



HIV and AIDS

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Key facts

- HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome). AIDS is the most severe stage of HIV.
- There is no cure for HIV infection. However, with increasing access to effective HIV prevention, diagnosis, treatment, and care, people living with HIV can lead long and healthy lives.

Transmission

- The main route of transmission is the exchange of body fluids from infected people, such as blood, breast milk, semen, and vaginal secretions.
- Transmission is possible from a mother to her child during pregnancy and delivery.
- Individuals cannot become infected through ordinary day-to-day contact such as kissing, hugging, shaking hands, or sharing personal objects, food or water.

Most vulnerable to severe consequences

- Children
- Pregnant women
- People living with underlying conditions such as diabetes or hypertension.

Most vulnerable to contracting the disease

- HIV can affect anyone regardless of sexual orientation, race, ethnicity, gender, age, or where they live.
- Certain groups of people are more likely to get HIV than others because of the marginalization and criminalization of their gender identities and expression, sexual orientation, livelihoods and behaviours. HIV prevention services for those groups are unequally accessible or entirely absent in many parts of the world. These include:
 - Men who have sex with men
 - People who use injectable drugs
 - Sex workers
 - Prisoners and other incarcerated people
 - Transgender people

Symptoms

- The symptoms of HIV vary depending on the stage of infection.
- In the first few weeks after initial infection people may experience no symptoms or an influenza-like illness including fever, headache, rash or sore throat.
- As the infection progressively weakens the immune system, they can develop other signs and symptoms, such as weight loss, fever, diarrhoea and cough.
- Though people living with HIV tend to be most infectious in the first few months after being infected, many are unaware of their status until the later stages.
- People with AIDS have badly damaged immune systems. They get an increasing number of severe illnesses, called opportunistic infections. Opportunistic infections include: Tuberculosis, Herpes, Salmonella, Candidiasis (thrush), etc.

What can you do to prevent and control an epidemic?

Prevention and control

- Male and female condom use.
- Testing and counselling for HIV and sexually transmitted infections (STIs).
- Voluntary medical male circumcision.
- Use of antiretroviral drugs (ARVs) for prevention (oral pre-exposure prophylaxis (PrEP) and long-acting products)
- Harm reduction actions such as the distribution of sterile syringes and education to people who inject drugs.
- Strategies to eliminate mother-to-child transmission of HIV such as access to antiretroviral drugs for mothers.
- HIV is not transmitted if a person's sexual partner is virally suppressed on antiretroviral therapy, so increasing access to testing and supporting linkage to ART is an important component of HIV prevention.

Treatment and management

- The treatment for HIV is called anti-retroviral therapy (ART). ART involves taking a combination of HIV medicines every day.
- ART is recommended for everyone who has HIV. People with HIV should start taking HIV medicines as soon as possible.
- ART cannot cure HIV, but HIV medicines help people with HIV live longer, healthier lives.
- ART also reduces the risk of HIV transmission.

Social mobilization and behaviour change

- Develop and disseminate key preventive messages appropriate to each context
- Identify and tackle rumours related to HIV

Mapping and community assessment

- How many people are HIV positive in the community?
- What is the general knowledge of the community on HIV/AIDS? What are the community's beliefs regarding HIV/AIDS?
- How many people have died from HIV/AIDS?
- How many people have access to treatment and prevention services, like condom distribution, screening programs, case management services, medication assistance, sterile equipment and syringes for people who use drugs, etc.?
- What barriers to accessing HIV/AIDS prevention or treatment services do people report?. What challenges do you identify concerning people staying in treatment? What could make the process easier for them?
- Where are the local health facilities and services? Do people have to walk long distances to reach them?
- Who and where are the vulnerable groups?
- Are those seeking HIV health services facing any kind of stigma and discrimination?
- Is a social mobilization or health promotion programme in place?
- Which sources of information do people use most?
- Are rumours or is misinformation about HIV/AIDS spreading in the community? What are these rumours?

Volunteer actions

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01. Community-based surveillance

Overview

- Community-based surveillance is the systematic detection and reporting of significant public health events (such as sudden illness or death in people or animals) within a community by community members and volunteers. It is a simple, adaptable, low-cost public health initiative designed to complement early warning systems for potential epidemic diseases.
- Volunteers use something called a “community-case definition” to detect and report signs and symptoms of potential diseases, health risks and events, and support in community actions and response of local health authorities. Community case definitions are designed to align with the local language and do not require medical training to report on.
- Information discovered during surveillance should be shared with the local branch and health authorities based on the agreed protocol.
- Community-based surveillance (CBS) can be done alongside other health, WASH or community engagement activities in your community, and therefore is not a stand-alone activity, but one that is useful to partner with other community-based activities.
- Community-based surveillance aids in
 - Early detection of public health risks within the community
 - Complementing early warning systems, extending them to the community
 - Linking early detection to early action within the community

What to do and how to do it

- Preparation activities
 - Work with supervisors in mapping community needs and human, animal and environmental disease priorities (see Action tool [Community mapping](#))
 - Familiarize yourself with the disease that may be present in your community including signs and symptoms
 - Establish who is vulnerable in the community. Doing this will help you to identify people who are more likely to fall sick
 - Ensure referral mechanisms are clear in case community members fall sick and require referrals to health facilities for care.
 - Engage in community engagement activities such as mobile cinema, house-to-house visits, etc. to remain active and a known resource in the community.
- Recognize
 - Detect signs and symptoms corresponding to human, animal or environmental health risks or events in your community aligned with community case definitions
 - When you detect people who are sick with the disease, assess how severely ill they are and whether they need to be referred to a health facility (see Action tool [Referral to health facilities](#)).
 - Record the health risk or event you detected to ensure it can be followed-up
- Report
 - Report on the detected health risks or event in your community to your supervisor based on the methodology you are trained on (for example, SMS, phone call, or mobile application). *Remember that reporting must be systematic. To avoid confusion, everyone who reports should follow the same methods agreed on in the protocol and in the training.*

- Your supervisor will then cross-check the report ensuring it meets the community case definition or unusual event requirements agreed on with health authorities. If matching, the supervisor will escalate the alert to the local health authorities for a response or investigation
- React
 - Begin community-level activities based on the health risk following proper safety precautions
 - Referral or care at home
 - Communicate specific health messages and information, and refer sick people promptly to health facilities
 - If sick people can be cared for at home, show their families what to do and provide them with information and supplies, where possible. Use corresponding “volunteer actions” in the ECV toolkit corresponding to the suspected epidemic risk.
 - Support health authorities in their investigation or response following-up on the alert

Additional resources on community-based surveillance: <https://cbs.ifrc.org/>

Community messages



24. Finding sick people

02. Community mapping

Overview

A map of the community enables you to connect issues or problems with particular places and makes information easy to see. Maps are often easier to understand than words.

