with the branch or chapter staff.
4. Introduce the topic objectives and agenda. Ask volunteers if they know what causes malaria. Refer to the topic summary to provide positive reinforcement for correct information and give any incorrect or missing information.
5. Ask volunteers if they know of anyone who has had malaria. Ask volunteers who raise their hands to describe what they know about malaria.

Facilitator tip

Knowing what the volunteers currently know and think about malaria will help you to determine if there are any myths or cultural beliefs about malaria in the community.

6. Refer to the topic summary and give a brief interactive presentation on:
 - what is malaria and what causes it
 - those most at risk of dying from malaria
 - signs of malaria
 - treatment for malaria
7. Stress the importance of getting immediate medical attention at the earliest recognition of signs of malaria, especially for babies, children under five years of age and pregnant women.
8. Ask for a volunteer to briefly review the basic first aid for fever found in Module 4 Topic 17.
9. Answer volunteers' questions.
10. Ask volunteers where members of the community can access treatment for malaria. Record their answers on a flipchart paper. Tape flipchart paper to the wall and save for activity in the community.

II. Prevention discussion

 20-25 minutes

1. Ask volunteers to share how the spread of malaria infection can be prevented.
2. Record their responses on flipchart paper.
3. Refer to the topic summary to give any information not mentioned.
4. Review the list elicited from the volunteers. Ask volunteers to choose the most effective preventive measure. Provide positive reinforcement for:
 - sleeping under long-lasting insecticide-treated mosquito nets, especially children under five years of age and pregnant women
5. Ask volunteers how many of them currently sleep under mosquito nets.
6. Reinforce that, as volunteers, it is important that they model positive disease prevention behaviours. Encourage those who do not have mosquito nets to obtain them.
7. Refer to the topic summary and facilitate a discussion about the three different kinds of mosquito net. Reinforce that the most effective nets are LLIN and should replace other nets.

III. Community Tools role play

 35-45 minutes

1. Review the key messages for the community in the Community Tools for malaria prevention and control.
 - 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.
2. Ask volunteers if there are any additional key messages.
3. Demonstrate how to teach household families to hang and tuck in mosquito nets properly, using pictures found in the Community Tools.
4. Ask for two volunteers to come to the front of the classroom and practise role playing using the dialogue questions in Community Tools with a member of a community household.
5. After the role play encourage volunteers to give feedback on what they did well and what they could do differently.
6. Divide the volunteers into groups of three people. Ask each group to practise using the Community Tools and take it in turns playing the following roles:
 - volunteer
 - community household member
 - observer
7. After each role play, ask the observer to give feedback on the volunteer's ability to communicate key messages.

IV. Check your understanding

🕒 10-20 minutes

1. Ask volunteers to review the main learning points for Topic 10 found in the Volunteer Manual.
2. Ask volunteers to work in pairs to complete the check your understanding self-assessment found in Topic 10 of the Volunteer Manual.
3. Allow enough time for everyone to complete.

Facilitator tip

If the majority of volunteers are not able to read and write, you may want to read the questions aloud and let the volunteers share responses verbally. If only a few volunteers cannot read and write, then help them individually by coaching them through the questions and asking them to tell you the answers.

4. Check the answers by asking the volunteers to share their responses.

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.

5. Congratulate volunteers for correct responses.

V. Activity in the community

🕒 60-90 minutes

1. Review the Community Map completed in Module 3. Ask volunteers to identify potential mosquito breeding grounds in the community. Add them to the Community Map.
2. Divide the volunteers into groups of four or five people. Provide each group with a sheet of flipchart paper and markers.
3. Ask each group to discuss and list actions volunteers can take to prevent and control the spread of malaria in their community.
4. Allow time for discussion.
5. In the large group ask volunteers to share their lists.
6. Refer to the topic summary and provide any additional suggestions for volunteer actions.
7. Review community activity.

community activity:

- Use Community Tools with members of your community household to discuss:
 - a. sleeping under nets, especially children and pregnant women
 - b. promoting the use of long-lasting insecticide-treated mosquito nets
 - c. early recognition of fever or other signs of malaria
 - d. prompt treatment
 - Choose one volunteer action discussed in the classroom that you can model and teach members of your family. Begin practising this behaviour today.
 - Choose one volunteer action discussed in the classroom that you can use to encourage your community household members to practise malaria prevention and control.
 - Choose one community campaign discussed in the classroom that you would like to collaborate on with other volunteers. Meet with volunteers and plan how to implement the campaign in the next two weeks.
 - Find out where various mosquito nets are available in the community and how community members can obtain them. If there are no nets available, find out how the Red Cross Red Crescent National Society can partner with the ministry of health or other organizations to bring them to the community free of charge.
 - Meet with health workers in the community health centres to learn more about malaria treatment available and when the health centre is open.
 - Ask community household members if they are sleeping under mosquito nets:
 - a. provide positive reinforcement to those who do
 - b. discuss barriers with those who do not
8. Ask volunteers to conduct the first community activity and choose three others.
 9. Negotiate a time for the next classroom session. State that when they return they will discuss the results of their community activity.
 10. Coach and supervise volunteers during the field visit.
 11. Encourage volunteers to share what they have learnt with members of their household.

Topic 11 (optional)

HIV and sexually transmitted infections



Learning objectives

At the completion of this topic, volunteers 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.



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 200 to 285 minutes to complete, including classroom and community activity.

I. Transmission	Volunteers will identify names or pictures of ways in which HIV is or is NOT transmitted.	🕒 20-30 min.
II. Stigma and discrimination	Volunteers will develop and present a drama about the sensitive topic of HIV in the community.	🕒 40-50 min.
III. Prevention	Volunteers will act out how the spread of HIV and STIs can be prevented.	🕒 15-25 min.
IV. Male and female condom demonstration and practice	Facilitator will review the correct steps for using a male and female condom. Volunteers will practise in pairs.	🕒 30-40 min.
V. Check your understanding	Self-assessment.	🕒 10-20 min.
VI. Role play	Using the Community Tools, volunteers will practise giving key messages to the community about HIV and STI prevention.	🕒 25-30 min.
VII. Activity in the community	Volunteers will use the Community Tools to communicate key messages about HIV and STI prevention.	🕒 60-90 min.

Facilitator tip

HIV and AIDS can be a sensitive topic in many communities. There may be strong stigma, fear and discrimination associated with people living with HIV and their families. It will be important to visit your ground rules and ask volunteers to maintain confidentiality regarding any information about members of the community. Be prepared to discuss HIV stigma and taboos, and cultural beliefs about using condoms.



Materials and preparation

- One to three sheets of flipchart paper and markers.
- Prepare small pieces of paper or note cards, one for each volunteer. Draw a small circle on the back of one card. Draw a small square on the back of another card.
- Prepare small pieces of paper that describe the ways HIV can be transmitted. If possible, use pictures. Refer to the topic summary. Place them on the floor in the centre of the classroom before the session.
- Prepare small pieces of paper that describe the ways HIV is NOT transmitted. If possible, use pictures. Refer to the topic summary. Place them on the floor in the centre of the classroom before the session.
- Place a sign labelled “Transmitted” on one wall of the training room. Place another sign labelled “NOT transmitted” on the opposite wall of the training room.
- Tape or pins.
- Male and female condoms and something to demonstrate on, such as a penis model, a broomstick or bananas.
- Condoms for volunteer practice.
- List of health centres in the community where STI and voluntary counselling and testing (VCT) for HIV is done.
- You may wish to invite a counsellor from a local VCT centre to come to this session to be available for questions.



Topic summary

STIs

Sexually transmitted infections or 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.

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

Signs of HIV

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

- feeling tired all the time
 - fever or night sweats
 - increase in number of infections
 - rashes and sores on the skin
 - sudden loss of weight
 - long-lasting diarrhoea
 - white patches inside the mouth and throat
 - women may have an increased number of vaginal yeast infections
 - getting sick with tuberculosis (TB)
-

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 living with HIV should be evaluated and treated promptly if they have signs of TB. It is important to refer people with TB for voluntary counselling and testing (VCT) of HIV.

Signs of STIs

- soreness or a rash around the penis, vagina or anus
- discharge from the penis, vagina or anus
- pain when urinating
- lumps or tenderness in the groin
- sore throat
- pain or discomfort during sexual intercourse

With some sexually transmitted infections, there may not be any noticeable signs. Even without signs, the infection can be transmitted. If one partner has signs of a STI, their sexual partner(s) needs to be tested and treated to prevent re-infection.

Treatment of HIV and STIs

HIV and STIs can be treated. Some STIs can be cured. There is no cure for HIV. If treated, however, many people can live for a long time.

It is important to visit the health centre if there are any signs of STIs and HIV.

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.

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.

Volunteer actions in the community

CBHFA *in action* volunteers 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 VCT centres 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

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Facilitator directions

I. Introduction to HIV and sexually transmitted infections

🕒 20-30 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous topic.
3. Ask volunteers how they have used the Community Tools. Ask about responses they have received from community households. Share any feedback they have received about the Community Tools with the branch or chapter staff.
4. Introduce the topic objectives and agenda.
5. Point out the papers (with names or drawings) on the floor. State that they are ways in which HIV is or is NOT transmitted. Point out the two signs you have posted on either side of the training room.
6. Ask volunteers to pick up and tape the papers on the corresponding wall. Provide volunteers with tape or pins.
7. Explain that volunteers can remove a paper from one side and move it to the other if they disagree. Allow enough time for all items to be taped to the walls.

Facilitator tip

Do not provide assistance with the answers. Observe the volunteers during this activity. The level of confidence volunteers have with the information will indicate how familiar they are with the topic content. It is expected that there may be some disagreement among the group.

8. Review each paper on both sides of the wall. Refer to the topic summary to correct any misunderstandings and to provide positive reinforcement for those that were placed correctly.
9. Refer to the topic summary and give a presentation on signs of STIs and HIV.
10. Make sure to point out that some STIs may not have any signs. Even without signs, the infection can be transmitted.
11. Answer volunteers' questions.
12. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box, especially if they feel uncomfortable asking them aloud.

II. Stigma and discrimination

 40-50 minutes

1. Divide volunteers into two or three groups.
2. Ask each group to prepare and act out a short (not more than three to four minutes) drama. Explain that the drama should represent a dialogue between family or community members about one of the following topics:
 - using condoms
 - getting tested for HIV
 - being diagnosed with HIV
 - prevention of mother to child transmission (PMTCT) of HIV.
3. Allow each group to choose their topic, but explain that it will be useful if the dialogue is an accurate representation of what a local family or community group might think about the sensitive subject of HIV testing and diagnosis.
4. Allow time for groups to rehearse, and then act out their drama in front of the large group.
5. After each drama, facilitate a reflective discussion on what was observed and why.

Facilitator tip

This activity may open up many feelings (good and bad) about HIV in the community. It will be important for you as a trainer to remain non-judgmental. Keep to the facts you know about HIV. It may be helpful to co-facilitate this session with health workers who work with people with HIV and STIs.

III. Prevention of HIV and STIs

 15-25 minutes

1. Give each volunteer a card or small piece of paper (prepared earlier).

Facilitator tip

Make sure one volunteer gets a card with the small circle on the back and another volunteer gets a card with the small square. Do NOT tell them about the circle and the square.

2. Ask volunteers to move around the room and ask three volunteers to shake their hand and then sign their card.
3. Ask volunteers to sit down after they have obtained three signatures.
4. Ask the volunteers to look at their cards. Ask the person with the circle marked on the back of his/her card to stand up.
5. State that the circle on the card represents that s/he has HIV, but is not aware s/he is infected.
6. Ask the volunteers who shook hands with this person and have their signatures on their card to stand up. State that they are now also infected because shaking hands symbolized having unprotected sex or sharing needles with the person with the circle on their card.
7. Ask the volunteers still sitting if they shook hands with anyone who is standing. If so, ask them to stand up. State that they are also infected because they either had unprotected sex or shared needles with one of these individuals.
8. Continue until everyone is standing.

9. Ask the volunteers to look at their cards again, and for the person with the square marked on his/her card to identify him/herself. State that this person always uses a condom and never shares needles or razors. Ask this person to sit down because s/he is not infected with HIV.
10. Thank everyone for their participation. Instruct everyone to sit down and debrief the exercise. Make sure the following points are made:
 - Anyone who has unprotected sex or shares needles with someone infected with HIV or an STI is at risk of getting infected.
 - Having unprotected sex with multiple partners greatly increases the risk of HIV infection if you do not use condoms correctly and consistently.
 - Using condoms correctly and consistently prevents the spread of infection.
 - One cannot always tell if someone has HIV or a STI.
 - People may not be aware they are infected and spread HIV or STIs unknowingly to others.
 - HIV is not transmitted from sharing pens or signing cards.
11. Make a transition into a brainstorming activity by asking the volunteers how to prevent the spread of HIV and STIs.
12. Record the volunteers' responses on a flipchart paper. Refer to the topic summary for additional information, if needed.
13. Ask for group applause for the person who mentions using condoms correctly and consistently.

IV. Male and female condom demonstration and practice

 30-40 minutes

Facilitator tip

If Topic 2 was selected earlier, and the volunteers have already done this activity, you may wish to ask volunteers to review what they recall about the steps, rather than getting them to demonstrate it again.

1. Refer to the topic summary and review the steps of how to use a female condom. Ask volunteers to look at the diagram in their Volunteer Manual. Demonstrate how to squeeze the inner ring. Pass the female condom around to allow volunteers to touch.
2. Refer to the topic summary and give a demonstration of how to use a male condom. State each step as you demonstrate.
3. Give each volunteer a condom. Divide volunteers into groups of three people. Give each group a stick or banana. Ask volunteers to take turns playing one of these roles:
 - a. volunteer
 - b. community member
 - c. observer
4. Ask volunteers to review the checklist in Topic 11 of the Volunteer Manual. Ask observers to check off each step as it is completed. Observers should coach and give feedback after each practice.
5. Let volunteers practise teaching each other how to use a condom correctly.

Facilitator tip

Circulate around the room and give feedback as needed.

V. Check your understanding

🕒 10-20 minutes

1. Ask volunteers to review the main learning points for Topic 11 found in the Volunteer Manual.
2. Ask volunteers to work in pairs to complete the check your understanding self-assessment found in Topic 11 of the Volunteer Manual. Remind volunteers that the self-assessment is to check their understanding of the information covered so far.
3. Allow enough time for everyone to complete.

Facilitator tip

If the majority of volunteers are not able to read and write, you may want to read the questions aloud and let the volunteers share responses verbally. If only a few volunteers cannot read and write, then help them individually by coaching them through the questions and asking them to tell you the answers.

4. Check the answers by asking the volunteers to share their responses.

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.
5. Congratulate volunteers for correct responses.

VI. Community Tools role play

🕒 25-30 minutes

1. Review the key messages for the community in the Community Tools for HIV and STIs.
 - 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.
2. Ask volunteers if there are any additional key messages.
3. Ask for two volunteers to come to the front of the classroom and practise role playing using the dialogue questions in Community Tools with a member of a community household.
4. After the role play encourage volunteers to give feedback on what they did well and what they could do differently.
5. Divide the volunteers into groups of three people. Ask each group to practise using the Community Tools and take it in turns playing the following roles:
 - volunteer
 - community household member
 - observer
6. After each role play, ask the observer to give feedback on the volunteer's ability to communicate key messages.

VII. Activity in the community

 60-90 minutes

1. Ask volunteers which practices put people at risk of HIV infection in the community. Record their responses on a flipchart.
2. Ask volunteers which actions they can take to reduce the spread of HIV and STIs in the community. Record their responses on a flipchart. Refer to the topic summary and add any further information.
3. Provide the volunteers with a list of health centres that provide testing and treatment for STIs and HIV. Ask volunteers if they know of any additional testing sites. Add them to the list.
4. Review the community activity.

community activity:

- Use the Community Tools with members of your community household to:
 - a. learn what they know and do NOT know about HIV and AIDS
 - b. discuss ways HIV and STI are transmitted and NOT transmitted
 - c. demonstrate correct condom use
 - d. provide information on where to access condoms
 - e. provide information on where community members can go for testing and treatment for HIV and STIs
 - Visit a VCT centre and talk to one of the health workers or counsellors about HIV testing. Ask how Red Cross Red Crescent volunteers can be of help.
 - Learn which groups (ministry of health, NGOs) promote and distribute condoms in the community.
 - Discuss with a health worker about treatment and care services for pregnant women.
 - Visit the local school. Find out if the students would like to take part in HIV peer education activities.
 - Volunteer to distribute leaflets and posters in schools and other public places.
 - Chose one volunteer action discussed in the classroom that you can model and teach members of your family. Begin practising this behaviour today.
5. Ask volunteers to conduct the first community activity and choose two others.
 6. Negotiate a time for the next classroom session. State that they will discuss the results of each community activity when they return to the classroom.
 7. Coach and supervise volunteers during the field visit.
 8. Encourage volunteers to share what they have learnt with members of their household.
-

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, volunteers 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.
-



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 175 to 255 minutes to complete, including classroom and community activity.

I. Introduction	Introduce the topic. Refer to information in the topic summary.	🕒 20-30 min.
II. Stigma and discrimination	Volunteers will examine pictures and scenarios that show stigma and discrimination. They will discuss the impact of stigma and discrimination on people and groups.	🕒 30-45 min.
III. Reducing stigma and discrimination	Volunteers will discuss what they can do in their community to reduce stigma and discrimination.	🕒 30-40 min.
IV. Role play	Using the Community Tools, volunteers will practise giving key messages to the community about stigma and discrimination.	🕒 25-30 min.
V. Check your understanding	Self-assessment.	🕒 10-20 min.
VI. Activity in the community	Volunteers will use the Community Tools to communicate key messages about preventing stigma and discrimination in the community.	🕒 60-90 min.

Facilitator tip

HIV and AIDS can be a sensitive topic in many communities. There may be strong stigma and fear associated with HIV and discrimination towards people living with HIV and their families. It will important to reinforce agreed procedures with volunteers, including maintaining confidentiality regarding any information about members of the community.



Materials and preparation

- Three to six sheets of flipchart paper and coloured markers.
- Three to six pictures depicting a person or group of people suffering discrimination at:
 - school
 - work
 - a market place
 - a health centre
 - a public place
 - home



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.

HIV-related discrimination

Discrimination occurs when a person is seen as being different and is treated unfairly or unjustly on the basis of belonging, or being perceived to belong, to a particular group.