Mapping aids in:

- Identifying risks and exposure to risk
 - Who and what are most exposed
 - What are they exposed to
- Show existing problems and vulnerabilities (some might make the current threat more serious)
- Understanding resources within the community that might be useful in managing the epidemic
- Obtaining information about other sectors (such as livelihoods, shelter, etc.) that might be influenced by the epidemic, or that might be useful in managing the epidemic
- Analysing links and patterns in the exposure and spread of the epidemic

It is important to create the map together with community members. This helps communities to be active and to be participating members in the care offered by the Red Cross Red Crescent and volunteers.

Community mapping is especially useful in epidemics because it helps to see where the biggest problems and needs are and helps to identify risks and resources such as health posts, emergency vehicles, access roads, shelters, water sources, and so on. Maps can be used to support prevention, preparedness and response to an epidemic.

How to make a community map

If possible, obtain or create a digital map of the community. If not available, it is possible to draw a simple spatial map that shows the community and all its key reference points. While keeping the fundamental principles of data protection, a community map should include the following:

- The whole community: concentrations of people, their houses, and who lives where
- The main shared/public locations in the community, such as schools, health centres, places of worship, water sources, markets, etc.
- The location of people who are most at risk [if you can identify them]
- Where the epidemic started and how it is spreading [if known and possible to identify]
- Health hazards and risks (e.g. improper rubbish disposal sites, large vector breeding sites)

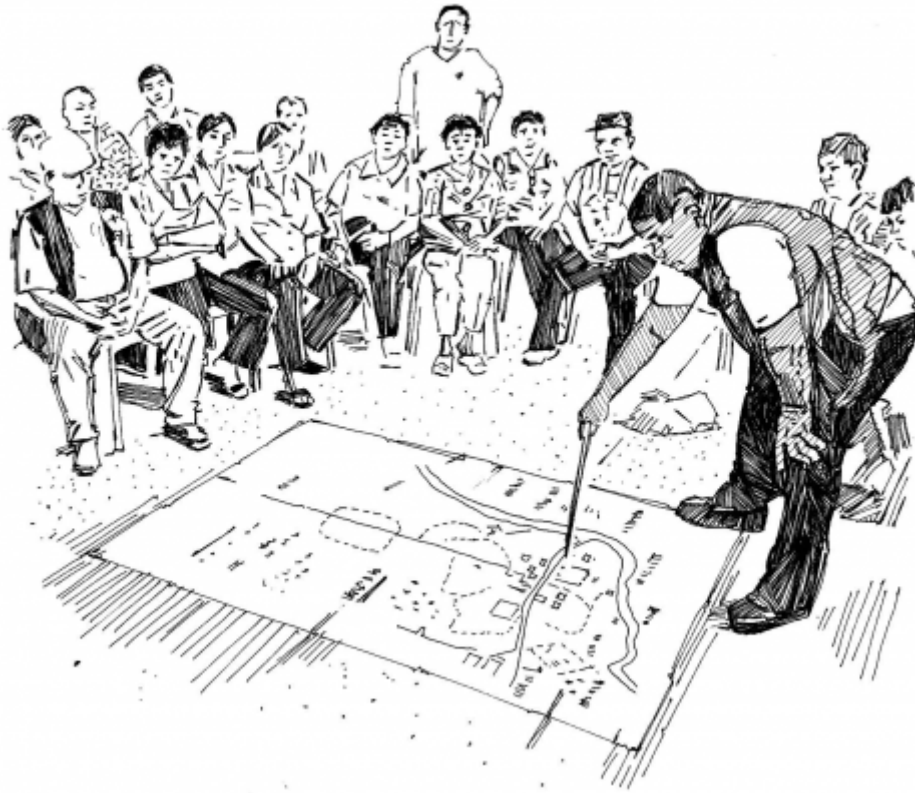
Using the community map

The map can be used to mark new cases and/or referred cases. Do as follows:

- Form teams to cover certain areas of the map.
 - Ensuring the participation of members from the community, each team should find out what it can about its area (how many people are sick, who is vulnerable, how many have been referred to health authorities, any other relevant information). Work with your manager to target and prioritize those who

are most at risk. This will require targeting geographically and, within those identified areas, targeting the most in need based on a vulnerability and capacity analysis that includes a gender and diversity analysis.

- Combine the maps of different teams. In doing this, you will be able to see:
 - Which areas of the epidemic you are covering, which areas you may not be covering, and details of each area. This will help you plan your actions. Some of these actions might include: environmental clean-up; distribution of bed nets; immunization campaigns; other activities associated with managing the epidemic.



Making a community map

03. Communicating with the community

Overview

Communicating during an epidemic can be difficult. Disease outbreaks, especially new ones, can cause uncertainty, fear and anxiety that can result in circulation of rumours, disinformation and misinformation. People may not trust the authorities, the health system or organizations including the Red Cross Red Crescent. They may not listen or may not believe the information they receive from people or organizations they do not trust. People may also be overcome with grief for those who are sick or who have died.

Sometimes, communities have strong beliefs that are different from the preventive and protective social measures promoted by the authorities and healthcare providers. They may believe strongly in their own cultural practices, traditional medicine, or other methods that might not prove effective against the disease. They may not accept certain treatments (including medicines and vaccines).

In many countries messages take the form of directives and one-way-communication. However, community engagement and participation have played a critical role in successful disease control and elimination campaigns in many countries

During a disease outbreak, trusted communication with the community is vital. To build trust, two-way communication is important. "Two-way" means volunteers should both *give messages to* AND *receive messages from* the community. Community members must feel respected and listened to and should have the opportunity to share their beliefs, fears and concerns. To accept volunteers' messages, community members must be able to trust you and have confidence in what you say. Once you understand the beliefs, fears and concerns of community members, you can provide them with truthful and accurate messages.