HIV-related discrimination is the unfair and unjust treatment of a person because they are believed to have HIV, or are associated with people who have HIV, or are vulnerable to HIV infection.

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

Factors contributing to HIV-related stigma and discrimination

- HIV is a life-threatening condition.
- There is little understanding about the disease because of myths or misconceptions about how HIV is transmitted.
- HIV can be associated with specific groups in the community (for example, gay men, men who have sex with men, injecting drug users, transgendered people, sex workers).
- There is prejudice 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.
- Media reporting of HIV-related stories can be misleading.

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.

Red Cross Red Crescent and PLHIV

The Red Cross Red Crescent Movement stands for inclusion of everyone. It does NOT tolerate discrimination against PLHIV or other vulnerable groups such as sex workers, gay men, men who have sex with men, drug users, transgendered people, prisoners 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 responding to HIV.

PLHIV should be empowered to live positively with HIV, including developing the knowledge and skills to stay healthy and manage their treatment.

Volunteer actions to prevent HIV-related stigma and discrimination in the community

CBHFA *in action* volunteers 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:
 - how to contact a local network of PLHIV for positive living actions
 - psychological support
 - financial support

References

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World Health Organization. *Why focussing on stigma and discrimination is important?* Available from: www.searo.who.int/LinkFiles/World_AIDS_Day_focussing.pdf.

Facilitator directions

I. Introduction to reducing stigma and discrimination

 20-30 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous topic.
3. Ask volunteers how they have been using the Community Tools and the responses they have received from their community households. Share any feedback they have received about the Community Tools with the branch or chapter staff.
4. Introduce the topic objectives and agenda. Refer to information in the topic summary and give an interactive presentation describing:
 - how HIV is transmitted and how it is NOT transmitted
 - what is stigma and discrimination
 - forms of stigma and discrimination
 - factors contributing to HIV-related stigma and discrimination
 - effects of stigma and discrimination
5. Answer volunteers' questions.
6. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box, especially if they feel uncomfortable asking them aloud.

II. Stigma and discrimination

 30-45 minutes

1. Divide volunteers into four groups. Distribute one picture representing stigma and discrimination to each group. Ask groups to describe to each other what they see in the picture.
2. Allow time for the groups to discuss.
3. Ask volunteers to discuss the effects of stigma and discrimination on people and groups.
4. Ask a representative from each group to summarize their group discussion for the rest of the volunteers.
5. Record key points from each group on flipchart paper.

III. Reducing stigma and discrimination

 30-40 minutes

1. Ask the same groups to discuss what they can do as volunteers to reduce HIV-related stigma and discrimination in the community.
 2. Ask each group to share what they discussed in their small groups. Record their responses on a flipchart.
-

IV. Community Tools role play

🕒 25-30 minutes

1. Review the key messages for the community in the Community Tools for PLHIV.
 - 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.
2. Ask volunteers if there are any additional key messages.
3. Ask for two volunteers to come to the front of the classroom and practise role playing using the dialogue questions in Community Tools with a member of a community household.
4. After the role play encourage volunteers to give feedback on what they did well and what they could do differently.
5. Divide the volunteers into small groups of three. Ask each group to practise using the Community Tools and take it in turns playing the following roles:
 - volunteer
 - community household member
 - observer
6. After each role play, ask the observer to give feedback on the volunteer's ability to communicate key messages.
7. Ask volunteers to review the main learning points for Topic 12 found in the Volunteer Manual.

V. Check your understanding

🕒 10-20 minutes

1. Ask volunteers to work in pairs to complete the check your understanding self-assessment found in Topic 12 of the Volunteer Manual.

Facilitator tip

If the majority of volunteers are not able to read and write, you may want to read the questions aloud and let the volunteers share responses verbally. If only a few volunteers cannot read and write, then help them individually by coaching them through the questions and asking them to tell you the answers.

2. Allow enough time for everyone to complete.
3. Check the answers by asking the volunteers to share their responses.

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.

4. Congratulate volunteers for correct responses.

VI. Activity in the community

🕒 60-90 minutes

1. Review the community activity.

community activity:

- Use the Community Tools with members of your community household.
 - Talk to household community members about stigma and discrimination behaviours and the harm they can cause.
 - Talk to community leaders and learn how they feel about people living with HIV and other vulnerable groups. Encourage them to promote acceptance of people with HIV.
 - Talk to community leaders and learn how they feel about HIV testing and counselling. Encourage them to support it.
2. Ask volunteers to conduct the first community activity and choose two others.
 3. Negotiate a time for the next classroom session. State that volunteers will discuss the results of each community activity when they return to the classroom.
 4. Coach and supervise volunteers during the field visit.
 5. Encourage volunteers to share what they have learnt with members of their household.

Topic 13 (optional)

Tuberculosis



Learning objectives

At the completion of this topic, volunteers 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
-



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 135 to 205 minutes to complete, including classroom and community activity.

I. Introduction	Introduce the topic. Refer to information in the topic summary.	🕒 20-25 min.
II. Stigma and discrimination	Volunteers will design a TB awareness campaign for the community.	🕒 30-45 min.
III. Role play	Using the Community Tools, volunteers will practise giving key messages to the community about TB.	🕒 15-25 min.
IV. Check your understanding	Self-assessment.	🕒 10-20 min.
V. Activity in the community	Volunteers will use the Community Tools to communicate key messages about TB.	🕒 60-90 min.



Materials and preparation

- Study the content in the topic summary.
- Twenty sheets of flipchart paper and markers.
- Scissors and tape.
- List of health centres in or near the community that diagnose and treat TB.
- You may wish to invite a person who has been cured of TB, or a health worker who practises Directly Observed Therapy (DOT).



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.⁹

⁹ *Questions and Answers about TB* (2007). United States Department of Health and Human Services. Centers for Disease Control and Prevention. Available from: www.cdc.gov/TB/faqs/pdfs/qa.pdf.

Signs of tuberculosis

Tuberculosis can attack any part of the body, but most commonly attacks the lungs. People with TB may have some or all of the following signs:

- cough that lasts a long time (more than three weeks)
- coughing up blood
- fevers
- chills
- pain in the chest
- night sweats (even in cold weather)
- loss of appetite
- rapid weight loss (children may stop growing)
- feeling tired

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.

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.

Directly Observed Therapy or DOT is when a person receiving treatment for TB meets with a health worker every day (or several times a week) in order that the health worker can observe the person taking their medicine. DOT can help the person with TB to:

- remember to take their medicine on time
- complete the full course of treatment
- share how s/he is feeling, such as side effects, or getting better

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.

Volunteer actions in the community

CBHFA *in action* volunteers 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

References

World Health Organization (2003), *Community Contribution to TB Care: Practice and Policy*. Available from: www.emro.who.int/stb/media/pdf/tb_2003_312.pdf.

United States Department of Health and Human Services. Centers for Disease Control and Prevention. National Center for HIV, STD, and TB Prevention, Division of Tuberculosis Elimination (2005) *Questions and Answers about TB*. Available from: www.cdc.gov/TB/faqs/pdfs/qa.pdf.

World Health Organization. Health topics. *Tuberculosis*. Information from: www.who.int/topics/tuberculosis/en and Fact Sheet No. 104, available from www.who.int/mediacentre/factsheets/fs104/en/index.html (update due 2008).

International Federation of Red Cross and Red Crescent Societies, Health and community care, *Facts about Tuberculosis*. Available from: www.ifrc.org/what/health/diseases/tb/facts.asp.

Facilitator directions

I. Introduction to tuberculosis

 20-25 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous topic.
3. Ask volunteers how they have been using the Community Tools and the responses they have received from their community households. Share any feedback they have received about the Community Tools with the branch or chapter staff.
4. Introduce the topic objectives and agenda. Begin the session by asking volunteers to describe what they know about tuberculosis.

Facilitator tip

Knowing what the volunteers currently know about tuberculosis will help you to dispel any myths or stigma about TB. If there is strong stigma against TB in the community, you may wish to have a brief discussion about reducing it. Remind volunteers about the seven Fundamental Principles and promotion of non-discrimination.

5. Refer to information in the topic summary and give an interactive presentation describing:
 - what is TB
 - signs of TB
 - treatment for TB
 - HIV and TB
 - prevention of TB
6. Answer volunteers' questions.
7. Ask volunteers where members of the community can go to be evaluated and treated for TB. Record on flipchart, tape to the wall and save for activity in the community.

Facilitator tip

If possible, you may wish to have a person who has been cured of TB, a health worker who practises DOT, or TB treatment supporter, to come to give a brief presentation on their experience and challenges with TB treatment.

II. TB awareness campaign

 30-45 minutes

1. Divide the volunteers into teams of three to five people.
2. Explain that each team will need to create a TB awareness campaign for a group in the community. Each team will need to discuss and present the following:
 - Who do you want to target (schools, religious institutions, shopkeepers, mothers, youth, PLHIV)?
 - What information do you want to include?
 - Which methods (drama, written, visual) will you use?
 - Which tools or materials will you need?
 - What do you need to do to plan and implement your campaign?
3. Encourage teams to be creative.
4. Let teams discuss and plan their awareness campaign.
5. Ask each team to present their awareness campaign to the whole group.