Providing health messages that are consistent, clear and easy to understand also helps to build trust. Giving accurate information to the community is critical, especially when it is necessary to persuade people to adopt safe practices (which might be different from what they would normally do). Some changes in behaviour that may be promoted are things such as:

- Accepting vaccinations or other medical treatments
- Washing hands with soap at crucial times
- Wearing personal protective equipment
- Burying loved ones in ways that are different from what they would normally do (safe and dignified burials)
- Practising social distancing
- Wearing insect repellent or sleeping under bed nets
- Agreeing to be isolated from others to avoid infecting them
- Preparing food and water differently (often by cleaning, boiling or cooking thoroughly)
- And other recommended public health measures

What to do and how to do it

Communicating in an epidemic

- Engage and involve community leaders and community members
 - Find out where the community obtains its information: Who do they trust to give them health information (for example: health authorities, community or religious leaders, doctors, traditional healers)
 - Work with communities to identify, choose and plan appropriate solutions for stopping the spread of

disease

- Talk to members of the community about their ideas, fears, beliefs and actions
 - Try to understand how much they know about the disease and its transmission
 - Try to understand beliefs and practices that might impact the spread of the epidemic
 - Try to understand what motivates or helps them to change behaviours
 - Try to understand what stops them from changing their behaviour
- Use different methods of communication
 - Use two-way communication when possible
 - When you understand the community's beliefs, fears and concerns, try to address these in your own messages
 - Sometimes, one-way communication methods are used to spread health messages to large numbers of people quickly
 - One-way communication methods should always be accompanied by two-way communication methods to ensure the community perspectives are known and listened to
 - People learn and retain information differently. It is important to use different methods
 - Communities are composed of different people and groups who may have different communication preferences or needs.
 - Think about how to target different groups, especially those who are hidden, stigmatized or considered "different" because of their religion, sexual orientation, age, disability, illness, or for any other reason:
 - Think about where you will go to reach them
 - Find out if they trust the same or different sources than other groups within the community
 - Discover if they have different access needs, such as language translation
 - When choosing methods of communication, consider what people prefer, trust and can access easily
 - Think about the characteristics of your target groups (for example, do they have access to media, such as radio or television? Can they read if they receive pamphlets of information? Are they accustomed to getting information from social media? Etc.)
 - Think about the resources you have access to (for example: do you have access to poster printing? Is there an appropriate location within the community where you can offer to answer questions or give out information? Etc.)
 - Consider the content of your message(s) and think about the most appropriate way to share that content in the specific context (for example: targeting men and women separately)
- Communication should be:
 - **Simple and short.** People should be able to understand messages easily and be able to remember and repeat them accurately and without difficulty.
 - **Trusted.** Delivered by people the community trusts, by a method the community trusts (for example: radio, television, posters, town-hall discussions, etc.).
 - **Accurate and specific.** Always provide correct and precise information. Messages should be consistent and should not be cause for confusion. *If* messages must change (due to new and advancing information about the epidemic), be honest and clear about what has changed and why.
 - **Focused on action.** Messages should be action-oriented and should advise members of the community about what they can do to protect themselves and others.
 - **Feasible and realistic.** Make sure that people have the capacity and resources to carry out the actionable advice you give.
 - **Context-specific.** Information should reflect the needs and situation of the specific community. In all your messages, take account of social and cultural factors that might encourage community members to adopt safer behaviours (such as accepting vaccines) or prevent them from doing so.

Different ways of communicating

There are many, many ways to communicate with communities. The following one and two-way methods of communication are some examples you might consider. Methods can (and should) be combined to ensure accessibility to as many community members as possible.

- One-way communication methods
 - Video, films, television commercials
 - Songs, poems, drama, role-play or theatre
 - Community announcements such as: loud-speaker announcements, SMS mass messaging, social media messages, radio broadcasts
 - Posters, billboards
- Two-way communication methods
- Door-to-door visits
- Meeting with key informants such as: community or religious leaders; traditional healers or midwives; teachers; elders, etc.
- Community discussions encouraging participatory methods such as: three pile sorting, voting charts, mapping, polling, barrier analysis, community planning

Pay attention to rumours

Rumours can cause panic and fear or can promote unsafe practices. Under the influence of the rumours, communities can lose trust in the health authorities, and they may lose belief in the ability to stop the epidemic. Rumours sometimes cause people to reject interventions that could prevent the spread of disease. Volunteers must:

- Listen for rumours or incorrect information.
 - Note when and where a rumour was heard and report it to your volunteer supervisor or National Society focal point immediately
- Correct the rumour
 - Give the community clear, simple facts about the disease
 - Reiterate and explain clearly what they can do to protect themselves and others

04. Community referral to health facilities

Overview

During an epidemic, sick people frequently cannot be treated at home or by volunteers or family. They require medical care and need to go for treatment to a health clinic or hospital.

When carrying out epidemic prevention and control activities in the community, always keep the idea of referral in mind.

A community referral is a recommendation (often made by a community volunteer) to seek services at a health facility or from a health care professional. This recommendation is usually based on the identification of signs of disease or the risk that a disease poses to a person, family or community. A community referral is not a confirmation of illness, nor is it a guarantee that any specific treatment will be given. A diagnosis, and any subsequent treatment, is determined by a health professional and not by the community volunteer.

What to do and how to do it

Identifying people who need to be referred

- Learn the symptoms of the disease that is causing the epidemic and the signs that indicate that affected people should be referred to health facilities
- Always keep your own safety and protection in mind
 - With the advice of your supervisor, find out how you can tell when a person is severely ill and needs to be referred

Map and visit referral facilities

1. Unless there is only one referral facility in the community, the selection of a health facility for volunteers to which to send community referrals should be done by a health professional supporting or working at the National Society and validated by the National Society leadership. Volunteers cannot decide alone to which facilities they can send referrals.
2. Once a health facility has been identified and validated by the National Society, with the support of your manager, visit health facilities and talk to doctors and nurses to coordinate referrals
 - Inform them about Red Cross Red Crescent branch activities in which you are involved and how this may lead to community referrals from branch volunteers trained in epidemic prevention and control
 - Discuss the best method for sending sick people from the community to the health facilities:
 - Public transport?
 - Can people access it? Pay for it?
 - Can sick people use it?
 - Is there a risk of disease transmission to other passengers?
 - Ambulance services?
 - Does the health facility have ambulances?
 - Does the Red Cross Red Crescent branch have ambulances?
 - Can people access them? Pay for them?
 - How do you contact the ambulance?
 - Is the disease highly infectious and requiring special transport?

- If the disease is highly infectious (like Ebola or Marburg), special transport must be arranged so that there is no risk that other people could not be infected
- Tell them about your activities and how you plan to do referrals. Take advice from them

Plan and prepare to make referrals

1. Plan how referrals will be made and facilitated
 - Can the National Society provide transport?
 - Do people have money to pay for transport?
 - Does the health facility require prior notification of the referral? If so, how will the health facility be informed of the referral?
2. Always carry the relevant disease tool with you when you are doing community-based referrals
 - This will help you remember what you should know about the disease and its symptoms.

Making a referral

1. Volunteers act on behalf of their National Society and must have the consent of the National Society before undertaking activities. They should be trained in the principles of the Red Cross Red Crescent Movement and should have appropriate training and supervision before making community referrals.
2. Volunteers should obtain the consent of the person to the referral, or of the guardian if it is a child.
3. Volunteers should work to uphold these principles:
 - Confidentiality – It is important to keep information about community members private and not to discuss people's health, healthcare or other private details with others in the community. Remember that breaches of confidentiality often happen unintentionally, for example, when discussing the day's work with friends or family members.
 - Respect – It is important to respect people's choices and decisions, even if you do not agree with their choices.
 - Safety – If you have concerns about the safety or security of a person (in relation to the community referral, or any other aspect of their situation), you should discuss it with your supervisor to find a safe solution if possible.
4. When you refer, always explain clearly to the family concerned what the disease may be, what its symptoms are, and why you think referral is necessary.
 - Give the family information about the health facilities available and how to reach them by different means of transport
 - Help the family if special transportation is needed



Community messages



24. Finding sick people

05. Volunteer protection and safety

Overview

Volunteers work in vulnerable situations and with people of many capacities. Working in epidemics can be risky because volunteers can also catch a disease and fall sick. In addition to physical risks, there may be risks to volunteers' emotional and mental well-being, due to the nature of the work they undertake. It is important to protect from and minimize the impacts of these risks.

Your National Society should provide proper protection for you and other volunteers who are working in epidemics. Your manager is a valuable resource for information and equipment to protect and preserve your physical, emotional and psychosocial wellbeing.

It is important to follow the guidance from your supervisor and National Society and use the level of protection that is appropriate for the situation you are in.

What to do and how to do it

Protecting yourself and others from disease

1. You must be familiar with and trained to use protective equipment before you wear it in an actual disease environment. Try the equipment out beforehand and learn how to use it properly.
 - In certain epidemics like Ebola, Marburg, Lassa fever and plague, full protection should be used whenever you undertake high risk activities. Full protection requires use of personal protective equipment (PPE). (See Action tool [Personal protection equipment \(PPE\) for highly infectious diseases](#))
 - In other epidemics, you should at least use masks and latex gloves and wash hands with soap after contact with an affected person. (See Action tool [Handwashing with soap](#) for instructions in good hand hygiene.)
2. Volunteers should be vaccinated according to country-specific vaccination guidelines (see Action tool [Routine vaccinations](#)).
 - Volunteers should be vaccinated according to the routine vaccination schedule in the country
 - Volunteers may be eligible for vaccination during mass vaccination if applicable
3. Volunteers should be alert to their own physical and psychosocial well-being during an epidemic
 - Volunteers should be alert to stressors in their personal and working lives, and should have a plan in place for how to cope with stress and trauma in a healthy and helpful way
 - This may include stress management techniques that you already use such as exercise, meditation, taking part in hobbies, etc.
 - Your manager is a useful resource for information and tools to use to help you achieve and maintain psychosocial well-being

Understanding common prevention and control measures

Volunteers should learn additional prevention measures for use in epidemics (and before them). These include:

- Vector control measures (see Action tool [Vector control](#))
- Safe handling of animals (Action tool [Handling and slaughtering animals](#))
- Chemoprophylaxis (Action tool [Chemoprophylaxis](#))

- Safe food and water (Action tools *Good food hygiene* and *Clean, safe household water*)
- Hand hygiene (Action tools *Handwashing with soap* and *Handwashing in a highly infectious epidemic*)

Protecting volunteers from harm and liability to others

1. **Volunteers should be protected** if they suffer damage or injury in the course of their work. Accidents can happen, and volunteers can be injured or even killed. Equally, volunteers can harm other people and their property, especially if they have not been properly trained or given the correct equipment.
 - National Societies therefore need to have appropriate insurance policies. Insurance may be needed to pay compensation to volunteers or their families if they are injured or killed; to pay compensation to others if they suffer harm as a result of volunteer actions; and to cover legal costs. The nature of the cover will depend on the legal system in your country. The Movement urges the National Societies to acknowledge and uphold their duty of care towards volunteers, especially if something should happen to them while carrying out their duties. Ask your manager about the type of insurance or coverage through a “safety net” you can receive.
 - Prior to asking volunteers to perform activities that are high-risk (e.g. safe and dignified burials), National Societies should also ensure volunteers have received the necessary vaccinations and protective equipment. What this includes will depend on the context in which you are working and the health policies for staff and volunteers of your National Society.
2. **Volunteers should be informed** of and understand the National Society’s security policy and follow the rules and regulations it sets out. You should also be informed of any changes in the policy and asked to report any incidents of concern.
 - Safety in the community depends on the personal attributes of volunteers, trainers and other team members – how they work together and how they collaborate with people in the community. Volunteers should be culturally sensitive. Your personal behaviour should never cause offence. You should show integrity and should never become a problem for the community. Correct, polite, impartial behaviour is always expected.
 - Volunteers should be proactive in managing and maintaining their own safety and security. This means you should not hesitate to ask your manager about safety and security risks and what you should do if you encounter any threats or have any problems. You should find out what protocols are in place if a safety or security incident occurs, including how and to whom you should report these events.