III. Community Tools role play

 15-25 minutes

1. Review the key messages for the community in the Community Tools for tuberculosis.
 - 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.
2. Ask volunteers if there are any additional key messages.
3. Ask for two volunteers to come to the front of the classroom and practise role playing using the dialogue questions in Community Tools with a member of a community household.
4. After the role play encourage volunteers to give feedback on what they did well and what they could do differently.
5. Divide the volunteers into groups of three people. Ask each group to practise using the Community Tools and take it in turns playing the following roles:
 - volunteer
 - community household member
 - observer
6. After each role play, ask the observer to give feedback on the volunteer's ability to communicate key messages.

IV. Check your understanding

🕒 10-20 minutes

1. Ask volunteers to review the main learning points for Topic 13 found in the Volunteer Manual.
2. Ask volunteers to work in pairs to complete the check your understanding self-assessment found in Topic 13 of the Volunteer Manual. Remind volunteers that the self-assessment is to check their understanding of the information covered so far.
3. Allow enough time for everyone to complete.

Facilitator tip

If the majority of volunteers are not able to read and write, you may want to read the questions aloud and let the volunteers share responses verbally. If only a few volunteers cannot read and write, then help them individually by coaching them through the questions and asking them to tell you the answers.

4. Check the answers by asking the volunteers to share their responses.

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.

5. Congratulate volunteers for correct responses.

V. Activity in the community

🕒 60-90 minutes

1. Ask volunteers to share what actions they can take to prevent the spread of TB in their household.
2. Ask volunteers to share what actions they can take to prevent the spread of TB in the community. Refer to the topic summary for additional information.
3. Review community activity.

community activity:

- Use the Community Tools with members of your community household.
 - Arrange to work with an experienced volunteer or TB treatment supporter.
 - Talk to the volunteers at your local branch. Learn what Red Cross Red Crescent volunteers are doing to promote TB awareness and treatment in the community. Ask how you can help.
 - Learn which services are available in the community for persons with TB.
 - Talk to school officials and volunteer to talk to schoolchildren about TB.
 - Chose one volunteer action discussed in the classroom that you can model and teach members of your family. Begin practising this behaviour today.
 - Learn more about HIV and TB and what you can do to prevent TB in PLHIV.
 - Learn where you can get free educational materials about TB.
4. Ask volunteers to conduct the first community activity and choose two others.
 5. Negotiate a time for the next classroom session. State that when they return they will discuss the results of each community activity.
 6. Coach and supervise volunteers during the field visit.
 7. Encourage volunteers to share what they have learnt with members of their household.

Topic 14 (optional)

Avian influenza



Learning objectives

At the completion of this topic, volunteers 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 point

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.
-



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 145 to 210 minutes to complete, including classroom and community activity.

I. Introduction	Introduce the topic. Refer to information in the topic summary.	🕒 20-25 min.
II. Prevention discussion and poster	Volunteers will review the Community Map to identify potential hazardous areas for avian influenza. Volunteers will design a prevention poster for the community.	🕒 40-50 min.
III. Role play	Using the Community Tools, volunteers will practise giving key messages about avian influenza to the community.	🕒 15-25 min.
IV. Check your understanding	Self-assessment.	🕒 10-20 min.
V. Activity in the community	Volunteers will use the Community Tools to communicate key messages about avian influenza.	🕒 60-90 min.



Materials and preparation

- Study the content in the topic summary.
- Community Map completed in Module 3.
- Talk to local health and veterinary authorities to find out where cases of avian influenza have been reported. You may wish to invite a person from one of these authorities to come to talk.
- If possible, bring pictures of sick birds infected with avian influenza to show.
- Prepare a flipchart with the following statement: "Avian influenza is spread to humans from direct contact with infected alive and dead birds, or by eating undercooked poultry products such as eggs and meat".
- Five sheets of flipchart paper and markers.



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 undercooked 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.

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.

Volunteer actions in the community

CBHFA *in action* volunteers 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

References

World Health Organization. Health topics. Avian Influenza. Information from: www.who.int/topics/avian_influenza/en. *Avian influenza frequently asked questions*, available from: www.who.int/csr/disease/avian_influenza/avian_faqs/en/index.html.

Humanitarian Pandemic Preparedness (H2P) Health Working Group, International Federation, AED, American Red Cross, CORE Group, InterAction, UNICEF, USAID, and WHO, *Pandemic preparedness training curriculum for community health responders* (in production, to be finalized January 2009).

Facilitator directions

I. Introduction to avian influenza

 20-25 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous topic.
3. Ask volunteers how they have been using the Community Tools and the responses they have received from their community households. Share any feedback they have received about the Community Tools with the branch or chapter staff.
4. Introduce the topic objectives and agenda. Begin the session by asking volunteers to describe what they know about avian influenza or bird flu.

Facilitator tip

If your community's livelihood depends on poultry farming, this may be a difficult topic to discuss, especially if they have recently lost birds due to illness or mandatory slaughtering.

5. Ask the volunteers to brainstorm how they would recognize sick poultry in their community.
6. Ask for a volunteer to come to the front of the classroom to draw a picture of a sick chicken, goose or duck. Ask the volunteer to describe or label the drawing with signs that show the bird may be infected with avian influenza. Ask for other volunteers to make suggestions.
7. Refer to the topic summary and give any additional information about the signs of avian influenza in poultry.

Facilitator tip

This activity will help you determine how much information the volunteers and the community have already been given about avian influenza prevention and control.

8. Ask volunteers to discuss which actions should be taken if they notice sick or dead poultry in their community.
9. Refer to information in the topic summary and give an interactive presentation describing:
 - what is avian influenza
 - how avian influenza is transmitted from birds to humans
 - signs of avian influenza in humans
10. Answer volunteers' questions.

II. Prevention discussion and poster

🕒 40-50 minutes

1. Review the Community Map developed in Module 3.
2. Ask volunteers to brainstorm and identify where poultry and wild birds exist in their community.
3. Ask volunteers to identify where potential avian influenza hazards may exist.
4. Update the map if needed.
5. Refer to flipchart prepared earlier and read it aloud.
I Avian influenza is spread to humans from direct contact with infected alive and dead birds, or by eating undercooked poultry products such as eggs and meat.
6. Divide volunteers into two teams. Assign one team as the “Avoid direct contact” team, and the other team as the “Safe eggs and poultry meat” team.
7. Provide each team with flipchart paper and markers.
8. Explain that each team will need to create an avian influenza prevention poster for the community. Each team will need to draw a picture that contains three prevention messages about their prevention topic.
9. Suggest to each team that they should first brainstorm all the ways in which avian influenza can be prevented.
10. After each team has completed their poster, ask a representative from each team to describe the messages in their poster
11. Refer to the topic summary and check over the prevention of avian influenza. Congratulate the teams for their participation. Tape the posters to the wall.

III. Community Tools role play

 15-25 minutes

1. Review the key messages for the community in the Community Tools for avian influenza.
 - 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.
2. Ask volunteers if there are any additional key messages.
3. Ask for two volunteers to come to the front of the classroom and practise role playing using the dialogue questions in Community Tools with a member of a community household.
4. After the role play encourage volunteers to give feedback on what they did well and on what they could do differently.
5. Divide the volunteers into groups of three people. Ask each group to practise using the Community Tools and take it in turns playing the following roles:
 - volunteer
 - community household member
 - observer
6. After each role play, ask the observer to give feedback on the volunteer's ability to communicate key messages.

IV. Check your understanding

🕒 10-20 minutes

1. Ask volunteers to review the main learning points for Topic 14 found in the Volunteer Manual.
2. Ask volunteers to work in pairs to complete the check your understanding self-assessment found in Topic 14 of the Volunteer Manual. Remind volunteers that the self-assessment is to check their understanding of the information covered so far.
3. Allow enough time for everyone to complete.

Facilitator tip

If the majority of volunteers are not able to read and write, you may want to read the questions aloud and let the volunteers share responses verbally. If only a few volunteers cannot read and write, then help them individually by coaching them through the questions and asking them to tell you the answers.

4. Check the answers by asking the volunteers to share their responses.

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.
5. Congratulate volunteers for correct responses.

V. Activity in the community

 60-90 minutes

1. Review community activity.

community activity:

- Use the Community Tools with members of your community household.
 - Volunteer to assist health authorities and give information to poultry owners about avian influenza and prevention measures.
 - Use the prevention posters to give information about avian influenza to poultry product sellers, schools or women's groups.
 - Set up a neighbourhood watch group to report sick or dead birds.
 - Talk to staff at your Red Cross Red Crescent branch or chapter. Learn what the branch/chapter is doing to support avian influenza prevention and response efforts in your community.
 - Review the Community Map. Talk to community members in hazardous areas about signs and symptoms of avian influenza, what to do to prevent avian influenza and what not to do.
2. Ask volunteers to conduct the first community activity and choose two others.
 3. Negotiate a time for the next classroom session. State that when they return they will discuss the results of each community activity.
 4. Coach and supervise volunteers during the field visit.
 5. Encourage volunteers to share what they have learnt with members of their household.
-

Topic 15 (optional)

Dengue prevention and control



Learning objectives

At the completion of this topic, volunteers 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



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 145 to 210 minutes to complete, including classroom and community activity.

I. Introduction	Introduce the topic. Refer to information in the topic summary.	🕒 15-20 min.
II. Prevention	Volunteers will identify actions in the community to prevent the mosquito breeding.	🕒 25-35 min.
III. Role play	Using the Community Tools, volunteers will practise giving key messages to the community about dengue prevention and control.	🕒 35-45 min.
IV. Check your understanding	Self-assessment.	🕒 10-20 min.
V. Activity in the community	Volunteers will use the Community Tools to communicate key messages about dengue prevention and control.	🕒 60-90 min.



Materials and preparation

- Prepared presentation using the information from the topic summary.
- Twelve sheets of flipchart paper and markers.
- Prepare five flipchart papers. Entitle with the following five topics:
 - Problem 1: The lid of the water-tank does not fit and water is uncovered.
 - Problem 2: Roof drain is filled with leaves and rubbish.
 - Problem 3: Plastic bottles, tins and coconuts are collecting water.
 - Problem 4: Tyres are collecting water.
 - Problem 5: The community fountain or community water storage area has still water.
- Pictures of mosquito nets properly hung and tucked under mattress or mat. Refer to Topic 10.
- If possible, an opened long-lasting insecticide-treated mosquito net (LLIN).
- List of places mosquito nets can be obtained, and if applicable, their cost.
- Community Map completed in Module 3.



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.

Signs of dengue fever

- high fever
- severe headache
- pain behind the eyes
- pain in the joints.
- muscle and body aches, back pain
- nausea and vomiting
- skin rash

Signs of dengue haemorrhagic fever

- 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

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.

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

CBHFA *in action* volunteers 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

References

World Health Organization. Health topics. Dengue. Information from: www.who.int/topics/dengue/en. *Dengue and dengue haemorrhagic fever*. Information from: www.who.int/mediacentre/factsheets/fs117/en.

Facilitator directions

I. Introduction to dengue prevention and control

🕒 15-20 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous topic.
3. Ask volunteers how they have used the Community Tools. Ask about responses they have received from community households. Share any feedback they have received about the Community Tools with the branch or chapter staff.
4. Introduce the topic objectives and agenda. Ask volunteers to describe what they know about dengue fever.

Facilitator tip

Knowing what volunteers currently know about dengue fever will help to tell you how much time you need to spend on the topic activities.

5. Refer to the topic summary and give a brief interactive presentation on:
 - causes of dengue fever
 - signs of dengue fever and dengue haemorrhagic fever
 - treatment for dengue
6. Answer volunteers' questions.

II. Dengue prevention

 25-35 minutes

Facilitator tip

Use this activity as a review if you have already trained on Topic 10, Malaria prevention and control, and to compare and contrast the differences between dengue and malaria prevention and control.

1. Ask volunteers about ways to prevent the spread of dengue. Accept the following answers:
 - avoid mosquito bites
 - eliminate mosquito breeding
2. Ask volunteers to share what they can do to avoid mosquito bites. Record their answers on a flipchart paper. Provide positive reinforcement for sleeping under a mosquito net, putting screens up on windows and doors, wearing long-sleeved clothing, and other prevention methods.

Facilitator tip

You may need to explain that although using insecticides and mosquito coils are effective, they are methods that require repeated purchasing which can be expensive and may not always be available.

3. Ask volunteers where long-lasting, insecticide-treated nets can be obtained. Provide information as needed.
4. Ask volunteers if they know where the mosquitoes that spread dengue breed. Provide positive reinforcement for still clean water.
5. Ask volunteers if they know when the mosquitoes that spread dengue bite. Provide positive reinforcement for during the daytime.
6. Ask volunteers to brainstorm ways in which mosquito breeding can be eliminated in their community.

Facilitator tip

You may wish to refer to the Community Map completed in Module 3. Discuss areas that may be potential breeding areas.

7. Direct volunteers' attention to the five flipcharts you have posted on the walls. Explain that each flipchart contains a potential problem for mosquito breeding in the community.
8. Divide the volunteers into five groups and assign each group to a flipchart paper.
9. Give each group a few minutes to discuss and write potential solutions to the problem.

Facilitator tip

This should not take very long. Each group should come up with one to three solutions.

10. Ask each group to present their solutions. Ask for feedback and additional solutions, if any, after each presentation.
11. Congratulate the volunteers for their participation.
12. Ask volunteers which of the problems discussed is most common in the community.
13. In the same groups, ask volunteers to decide how they would engage everyone in the community to participate in the solutions they recommended.
14. Allow each group to decide which behaviour change communication tools they would use.
15. Ask each group to share their ideas with the whole group.

III. Community Tools role play

🕒 35-45 minutes

1. Review the key messages for the community in the Community Tools for dengue.
 - 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.
2. Ask volunteers if there are any additional key messages.
3. Ask for two volunteers to come to the front of the classroom and practise role playing using the dialogue questions in Community Tools with a member of a community household.
4. After the role play encourage volunteers to give feedback on what they did well and what they could do differently.
5. Divide the volunteers into groups of three people. Ask each group to practise using the Community Tools and take it in turns playing the following roles:
 - volunteer
 - community household member
 - observer
6. After each role play, ask the observer to give feedback on the volunteer's ability to communicate key messages.

Facilitator tip

You may wish to read the main learning points aloud as a review, or ask volunteers to read out loud and then explain what they mean to them.

IV. Check your understanding

🕒 10-20 minutes

1. Ask volunteers to review the main learning points for Topic 15 found in the Volunteer Manual.
2. Ask volunteers to work in pairs to complete the check your understanding self-assessment found in Topic 15 of the Volunteer Manual. Remind volunteers that the self-assessment is to check their understanding of the information covered so far.
3. Allow enough time for everyone to complete.

Facilitator tip

If the majority of volunteers are not able to read and write, you may want to read the questions aloud and let the volunteers share responses verbally. If only a few volunteers cannot read and write, then help them individually by coaching them through the questions and asking them to tell you the answers.

4. Check the answers by asking the volunteers to share their responses.

Answer key

1. **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.
2. **What are two ways mosquito bites can be prevented?**
 - Using window screens.
 - Sleeping under mosquito nets, even during the daytime.
5. Congratulate volunteers for correct responses.

V. Activity in the community

🕒 60-90 minutes

1. Ask volunteers to stand in a circle. Ask each volunteer to state one thing they will do today as a result of what they learned in this topic.
2. Ask volunteers for suggestions of actions volunteers can take in the community to prevent and control the spread of dengue. Refer to the topic summary for additional suggestions.
3. Review the community activity.

community activity:

- Use the Community Tools with members of your community household to discuss:
 - a. what is dengue
 - b. what causes dengue
 - c. how to recognize signs of dengue and get immediate treatment
 - d. how to prevent dengue
 - Eliminate mosquito breeding sites around your household.
 - Chose one community campaign discussed in the classroom that you would like to collaborate on with other volunteers. Meet with volunteers and plan how to implement the campaign.
 - Organize a clean-up day in the community.
 - Discuss with health workers about referring persons with suspected dengue fever to the health centre.
 - Find out where insecticide-treated bed nets are available.
 - Meet with school officials. Find out what students can do to help dengue prevention and participate in clean-up activities.
 - Ask community household members if they are sleeping under mosquito nets:
 - a. provide positive reinforcement to those who do
 - b. discuss barriers with those who do not
4. Ask volunteers to conduct the first community activity and choose two others.
 5. Negotiate a time for the next classroom session. State that volunteers will discuss the results of each community activity when they return to the classroom.
 6. Coach and supervise volunteers during the field visit.
 7. Encourage volunteers to share what they have learnt with members of their household.

Topic 16 (optional)

Caring for the sick at home



Learning objectives

At the completion of this topic, volunteers 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
-



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 75 to 105 minutes to complete.

I. Introduction	Present information from the topic summary.	🕒 20-25 min.
II. Reducing stress	Volunteers will discuss signs of stress and what they can do to reduce stress for those who are chronically sick and their caregivers.	🕒 15-20 min.
III. Demonstration and practice	Facilitator will review contents of home-based care kit. Facilitator or invited home care worker will demonstrate basic home care activities. Volunteers will practise.	🕒 30-40 min.
IV. Check your understanding	Self-assessment.	🕒 10-20 min.



Materials and preparation

- Prepared presentation using the information from the topic summary.
- Three to five sheets of flipchart paper and coloured markers.
- You may wish to invite a nurse or health worker to this session to demonstrate basic home care.
- Sample home-based care kit.
- Urinal and bedpan (if available).



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.

Volunteers can be trained to provide home-based care during home visits. Volunteers 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, volunteers 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

Signs of stress

People suffering from chronic illnesses, their family members and caregivers may become stressed. Some signs of stress include:

- physical symptoms, such as inability to sleep, 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 and caregiver self-care

Self-care is both an essential prerequisite for effectively helping others, and a means of maintaining fitness to continue in that capacity. Self-help techniques include:

- knowing that some reactions are normal and unavoidable. Express even frightening and strange feelings
- being aware of tension. Consciously try to relax and get enough sleep
- talking to someone. Describe thoughts or feelings from the critical event
- listening to what others say and think about the event. It has affected them too, and they may share beneficial insight
- taking good care of yourself. Eat well, limit the intake of alcohol and tobacco, and exercise to relieve tension
- participating in creative activities. Draw, paint, write, or play music. Look for a healthy outlet. Sometimes it is easier to express feelings by doing rather than talking
- discussing any sleeping difficulties or feelings of anxiety. It is good to discuss with someone who can be trusted. Avoid caffeine before going to bed. Try to go to bed about an hour before you need to go to sleep
- continuing to work on routine tasks if it is difficult to concentrate on demanding duties after a difficult situation. Inform peers and supervisors, who can understand better if they have the relevant information.
- remembering that it takes time to process what has happened. Avoid perfectionist expectations which can lead to disappointment and conflict
- avoiding self-medication. If, after a few weeks, the reactions are still difficult to deal with, seek professional advice

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

Volunteers 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

References

International Federation of Red Cross and Red Crescent Societies, World Health Organization, Southern Africa HIV/AIDS Information Dissemination Service (SAfAIDS) (2007), *HIV Prevention, Treatment, Care and Support. A Training Package for Community Volunteers*. Available from: www.ifrc.org/what/health/tools/hiv-training.asp.