12. Managing fever

Overview

- Fever is the body's reaction to infection. It is a raised body temperature which can be very uncomfortable, causing chills and shivering. In babies and young children, fever may be a sign of serious illness. A high fever can cause convulsions (violent shaking of the body) in young children. Fever can also cause the body to lose liquids and become dehydrated.
- The only way to confirm a fever is by checking the person's temperature with a thermometer. Fever is a temperature over 38° Celsius. If you do not have a thermometer to confirm fever it is important to look for other signs of raised body temperature. If other signs are present, we call it "suspected fever".

What to do and how to do it

Assess the person

1. If possible, check the person's temperature:
 - Or, if the person or family has checked the temperature with a thermometer, ask them what the result was
2. Look for other signs of raised body temperature such as:
 - Feeling too hot
 - Flushing (redness) of the skin
 - Complaints of feeling cold
 - Chills, shivering
 - Sweating
 - Headache
 - Weakness
 - Lethargy/feeling tired and unwell
3. Check the person's condition:
 - Ask about other symptoms, such as rash, headache, vomiting, cough or pain

Manage the fever

1. If the fever is high or if the person has had convulsions, or if the person is a baby or small child, refer him or her to a health facility immediately.
2. If the person can drink, eat and move about:
 - Give him or her more fluids to drink than usual.
 - Encourage caregivers to breastfeed babies as much as possible.
 - Encourage carers to give nutritious food.
3. Cool the body down by:
 - Removing excess clothing.
 - Wiping a sponge or a cloth soaked in tepid (lukewarm) water over the body and forehead.
 - Bathing babies in tepid water. Observe them closely for convulsions
 - Encourage rest.

4. If the fever does not go away or becomes worse, seek the help of a health professional.

Report symptoms

In areas affected by an epidemic, fever can signal that a person has the disease in question.

- If fever is one of the symptoms of the disease (as in meningitis, malaria, or dengue), you should report cases as part of your community-based surveillance activities to the designated health authority. > Follow the actions indicated for prevention and management.
- If fever is one of the symptoms of the disease (as in meningitis, malaria, or dengue), but there is no community-based surveillance system in place, you should report cases to the nearest public health care facility. > If you are not sure where to report cases, discuss with your manager to find the best solution.



Community messages



02. Caring for a person with fever

13. Breastfeeding

Overview

- Breast milk is the best food for babies. The breast milk babies get immediately after birth is very healthy and helps to protect them from infections and illness. Mothers should be encouraged to begin breastfeeding as soon as the baby is born, and they should be urged and supported to continue to breastfeed. From birth to six months, breast milk is the only food a baby needs. After six months of age, when babies begin to eat other food, it is good to continue breastfeeding to add to the child's diet until they are around two years old.
- Breastfeeding can save the lives of babies and young children in epidemics of diarrhoeal disease.
- It is always good to continue breastfeeding in epidemics because breast milk is a clean, nutritious, and free-of-charge food for babies.

What to do and how to do it

Understand the context

1. Familiarize yourself with any local cultural beliefs and practices that are obstacles to exclusive breastfeeding.
 - Find out which community health workers and traditional birth attendants are promoting breastfeeding and work with them. They can help you understand whether mothers breastfeed exclusively or provide other foods/drinks to babies under six months of age; whether they start to breastfeed within the first hour of birth; whether they use bottles; or what women do if they struggle to breastfeed.
 - Talk to community and religious leaders and to fathers about the importance of breastfeeding. Ask for their help to persuade mothers to breastfeed.
2. Get to know all the families in your area that have babies less than six months old.
3. In some contexts, parents may use formula milk as a breast milk substitute for various reasons. It is important to understand those reasons and to share information about the possible associated risks:
 - Bottle-feeding can be dangerous if bottles or water used to prepare powdered milk are not very clean or are contaminated with germs.
 - Formula milk companies often use false and misleading messages to sell and profit from their product (e.g. they may claim that the formula is more nutritious than breast milk). Be wary of their marketing strategies and make sure that parents have access to accurate information.

Social mobilization and messaging

During social mobilization activities and house-to-house visits, or when promoting health, let mothers know that exclusive breastfeeding protects their babies from diarrhoeal diseases and can prevent death.

1. Repeat the same messages:
 - Breastfeeding saves the lives of babies in epidemics of diarrhoeal disease.
 - Always advise mothers to breastfeed.
 - Exclusive breastfeeding should be encouraged for babies less than six months of age – this means the baby should get **only** breastmilk and nothing else
 - Complementary breastfeeding should be encouraged for children six months to two years – this means the child can start to eat other things, but that they should still breastfeed to supplement, or add to, their diet.

2. Talk to women to find out what support they need and the difficulties they face in continuing to breastfeed.
 - Work with women and health workers to try to resolve their problems and concerns.
 - There are many difficulties and problems a woman might face. Examples of difficulties are lack of adequate food and water for the mother; lack of social support for breastfeeding (example: breastfeeding not allowed in public, mother being unable to look after a baby due to work, husband or mother-in-law not supporting breastfeeding, etc.); baby not latching properly or suffering tongue tie; breast infections; etc.
 - Depending on the problem(s) a woman identifies, volunteers can help by doing things such as:
 - Advocating for safe spaces for breastfeeding
 - Helping women find breastfeeding support groups in their communities
 - Finding out if there are breastfeeding counsellors or educators in the community or at health facilities
 - Advocating for healthy and adequate food for breastfeeding mothers
 - Volunteer support actions will depend on the issues identified by the breastfeeding mother.
3. After the epidemic is over, keep working to encourage breastfeeding.



Breastfeed exclusively from birth to six months of age. After this age, introduce appropriate food while continuing to breastfeed.

Community messages



03. Breastfeeding



08. Washing hands with soap

15. Measuring acute malnutrition in emergencies

Overview

What is acute malnutrition?

When children do not have enough food or nutrients, it can affect their growth and development. A child with acute malnutrition is likely to be very thin, have a low weight for his or her height (wasting), and might have swelling, especially in the legs.

Why is measuring acute malnutrition important?

In emergencies or epidemics, more people tend to suffer from acute malnutrition because they lack nutritious food, are unable to provide appropriate feeding care, lack access to clean water and sanitation, and have limited access to health services. As a result of malnutrition, they may become ill and find it more difficult to fight disease. A child under five years old with acute malnutrition is more likely to become ill and to die than other children. The earlier a malnourished child is identified and referred to health care services, the more likely it is that she or he will recover and survive.

What to do and how to do it

Preparing to screen for malnutrition

1. Find out the location of the nearest health services for treating malnutrition, the types of malnutrition they treat, and how you can refer children and their parents to them. Some programmes provide referral papers for families. The facility should be able to let you know what is required for a referral (for example, mid upper arm circumference, or MUAC, measure).

****You should only begin screening for malnutrition IF there are appropriate treatment centres, validated by a health professional, to which to refer people****

2. Select appropriate screening location(s). Potential screening locations include:
 - At home, in the market, in religious centres, during meetings or ceremonies (baptisms, marriages, funerals)
 - At Oral Rehydration Point (ORP) sites, where non-food items (NFIs) or food rations are distributed, or during vaccination campaigns, etc.
 - In health facilities (clinics, as part of routine growth monitoring) or during outreach visits (for immunization or health education)
 - Arrange special mass screenings when malnutrition rates are very high

Screening for malnutrition

Mid upper arm circumference (MUAC) screening can be done on anyone over the age of six months and is commonly used for children six to 59 months (six months up to five years). The size of the MUAC tape is different for different age groups. Make sure you are using the correct size of MUAC for the age group you are measuring.

- Measure the mid upper arm circumference (MUAC). This identifies “wasted” (thin) people.
 - Wrap a coloured or numbered MUAC tape round the left arm of the person you are screening (see Action Tool [Measuring mid upper arm circumference for instructions](#)).

- If the circumference of the arm falls within the red or yellow indicator, the person is likely malnourished and should be referred urgently for medical and nutritional care.

Community support for the management of malnutrition

1. The earlier a malnourished child is identified and referred to healthcare services, the more likely it is that she or he will recover and survive.
 - Refer any person with a red or yellow MUAC to the closest health or nutrition centre
 - Support in-patient care.
 - If a child is very sick and requires referral to an in-patient facility or hospital, assist the family to take the child
 - If the family refuses, visit at home and continue to encourage referral
 2. Supportive home visits and follow-up can help children both to recover and to continue with their treatment.
- Check that referred children go for care and follow up. If parents and carers are not supported, they may discontinue treatment and the child can very quickly return to being malnourished
 - Check to ensure that medicines and nutrition supplements (paste or cereal) are given correctly.
 - Encourage caregivers to continue treatment as indicated by the health professional
 - Nutrition supplements should not be shared with other family members or with the community but should be considered a medicine; sharing will slow the child's recovery
 - Visit the homes of children who have missed treatment to find out why.
 - Encourage them to return and continue care if they can
 - Give the health team the information you obtain and, if possible, try to link the health facility staff and the parents via phone, if they cannot or will not attend the centre
 - Support families when parents cannot or refuse to visit the hospital to which their children have been referred

Community messages



23. Encouraging healthy behaviours in a community



29. Attending nutrition checks

17. Measuring mid upper arm circumference (MUAC)

Overview

What is a MUAC test?

MUAC is a simple measurement that can be used to identify children (six months to five years) who have malnutrition and are at risk of dying. It uses a coloured tape that is wrapped around the left upper arm. Parents and carers can be trained to measure the MUAC.

Children whose arm circumference falls within the red or yellow indicator on the coloured tape (see table below) should be referred to the nearest health or nutrition centre.

What to do and how to do it

Preparing to screen for malnutrition

1. Find out which health facilities or centres treat malnourished children in your area. (Some facilities only address severe acute malnutrition (SAM) and not moderate acute malnutrition (MAM)).

** You should only begin screening for malnutrition IF there are appropriate treatment centres, validated for quality assurance by a health professional, to which to refer people **

2. Inform the community and parents that MUAC tapes identify children who are malnourished.
 1. Inform the community that thin, weak children who are not growing well can obtain treatment without cost and indicate where they can access this service.
 2. Find out the local word for a child who is very thin and use it to help find cases.

Measuring MUAC

1. Mid upper arm circumference (MUAC) screening can be done on anyone over the age of six months and is commonly used for children six to 59 months (six months up to five years). The size of the MUAC tape is different for different age groups. Make sure you are using the correct size of MUAC for the age group you are measuring.
 2. Use MUAC to measure children between six months and 59 months of age, especially those who are sick, thin or weak.
- Explain the procedure to the child's mother or caregiver.
 - Ensure that the child is not wearing any clothing on his or her left arm.
 - If possible, the child should stand straight and sideways to the measurer.
 - Bend the child's left arm at 90 degrees to the body.
 - Find the mid-point of the upper arm. The mid-point is between the tip of the shoulder and the elbow.
 - Mark with a pen the mid-upper arm point.
 - Ask the child to relax the arm so it hangs by his or her side.
 - Using both hands, place the MUAC tape window (0 cm) on the mid-point.
 - While keeping the left hand steady, wrap the MUAC tape around the outside of the arm with the right hand.
 - Feed the MUAC tape through the hole in the tape while keeping the right hand planted on the arm.
 - Pull the tape until it fits securely around the arm while keeping the right hand steady on the child's arm.

- Read and record the measurement at the window of the MUAC tape to the nearest millimetre (mm).
- If a child has a MUAC coloured yellow or red on the tape, a referral to the nearest health or feeding centre should be made.

Making referrals

- Refer children that have a red or yellow MUAC to the appropriate treatment centre, identified when you were preparing for screening.

Colour	Nutritional status	Action
Red	Severe	Refer to the nearest health facility that provides therapeutic feeding.
Yellow	Moderate	Refer to the nearest health or nutrition centre that provides supplementary feeding (if available).
Green	Healthy	Encourage the carer to continue with healthy hygienic care and feeding practices, and to return if the child becomes sick or weaker.

Social mobilization and messaging

- Explain the MUAC arm measurement to caregivers. Tell them if it shows their child(ren) is/are malnourished and should receive treatment.
 - Encourage caregivers to seek health treatment quickly if their child is malnourished. Tell them that treatment will enable the child to grow well, prevent stunting, and help the child to avoid diseases later in life.