Humanitarian Pandemic Preparedness (H2P) Health Working Group, International Federation, AED, American Red Cross, CORE Group, InterAction, UNICEF, USAID, and WHO, *Pandemic preparedness training curriculum for community health responders* (in production, to be finalized January 2009).

Facilitator directions

I. Introduction to caring for the sick at home

🕒 20-25 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous sessions.
3. Ask volunteers how they have been using the Community Tools and the responses they have received from their community households. Share any feedback they have received about the Community Tools with the branch or chapter staff.
4. Introduce the topic objectives and agenda. Open the session by asking volunteers if any of them have cared for sick family members. Ask those volunteers to share what it involved and what were some of the challenges and rewards of caring for a person who is sick or living with a chronic illness.
5. Record volunteer responses on a flipchart. After the list is complete, refer to the topic summary and review what is involved in caring for a person who is sick or living with chronic illness at home:
 - physical care including hygiene, skin, mobility, digestive and bowel problem and pain
 - nutritional care
 - psychological care
 - spiritual care
 - psychosocial care
6. Return to the flipchart list and point out the areas of care that were mentioned by the volunteers. Reinforce that caring for the sick can be physically and emotionally stressful for caregivers.
7. Ask what volunteers can do to provide support to caregivers in the community who are caring for a person who is sick or living with chronic illness. Record responses on a flipchart. Refer to the topic summary for additional information.
8. Answer volunteers' questions.
9. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box. The questions will be reviewed and addressed at the end of each topic.

II. Stress reduction

🕒 15-20 minutes

1. Explain that anyone who cares for another person who is sick or has a chronic illness is likely to experience stress. Refer volunteers to Module 4 Topic 2 on Psychological first aid and review the section on stress.
2. Ask volunteers which are the signs they might observe that indicate a person is experiencing stress. Record responses on a flipchart. Refer to the topic summary for a list of signs of stress and add to the flipchart list if needed.
3. Ask volunteers what they can do to provide assistance to caregivers. Refer to the topic summary for additional suggestions if needed.

III. Demonstration and practice

 30-40 minutes

Facilitator tip

You may wish to invite a nurse or healthcare worker from the health centre to assist you with demonstration on how to give home-based care.

1. Review the contents of the home-based care kit and what each item is used for.
2. Demonstrate how to:
 - feed or give a person something to drink
 - give a person a bed bath
 - help a person use a bedpan or urinal (if available)
 - lift a person in bed or out of a chair correctly to avoid caregiver back injuries
 - turn a person in bed
 - assess for pain
3. Ask volunteers to work in pairs and practise turning and lifting each other while lying on the floor.
4. Negotiate a time for the next classroom session.
5. Encourage volunteers to share what they have learnt with members of their household.

III. Check your understanding

 10-20 minutes

1. Ask volunteers to review the main learning points for Topic 16 in the Volunteer Manual.
2. Ask volunteers to work in pairs to complete the check your understanding self-assessment found in Topic 16 of the Volunteer Manual. Remind volunteers that the self-assessment is to check their understanding of the information covered so far.
3. Allow enough time for everyone to complete.
4. Check the answers by asking the volunteers to share their responses.

Answer key

1. **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.
2. **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.

Module 1

Module 2

Module 3

Module 4

Module 5

Module 6

Module 7

Facilitator Guide

MODULE 7

Supplementary topics

Goal

Module 7 addresses supplementary topics volunteers 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

Module summary

In Topic 1, volunteers will identify the common causes of road crashes and how to implement community road safety measures. First aid for road crash injuries and promotion of road safety in the community will be discussed.

In Topic 2, volunteers will learn about safe blood donation and where blood is collected in the community. Volunteers will develop community awareness campaigns to promote voluntary blood donation and Club 25. This topic will prepare volunteers to participate in World Blood Donor Day.

In Topic 3, volunteers will learn about the harmful effects of excessive use of substances such as alcohol, cigarettes and other drugs. Volunteers will learn how to give first aid in an overdose and discuss how to link members of the community to services and support for excessive substance use.

In Topic 4, volunteers will learn how to assist local authorities in the collection, identification and burial of the dead after a disaster. Giving psychological first aid to the grieving will also be discussed. Volunteers will identify what they can do to protect themselves.

Facilitator preparation

The supplementary topics are short training sessions. It is expected that at this point in the training, volunteers have had the opportunity to practise skills during the classroom and community activities. Therefore, the classroom time is focused on a brief presentation of the topic content and a classroom activity, with greater focus on activities in the community. You are encouraged to add any further classroom activities or invite guest speakers.

All exercises, methods and lesson plans are only suggestions. You are encouraged to adapt the materials, activities and timing to suit the needs of the volunteer participants.

- I. Introduce the topic by asking volunteers what they know about the topic already. Their answers will help you to understand the volunteers' cultural beliefs about the topic. It will also help you decide how much time you need to spend providing content information and clarifying any misunderstandings.
- II. Give a brief interactive presentation of the topic using information from the topic summary. Make sure to ask questions and elicit interest and familiarity with the topic.
- III. Discuss the topic and how it affects members of the community.
- IV. Participate in and provide supportive supervision for community activities that involve behaviour change communication methods that will work with individuals, households or community groups. Such activities will include developing communication strategies, participating in health promotion campaigns, and partnering with local organizations to promote healthy behaviours in the community.

Three topics are accompanied by Community Tools. These tools contain prevention messages the volunteers will practise sharing with their household community members.

As always:

- read the topic summary before training each topic for this module. Be prepared to give a brief presentation on the content
- read the facilitator instructions for the module. Think about the specific needs of your audience and the training room, and be prepared to change or "tailor" how the content is presented to make it active for your audience
- review the list of materials needed for each topic to ensure that you have everything you need
- ensure that a training room or community facility is available
- communicate the time and location of the training to the volunteers
- bring a clock or wristwatch to keep time
- prepare questions for the review activity at the end of each topic
- arrange for field visits in advance
- communicate clear objectives of field visits to community leaders

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Topic 1

Road safety



Learning objectives

At the completion of this topic, volunteers 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.



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 115 to 175 minutes to complete.

I. Introduction	Elicit and review information from the topic summary. Volunteers will evaluate the Community Map to identify areas in the community that may contribute to road crashes.	20-30 min.
II. Road safety awareness	Volunteers will discuss which behaviours contribute to road crashes in their community and develop a road safety awareness campaign.	25-35 min.
III. Check your understanding	Self-assessment.	10-20 min.
IV. Community activity	Volunteers will use the Community Tools to promote key messages about road safety to members of the community.	60-90 min.



Materials and preparation

- Prepared presentation using the information from the topic summary.
- Three to five sheets of flipchart paper and coloured markers.
- Review the basic first aid topics 2, 3, 5, 6, 8 and 9 in Module 4. Be prepared to revisit the content if needed.
- Community Map developed in Module 3.

Facilitator tip

Laws and legislation exist in most countries regarding wearing seat belts and helmets, driving with excess alcohol or drugs intake, speeding and using mobile or cell phones while driving. It is important for you to be familiar with these laws and regulations in order to inform the volunteers.



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.

Volunteers have a role in improving road safety by encouraging road users to change their behaviours and to consider the road a shared public space.

Risk factors that contribute to road crashes and road injuries

Road user behaviour

- not wearing a seat belt
- not wearing a crash helmet with the chinstrap fastened
- driving fast and not keeping a safe distance from other vehicles
- drinking, or using drugs and driving
- using a mobile or cell phone while driving
- unlicensed drivers
- tiredness on a long trip
- drivers who are distracted because they are busy doing other things such as:
 - talking or sending text messages on mobile or cell phones
 - eating or drinking
 - arguing with passengers
 - reaching down to get something from the floor of the vehicle

Weather conditions

- fog, rain and wind

Vehicles

- old and poorly maintained vehicles

Road infrastructure

- bad and unsafe road infrastructure
- lack of, or poorly visible road signs about vehicles, people and animals crossing the road

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.

Follow the first aid steps in Module 4:

Topic 2	Psychological first aid
Topic 3	Basic life support
Topic 5	Bleeding and wounds
Topic 6	Shock
Topic 8	Injuries to the head, neck or back
Topic 9	Injuries to bones, muscles or joints

Evaluate

All road crash injuries should be checked at a clinic, hospital or health centre.

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

Volunteers 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

References

Practical Guide on Road Safety: a Toolkit for National Red Cross and Red Crescent Societies (2007), jointly produced by the International Federation of the Red Cross and Red Crescent Societies and the Global Road Safety Partnership. Available from:
www.ifrc.org/Docs/pubs/health/road-safety-en.pdf.