Community messages



29. Attending nutrition checks

19. Psychosocial support

Overview

Normal reactions to abnormal events

It is normal and expected to have strong reactions to abnormal and difficult events. People and communities who experience difficulties may be affected emotionally, mentally, physically and/or socially. Some of these effects may include:

Normal reactions to abnormal events

- **Emotional.** Anxiety, grief, guilt, anger, irritability, frustration, sadness, shame, numbness, loss of hope, loss of meaning, feeling of emptiness.
- **Mental.** Loss of concentration, memory loss, confusion, intrusive thoughts, difficulties in decision making, disorganized thought.
- **Physical.** Increased heartrate, sleeping problems, aches (stomach, head), back and neck pain, muscle tremors and tension, loss of energy, inability to rest and relax.
- **Social.** Risk taking, over- or under-eating, increased intake of alcohol or cigarettes, aggression, withdrawal, isolation.

Psychosocial support

- The term “psychosocial” refers to the dynamic relationship between the psychological and social dimensions of a person, where the dimensions influence each other. The psychological dimension includes emotional and thought processes, feelings and reactions. The social dimension includes relationships, family, community networks, social values and cultural practices.
- “Psychosocial support” refers to actions that meet the psychological and social needs of individuals, families and communities. Psychosocial support (PSS) requires training and supervision. Your supervisor can help you access the appropriate training before you begin to offer PSS to community members. They will also provide you with supervision and support while you provide PSS.
- We provide psychosocial support to help people who have been affected by a crisis. Volunteers should explain what psychosocial support is and if they are appropriately trained, they should offer to provide it to those who wish to receive it. Early and adequate psychosocial support can prevent distress and suffering from turning into more severe mental health problems.
- Psychosocial support during emergencies should ensure safety and promote calm, connectedness, personal and collective efficacy, and hope.

What to do and how to do it

Psychosocial support activities include:

- Psycho-education
 - Explain how to identify signs of psychosocial distress
 - Provide advice on how to cope during outbreaks (e.g. maintaining a daily routine as much as possible; calling friends and family to keep in touch and show care for each other; fact-checking information about

a disease against trustworthy sources)

- Share tips about relaxation
- Health education can have a positive psychosocial impact:
 - Health education can help community members to better understand their health status, regain a sense of control and cope with their situation
 - While being ill, and even after medical clearance, it can be difficult for people suspected of infection to resume normal life. Educating communities about the nature of the disease, how it spreads – and does not spread – and how to protect against it is an important tool against fear and stigma
- Active listening: Ensure the affected population can raise their concerns, provide suggestions and feedback. This information is used to reduce fear, address rumours and misinformation and increase sense of agency and dignity of the affected population.
- Life skills and vocational skills activities/lessons.
- Creative activities, sports and physical activities.
- Restoring family links.
- Child friendly spaces.
- Supporting memorials and traditional burials.
- Support and self-help groups
 - These include efforts to help people in isolation or quarantine maintain contact with their relatives and friends.
 - Community volunteers that respond to crises are also exposed to loss, devastation, injury and death. It is therefore important to seek support from managers when needed, and to create a supportive environment by showing concern for staff and other volunteers.
- Psychological first aid

23. Chemoprophylaxis

Overview

- Some diseases are very serious (can make people very ill or even kill them) and very infectious (they infect a lot of people, usually very quickly). People who have been in close contact with an infected person may be at risk of being infected. For some diseases (for example, plague and malaria), **chemoprophylaxis** exists.
- Chemoprophylaxis means taking medication as a preventive measure to stop a healthy, close contact (e.g. family member) of the infected person from falling sick. Before the close contact shows signs of a disease, they may be able to take medication that will prevent them from falling sick.

What to do and how to do it

Preparing for chemoprophylaxis administration

1. Find out from local health authorities if chemoprophylaxis exists and is available for the disease(s) present
2. Identify which facilities offer chemoprophylaxis and how to refer close contacts and others (for example, malaria chemoprophylaxis for pregnant women and infants) to those facilities for treatment

Management and referral to treatment

1. Identify close contacts of sick people and refer them to these health facilities for chemoprophylaxis.
 - Close contacts may include household members, partners, co-workers and children in the same class or dormitory.
 - Each disease will have its own definition of what makes a close contact. Take advice from health authorities during the outbreak.
 - Medications may be given to close contacts of a patient with plague, meningococcal meningitis, tuberculosis and possibly other diseases.
2. If you live in a community with moderate or severe malaria transmission, identify infants and pregnant women.
 - Get to know all the families with babies under one year of age. Visit them once a month.
 - Explain to pregnant women that they must visit the health worker for a check-up.
 - Refer pregnant women and infants to health facilities for chemoprophylaxis against malaria.

42. Promoting safe sex

Overview

Some epidemic-causing diseases can be passed from one person to another during sex, usually in semen, vaginal fluids or blood. Some of these diseases can continue to be spread through sex, even after the person has recovered from the disease. "Sex" means any kind of oral, vaginal or anal sex, or sharing of sex toys. Some epidemic-causing diseases that are known to be passed through sex are:

- Zika virus
- Ebola virus disease
- Marburg fever
- Lassa fever

There are many other diseases, such as HIV/AIDS, which can be passed through sexual activities. Promoting safer sex is an important public health message that can save many lives. Having "safer sex" means protecting yourself and your partner from diseases that can be transmitted during sexual activity.

When to promote safer sex?

During outbreaks of Zika, Ebola, Marburg fever or Lassa fever, it is important to include messaging about safer sex. Messages should include:

- How the disease is transmitted through sex
- How to practise safer sex

While safer sex messaging is very important to prevent the spread of epidemic disease, it is only one way that community members should protect themselves from becoming ill during outbreaks of the above diseases. Especially in the cases of Ebola, Marburg and Lassa fevers, the diseases are also spread through other close contact with infected people, not just sex. Practising safer sex alone will not protect people from these diseases. Safer sex is only one way to prevent disease. It should not be the principal focus of your messages during an epidemic.

Messages about safer sex during epidemics should promote:

- Use of male or female condoms when having sex.
 - Condoms are a barrier and block any infectious semen or fluid that may transmit an infection.
- Other ways (instead of sexual intercourse) of sharing intimacy with sexual partners

Key facts about Zika:

- A pregnant woman can pass Zika to her unborn baby which can cause severe brain defects in the baby
 - Pregnant women who live in or travel to places where Zika is present, or whose sexual partners live in or travel to places where Zika is present, should be instructed to go to a health centre for a check-up and to discuss Zika risk with their healthcare provider.
 - In these cases, it is best not to have sex during pregnancy, or to use condoms during the whole pregnancy.
- If women are planning a pregnancy and live in an area where Zika is present, it is important to discuss the risks, protect both partners from mosquito bites, and consider postponing pregnancy until after the outbreak has ended

- A man or woman who has Zika can pass Zika to his or her partner during sex for up to six months after acquiring the infection (whether they were sick and showed symptoms or not).

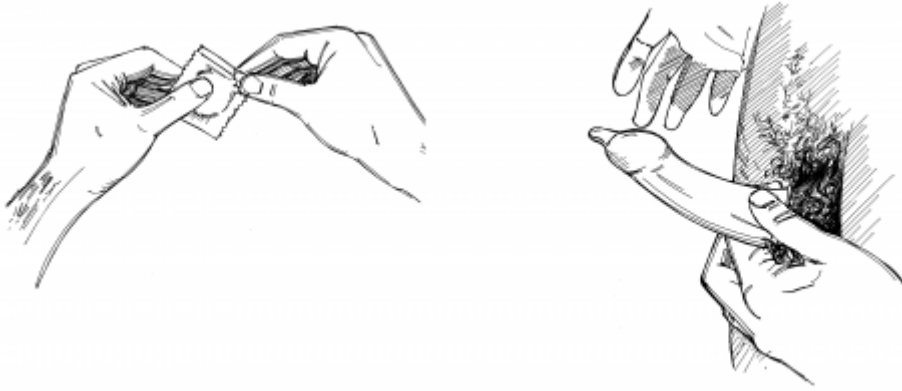
Key facts about Ebola, Marburg and Lassa:

- Men who have recovered from Ebola, Marburg fever or Lassa fever can pass the disease on to another person during oral, vaginal or anal sex
- Men who have recovered from Ebola or Marburg should use a condom for at least 12 months from when they got sick or until their semen tests negative twice for the virus.
- Men who have recovered from Lassa fever should use a condom for at least three months after they get better.

What to do and how to do it

Social mobilization, messaging, and behaviour change

1. Make sure you understand the facts, and how diseases including Zika, Ebola, Marburg fever and Lassa fever can be transmitted through sex.
2. Remember that sex is only one way of transmitting these diseases, and often it is not the main way.
 - Talk to your volunteer coordination/team leader or local branch health office about which prevention methods should be emphasized during your community visits.
3. Remember that sex can be a very sensitive, taboo or embarrassing topic for people to talk about. You may have to change your approach or way of communicating to get your messages across.
4. Carry out social mobilization and behaviour change communication activities in an outbreak of Zika, Ebola, Marburg fever or Lassa fever. (See Important points above and Action Tools [*Communicating with the community*](#) and [*Social mobilization and behaviour change*](#).)
 - Make sure you know and can demonstrate how to use a male and female condom correctly.
5. Be respectful of the culture:
 - Consider speaking to men and women separately
 - Consider speaking separately to adolescents. Remember that adolescents often experience stigma and difficulties in accessing sexual health information and services. Yet, most people initiate sexual activity during adolescence, so it is important to support them to ensure good sexual health choices and decisions.
 - Do not push people to share views on this topic in front of others as some may feel uncomfortable
 - Do not make assumptions based on stereotypes. For example, do not assume a person has certain attitudes about sex based on their age, gender, profession, or ethnicity
 - Remember that providing sexual health information is important, even if it is a sensitive topic in many cultures



Community messages



26. Practising safe sex

43. Social mobilization and behaviour change

Overview

There are many reasons why people practise unhealthy behaviours. People are affected by access to services or facilities, social norms and influences where they work, live or play. Behaviour change is the study of how and why people change some habit or action in their life. As volunteers, we need to understand WHY the behaviour is happening and WHAT actions will lead to change to create healthy behaviours. Examples of healthy behaviours include handwashing, breastfeeding, immunizations, consistent condom use and use of bed nets.

In any culture and context, behaviour change involves three elements. Before people will change their behaviour:

1. They need to know what, why and how they should change. They need knowledge.
2. They need to have the right equipment, access and capacity. They need an enabling environment.
3. They need to be motivated to change.



The social-ecological model below shows how each person's behaviours are affected by many different levels of influence including the individual level, the interpersonal level, the community level, the organizational level and the broader policy level which includes laws and policies that allow or restrict a behaviour. In order to promote health, it is important to consider and plan behaviour change activities across multiple levels at the

same time. This approach is more likely to result in successful behaviour change over time. As a volunteer, it is helpful to understand that behaviour change is difficult for many people because of these many levels and the complex interactions and expectations across the different levels. If you consider how each of the levels affects the behaviour of the person you want to help, you can try different interventions at each level that is specific to their needs.



What do to and how to do it

The general process for developing a behaviour change intervention includes staff and volunteers working through the general steps of:

1. Sensitizing the community to the behaviour change process using the theory of change model.
2. Assessing the problem behaviour – why it is practised, who practises it, when it is practised and what factors in the environment or society encourage the behaviour. Assess this information at the different levels of the social-ecological model for each community you serve.
3. Identifying an appropriate behaviour goal based on your assessment.
4. Reviewing the causes or barriers at each level that allow the behaviour to continue. Identify interventions that align with each cause or barrier and that can be used at different levels.
5. Discussing the suggested interventions for each social-ecological model level with the community.
6. Identifying appropriate interventions for the context at each level. Interventions should be planned to address the stages of the theory of change by first giving knowledge and addressing environmental factors, motivating key people to gain approval and intentions, and ultimately inciting people to action that contributes to the overall goal.
7. Implementing the interventions at each level.
8. Monitoring to see if change is happening. Change takes time but it must be monitored to ensure that it is happening, even slowly. Additionally, as people go through the change process, their barriers and causes will change. The behaviour change interventions should adjust to these changes to ensure that change can continue.
9. Recognizing that when change is not happening as intended, further assessment and intervention tweaking is needed.
10. Continuing to implement, monitor, assess and adjust as the change process happens.

For more information, please consult the eCBHFA Manual for volunteers on [Behaviour Change](#), including:

1. Principles of behaviour change
2. The social ecological model
3. The stages of behaviour change
4. Activities for behaviour change

Community messages



23. Encouraging healthy behaviours in a community