Facilitator directions

I. Introduction to road safety

 20-30 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous sessions.
3. Ask volunteers how they have been using the Community Tools and the responses they have received from their community households. Share any feedback they have received about the Community Tools with the branch or chapter staff.
4. Introduce the topic objectives and agenda. Ask the volunteers what the risk factors for road crashes in their community are. Record their responses on flipchart paper. Refer to the topic summary to ensure all risk factors are included.
5. Point out that road user behaviour is the biggest risk factor. Ask volunteers to choose the three behaviours which contribute to road crashes in their community and circle them with a coloured marker.
6. Remind volunteers that they can encourage road safety in the community by using behaviour change communication (BCC) techniques.
7. Ask volunteers what type of first aid they should be prepared to give in a road crash. If needed review the Module 4 topics on basic first aid for injuries.

Facilitator tip

You may want to ask volunteers to review the basic first aid steps or to give a brief demonstration of first aid actions for head, neck or back injuries, fractures, and bleeding.

8. Answer volunteers' questions.
9. Review the Community Map developed in Module 3. Ask volunteers to identify areas in their community where road crashes have occurred frequently, or where there may be risks for pedestrians crossing. Discuss with volunteers what can be done to address these road safety issues with local authorities.
10. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box. The questions will be reviewed and addressed at the end of each topic.

II. Road safety awareness campaign

 25-35 minutes

1. Ask volunteers to brainstorm road safety measures. Record their responses on flipchart paper. Refer to the topic summary to ensure all are included.
2. Refer back to the flipchart with the three risky road user behaviours circled earlier.

3. Divide the volunteers into three groups. Assign each group one of the risky behaviours. Ask each group to create a road safety awareness campaign volunteers can use to address the risky behaviour. Encourage groups to include:
 - to WHOM is the road safety message directed?
 - WHEN is the best time to communicate the message?
 - WHERE is the best location to communicate the message?
 - HOW the message will be communicated?
4. Allow the groups sufficient time to develop their campaign.
5. Ask each group to present their road safety awareness campaign and explain to whom, when, where and how it will be communicated. Provide feedback after each presentation.

III. Check your understanding

 10-20 minutes

1. Ask volunteers to review the main learning points for Topic 1 found in the Volunteer Manual.
2. Ask volunteers to work in pairs to complete the check your understanding self-assessment found in Topic 1 of the Volunteer Manual. Remind volunteers that the self-assessment is to check their understanding of the information covered so far.
3. Allow enough time for everyone to complete.
4. Check the answers by asking the volunteers to share their responses.

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.

IV. Activity in the community

 60-90 minutes

1. Review the key messages for the community in the Community Tools regarding road safety.
 - 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.
2. Ask volunteers if there are any additional key messages.
3. Remind volunteers to use Community Tools with members of their community household to promote road safety messages.
4. Review community activity.

community activity:

- Use Community Tools with members of your community household to promote road safety messages.
 - Encourage family and community members to follow the top ten road safety actions.
 - Set a good example when driving on the road.
 - Participate in road safety awareness campaigns with local authorities.
 - Encourage local authorities to take safety measures around dangerous locations and introduce safe road crossing places, particularly around schools.
 - Promote and deliver 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.
 - Encourage local authorities to enforce road safety laws such as driving at the speed limit, wearing seat belts, and not driving with excess alcohol or drug intake.
 - Talk to young people in schools about the top ten road safety actions.
5. Ask volunteers to conduct the first community activity and choose one other.
 6. Ask volunteers to discuss the results of each activity when they return to the classroom.
 7. Negotiate a time for the next classroom session. State that when they return they will discuss the results of their community activity.
 8. Coach and supervise volunteers during the field visit.
 9. Encourage volunteers to share what they have learnt with members of their household.
-

Topic 2

Safe blood and voluntary blood donor recruitment



Learning objectives

At the completion of this topic, volunteers 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.



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 115 to 175 minutes to complete.

I. Introduction	Present information from the topic summary.	15-25 min.
II. Awareness campaign	Volunteers will be develop a blood donation awareness campaign using different media.	30-40 min.
III. Check your understanding	Self-assessment.	10-20 min.
IV. Activity in the community	Volunteers will use the Community Tools to promote key messages about safe blood donation to members of the community.	60-90 min.



Materials and preparation

- Prepared short presentation using the information from the topic summary.
- Three to five sheets of flipchart paper and coloured markers.
- Old socks, glue, scissors, coloured paper and sticks to make hand-made puppets.
- You may wish to invite a staff person from the local blood donor centre to talk about the blood donation process and answer frequently asked questions about blood donation.



Topic summary

Safe blood donation

Blood is needed worldwide each day to save lives. It is used for people involved in accidents, those who need operations, or who need blood transfusions for certain medical conditions.

Blood transfusions can save lives. However, transfusions can put a person at risk if the blood is contaminated by diseases such as malaria, hepatitis or HIV. Maintaining a safe blood supply is a priority for all involved in blood service delivery, including National Red Cross or Red Crescent Societies in their blood donor recruitment activities.

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. Ensuring blood safety includes knowing as much as possible about the source of donated blood. Blood collected from a voluntary, non-remunerated donor is generally less likely to contain HIV, malaria, hepatitis B or other harmful factors. Adequate testing of blood after collection should always be an essential part of the screening process. It is the blood donor's ethical responsibility to the recipient to understand the risks of donating infected blood.

The average blood donation consists of about 450 to 470 millilitres of blood, which represents about 8 per cent of the blood volume of an average adult. The body replaces this naturally over a short time, a process which is helped by drinking extra water-based fluids.

People are often concerned about giving blood for the first time. It should not, however, be an unpleasant experience. Staff at local blood centres can provide further information about what happens. Many donors enjoy the personal satisfaction of saving someone's life and make the effort to attend their blood centre every few months.

Giving blood

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.

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. The actual donation usually takes less than ten minutes. After giving blood, donors are asked to rest 10 to 15 minutes and are usually given a beverage before returning to their normal activities. Blood donors should drink plenty of fluids for 24 hours after giving blood.

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 promotes the value of saving lives by giving blood. Through Club 25 young people are encouraged to attend a blood centre, learn about and promote healthy lifestyles, and to give blood regularly.

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. Volunteers can help their local branch or chapter establish a Club 25 in their community.

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

Volunteers 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
-

References

Making a difference: Recruiting voluntary, non-remunerated blood donors. International Federation of Red Cross and Red Crescent Societies (2007). Available from: www.ifrc.org/WHAT/health/blood/making_difference.asp.

International Federation of Red Cross and Red Crescent Societies. Information on Blood services available from: www.ifrc.org/what/health/blood/index.asp.

International Federation. Information on Club 25 available from: www.ifrc.org/youth/activities/club25/index.asp.


Safe Blood for Africa. Information on African Club 25 Society available from: africanclub25society.com/main.htm.

World Health Organization. Information on World Blood Donor Day available from: www.who.int/worldblooddonorday/events/en/index.html.

American Red Cross. *FAQs about Blood and Blood Needs.* Available from: www.givelife2.org/aboutblood/faq.asp.

Facilitator directions

I. Introduction to safe blood and voluntary blood donor recruitment

 15-25 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous sessions.
3. Ask volunteers how they have been using the Community Tools and the responses they have received from their community households. Share any feedback they have received about the Community Tools with the branch or chapter staff.
4. Introduce the topic objectives and agenda. Ask volunteers to raise their hands if any of them have donated blood, or if they know of anyone in their community who has donated blood or who has received a blood transfusion. If anyone raises their hand, give them recognition and ask them to share what they know about the experience of giving blood or receiving blood.
5. Facilitate an interactive presentation on the information included in the topic summary. Describe:
 - blood safety
 - giving blood
 - Club 25
 - World Blood Donor Day
6. Answer volunteers' questions.
7. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box. The questions will be reviewed and addressed at the end of each topic.

II. Blood donation awareness

 30-40 minutes

1. Divide the volunteers into three groups. Ask the first group to design a poster, the second group to create a puppet show, and the third group to prepare a short presentation for a local community group.
2. Explain that each group needs to develop a blood donation awareness campaign to recruit blood donors, using their assigned media. Instruct each group that their campaign must include at least one message about:
 - how donating blood saves lives
 - how blood donation is safe
 - what happens when one gives blood
 - Club 25
3. Provide each group with any materials needed. Allow groups sufficient time to prepare their awareness campaign.
4. Ask each group to present their campaign to the other groups. Give feedback on what they did well.

III. Check your understanding

🕒 10-20 minutes

1. Ask volunteers to review the main learning points for Topic 2 in the Volunteer Manual.
2. Ask volunteers to work in pairs to complete the check your understanding self-assessment found in Topic 2 of the Volunteer Manual. Remind volunteers that the self-assessment is to check their understanding of the information covered so far.
3. Allow enough time for everyone to complete.
4. Check the answers by asking the volunteers to share their responses.

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.

IV. Activity in the community

 60-90 minutes

1. Review the key messages for the community in the Community Tools for safe blood donation.
 - Blood saves lives.
 - Donating blood is safe.
2. Ask volunteers if there are any additional key messages.
3. Ask volunteers what actions they can take to promote safe blood donation in the community. Record their responses on a flipchart. Refer to the topic summary and add any further information.
4. Review community activity.

community activity:

- Use the Community Tools with members of your community household to discuss blood safety and Club 25.
 - Talk to staff members at the local health centre about blood donor recruitment. Learn what the challenges are and how you can be of help.
 - Learn when the next blood donor drive is scheduled and ask how you can help.
 - Find out if you are eligible to become a blood donor.
5. Ask volunteers to conduct the first community activity and choose one other.
 6. Ask volunteers to discuss the results of each activity when they return to the classroom.
 7. Negotiate a time for the next classroom session. State that when they return they will discuss the results of their community activity.
 8. Coach and supervise volunteers during the field visit.
 9. Encourage volunteers to share what they have learnt with members of their household.
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Topic 3

Excessive substance use



Learning objectives

At the completion of this topic, volunteers 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.



Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 115 to 170 minutes to complete.

I. Introduction	Present information from the topic summary.	20-25 min.
II. Discussion	Volunteers will discuss why people abuse substances and what volunteers can do to discourage excessive substance use in the community.	25-35 min.
III. Check your understanding	Self-assessment.	10-20 min.
IV. Activity in the community	Volunteers will use the Community Tools to promote key messages about reducing excessive substance use in the community.	60-90 min.

Facilitator tip

Excessive alcohol and drug use can be a sensitive topic in many communities. There may be strong stigma and fear associated with it. It will be important to revisit and discuss the seven Fundamental Principles of the International Red Cross and Red Crescent Movement.



Materials and preparation

- Prepared short presentation using the information from the topic summary.
- Three to five sheets of flipchart paper and coloured markers.
- If available, you may wish to invite a substance abuse counsellor, or peer counsellor, to come to the session to answer questions
- Learn which health centres provide support and counselling for excessive substance use.



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.

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

First aid for overdose

An overdose is when a person has consumed too much of a substance, poisoning the body. An overdose can be life-threatening. Refer to Module 4, Topic 10, Basic first aid for poisoning. Give basic life support and seek immediate medical attention.

Volunteer actions in the community

Volunteers 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

References

World Health Organization (2000), *Working With Street Children – A Training Package on Substance Use, Sexual and Reproductive Health including HIV/AIDS and STDs*. Available from: whqlibdoc.who.int/hq/2000/WHO_MSD_MDP_00.14.pdf.

Facilitator directions

I. Introduction to excessive substance use

🕒 20-25 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous sessions.
3. Ask volunteers how they have been using the Community Tools and the responses they have received from their community households. Share any feedback they have received about the Community Tools with the branch or chapter staff.
4. Introduce the topic objectives and agenda. Open the session by asking volunteers why they think the community chose this topic. Ask volunteers if they think excessive substance use is a problem in the community and if so, which substances in particular.
5. Facilitate an interactive discussion about the signs of excessive substance use and how to give first aid for a drug overdose. Refer to information in the topic summary.
6. Answer volunteers' questions.
7. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box. The questions will be reviewed and addressed at the end of each topic.

II. Discussion

🕒 25-35 minutes

1. Divide the volunteers into two groups. Ask each group to discuss the following:

discussion items

- Why do people use substances?
 - What substances do people in the community use in excess?
 - What are the effects of excessive substance use?
 - What activities can volunteers participate in to discourage excessive substance use?
2. Assign a group leader to listen and take notes during the discussion.
 3. Allow volunteers sufficient time to discuss.
 4. Ask the group leaders to present a summary of their discussion.

Facilitator tip

You may wish to invite a substance abuse counsellor from the community or nearby town to listen to the group summaries and be available to answer questions or clarify any misunderstandings.

III. Check your understanding

 10-20 minutes

1. Ask volunteers to review the main learning points for Topic 3 in the Volunteer Manual.
2. Ask volunteers to work in pairs to complete the check your understanding self-assessment found in Topic 3 of the Volunteer Manual. Remind volunteers that the self-assessment is to check their understanding of the information covered so far.
3. Allow enough time for everyone to complete.
4. Check the answers by asking the volunteers to share their responses.

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.

IV. Activity in the community

🕒 60-90 minutes

1. Review the key messages for the community in the Community Tools for excessive substance use:
 - 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.
2. Ask volunteers if there are any additional key messages.
3. Ask volunteers what actions they can take to discourage excessive substance use in the community. Record their responses on a flipchart. Refer to the topic summary and add any further information.
4. Review community activity.

community activity:

Use Community Tools with members of your community household to:

- discuss the harmful effects of excessive substance use with members of the community
 - organize the community to address substance abuse problems
 - use established agencies, such as religious institutions or youth organizations, to provide information about substance abuse
 - help to establish support groups for persons who wish to stop using substances
 - support harm reduction programmes, such as needle exchange projects, to reduce the harmful effects of excessive substance use
 - advocate to make sure that the Red Cross Red Crescent branch or chapter is involved in substance abuse response programmes
 - use established programmes to highlight messages about substance abuse
 - advocate for awareness among young people in schools and colleges
5. Ask volunteers to conduct the first community activity and choose two others.
 6. Ask volunteers to discuss the results of each activity when they return to the classroom.
 7. Negotiate a time for the next classroom session. State that when they return they will discuss the results of their community activity.
 8. Coach and supervise volunteers during the field visit.
 9. Encourage volunteers to share what they have learnt with members of their household.

Topic 4

Collection and burial of the dead



Learning objectives

At the completion of this topic, volunteers 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.
-

Suggested outline of activities

Depending on the number of volunteers and amount of discussion, this topic will take approximately 50 to 75 minutes to complete.

I. Introduction	Present information from the topic summary.	 20-30 min.
II. Discussion	Volunteers will discuss how to give psychological first aid to survivors and how volunteers can seek emotional support from the local Red Cross Red Crescent branch or chapter.	 20-25 min.
III. Check your understanding	Self-assessment.	 10-20 min.

Materials and preparation

- Prepared short presentation using the information from the topic summary.
- Three to five sheets of flipchart paper and coloured markers.

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.

There are two valuable resources that volunteers can refer to for information regarding burial of the dead. They are:

- *First Aid in Armed Conflict and other Situations of Armed Violence*, International Committee of the Red Cross and Red Crescent (2006). Available from: www.icrc.org/web/eng/siteeng0.nsf/html/audio-first-aid-040706.
- *Management of Dead Bodies after Disasters: A Field Manual for First Responders*, International Committee of the Red Cross and Red Crescent, Pan American Health Organization, International Federation of Red Cross and Red Crescent Societies (2006). Available from: www.icrc.org/Web/Eng/siteeng0.nsf/html/p0880.

Collection of dead bodies and body parts¹

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 dead²

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 dead³

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.

¹ *Management of Dead Bodies after Disasters: A Field Manual for First Responders* (2006). Sections 4 and 5.

² *Ibid.* Section 6.

³ *Ibid.* Section 8.

Support for families and survivors⁴

- 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

Volunteers 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

⁴ Ibid. Section 10.

References

First Aid in Armed Conflict and other Situations of Armed Violence, International Committee of the Red Cross and Red Crescent (2006). Available from:
www.icrc.org/web/eng/siteeng0.nsf/html/audio-first-aid-040706.

Management of Dead Bodies after Disasters: A Field Manual for First Responders, International Committee of the Red Cross and Red Crescent, Pan American Health Organization, International Federation of Red Cross and Red Crescent Societies (2006). Available from:
www.icrc.org/Web/Eng/siteeng0.nsf/html/p0880.

Public health guide in emergencies, International Federation of Red Cross and Red Crescent Societies and John Hopkins University (2008). Information from:
www.ifrc.org/what/health/relief/guide.asp.

Epidemic control training package for volunteers, International Federation of Red Cross and Red Crescent Societies (in production, to be finalized December 2008).

Facilitator directions

I. Introduction to collection and burial of the dead

 20-30 minutes

1. Welcome volunteers to the session.
2. Ask volunteers what they have practised in their homes and in the community as a result of the previous sessions.
3. Ask volunteers how they have been using the Community Tools and the responses they have received from their community households. Share any feedback they have received about the Community Tools with the branch or chapter staff.
4. Introduce the topic objectives and agenda. Open the session by asking volunteers if any of them have participated in burying a loved one. Ask those who respond to share their experience.
5. Refer to the topic summary and give an interactive presentation on:
 - following instructions of the local authorities and local Red Cross Red Crescent branch or chapter
 - collection of dead bodies after a disaster
 - identification of the dead
 - burial of the dead
 - volunteer protection
6. Answer volunteers' questions.
7. Encourage questions during training. Explain that they can also use paper to write questions and deposit them in the question box. The questions will be reviewed and addressed at the end of each topic.

II. Discussion

 20-25 minutes

1. Ask what volunteers can do to provide support to survivors in the community. Record responses on a flipchart.
2. Revisit the main learning points for Module 4 Topic 2 about how to give psychological first aid to support families and relatives who have lost loved ones.
3. Facilitate a brief discussion about various religious beliefs and burial practices in the community.
4. Provide information on how volunteers can get emotional or psychological support from the local branch after a disaster.
5. Thank the group for their participation. Negotiate a time for the next classroom session.
6. Encourage volunteers to share what they have learnt with members of their household.

III. Check your understanding

 10-20 minutes

1. Ask volunteers to review the main learning points for Topic 4 found in the Volunteer Manual.
2. Ask volunteers to work in pairs to complete the check your understanding self-assessment found in Topic 4 of the Volunteer Manual. Remind volunteers that the self-assessment is to check their understanding of the information covered so far.
3. Allow enough time for everyone to complete.
4. Check the answers by asking the volunteers to share their responses.

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.