Tuberculosis

Last update: 2023-06-23

Key facts

- Tuberculosis (TB) is caused by bacteria (Mycobacterium tuberculosis)
- TB most often affects the lungs.
- Tuberculosis is both curable and preventable.

Transmission

- TB is spread from person to person through the air.
- When people with lung TB cough, sneeze or spit, they propel the TB germs into the air. A person needs to inhale only a few of these germs to become infected.

Most vulnerable to severe consequences

- People living with HIV or suffering from other conditions that decrease people's immune defences, such as diabetes, are especially vulnerable.
- Children are vulnerable because of their weaker immune systems.

Most vulnerable to contracting the disease

- Tuberculosis mostly affects adults. However, all age groups are at risk.
- People living in crowded and poorly ventilated spaces where there are people with infectious TB. These can include prisoners, migrants and socially marginalized people.
- People who are infected with HIV are 18 times more likely to develop active TB.
- People with undernutrition are 3 times more at risk.
- Alcohol use disorder and tobacco smoking increase the risk of TB.

Symptoms

- Cough with sputum and blood at times
- Chest pains
- Weakness
- Weight loss
- Fever
- Night sweats

What can you do to prevent and control an epidemic?

Prevention and control

- Community awareness and identifying people suspected to have TB
  - Inform communities on main symptoms of TB
  - Identify people with TB symptoms in the community
- Promote basic precautionary measures for infection control and social distance advice at family and community levels

Treatment and management

- Identify and refer symptomatic cases to health facilities.
- Provide psychosocial support to those under treatment and their family members.
- Support people with TB in your community to adhere to treatment. That is, to take medication according to the recommendations of a health care provider. Adherence is important for people with TB to get better, to control the spread of infection, and to minimize drug resistance.

Social mobilization and health education / promotion

- Priority health education target groups are at risk groups and those who are sick with TB and their families.
- Stigma against TB and TB/HIV should be strongly addressed

Mapping and community assessment

- Make a map of the community.
- Mark the following information on the map:
  - How many people identified with TB symptoms? Where?
  - How many people have been referred to health services?
  - Who and where are the vulnerable people?
  - Where are the local health facilities and services?
  - Where do people obtain their medication?
- Record the following information on the back of the map:
  - When did people start to observe TB symptoms?
  - How many people live in the affected community? How many are children under five years?
  - Are there people in the area living with HIV?
  - What are the community's knowledge, practices and beliefs about TB and TB-HIV coinfection?
  - Amongst those people with TB, what are the knowledge, concerns and beliefs about TB treatment?

    - Is a social mobilization or health promotion programme in place?
    - Are TB treatment services accessible?
    - Which sources do people use/trust the most for information?
        - Are there rumours or misinformation about TB
        - What are the rumours?

Volunteer actions

- 01. Community-based surveillance
- 02. Community mapping
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- 05. Volunteer protection and safety
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- 15. Measuring acute malnutrition in emergencies
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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. Where relevant, (e.g. for zoonoses or environmental health events) information should also be shared with animal health and environmental health authorities.
- 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
- After verification, the supervuisor will notify relevant authorities in animal and environmental health for significant animal, zoonotic and environmental health events, especially those that portend a risk to human health.

- 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
  - Where relevant, collaborate with and support officials in the animal and environmental health sectors for joint investigation, response and information sharing.

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, WASH, infrastructure 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 - which may include human-to-human transmission dynamics, exposure from animals, vectors or food, behavioural risks, and environmental health drivers.

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, playgrounds and community meeting centres, communal livestock farming and livelihood areas such as cattle kraal, live bird markets, abattoirs, 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)

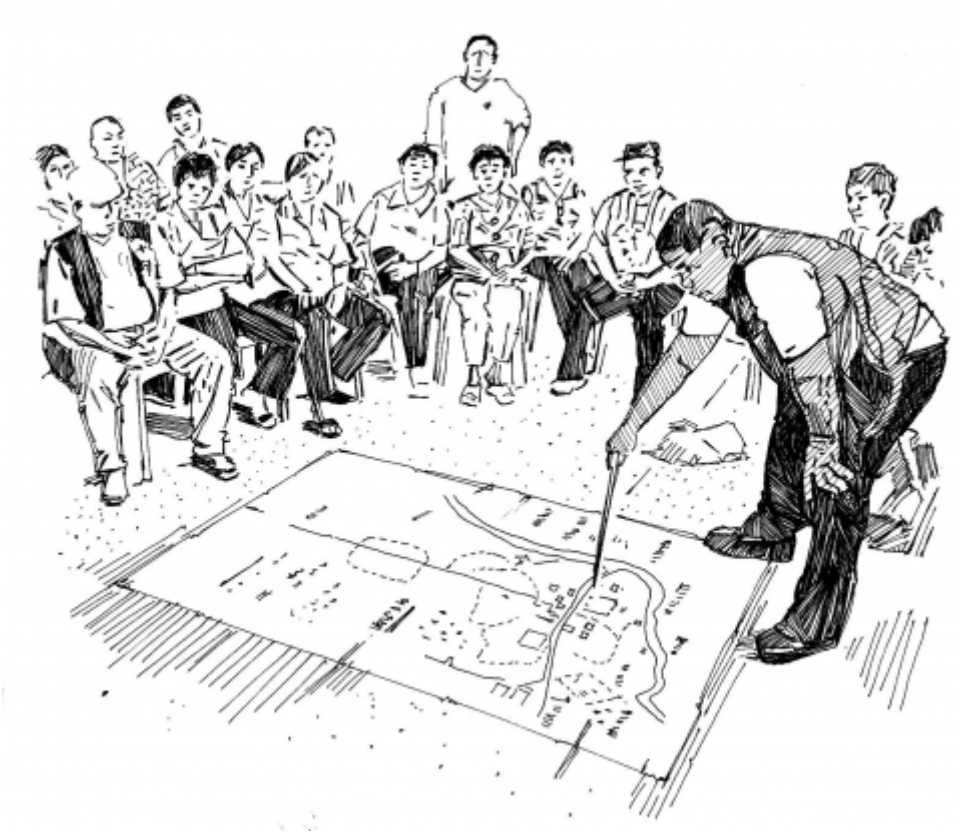
Using the community map

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). If a zoonotic disease outbreak is suspected or implicated, find out who among the community members is keeping animals, how many animals are sick or have died, and/or presence of vectors in households, environment or even in surrounding water bodies. 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; quarantine, animal biosecurity measures and 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)
- Quarantine and culling of animals (which in the case of livestock animals, is often a main source of food, nutrition and livelihood and may be difficult to accept by the farmers who own them)
- 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 or in case of a disability – a different method of communication
        - 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 and in what language? 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, market meetings 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, or other edutainment methods
  - Community announcements such as: community town-criers, loud-speaker announcements, SMS or WhatsApp, 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
- Use of feedback and suggestion boxes or presence of trusted focal persons to receive anonymous feedback or messages from community members.

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
  - Try to understand why the rumor is spreading fast and of what importance it is to the community. For example, is it just based on lack of knowledge or fear of the unknown, or is it associated with certain socio-cultural beliefs or associated with the stigmatization of a certain demography of people?
- 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 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 peoples' 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 or animal. (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.


CROIX ROUGE
CONGOLAISE

14. Infant and young child feeding in emergencies

Overview

In emergencies, pregnant and breastfeeding mothers, and infants and young children (from birth to two years) may require special nutritional/feeding support. Breastfeeding and complementary feeding with appropriate first foods help to save lives.

Breastfeeding

- Breast milk is a clean, nutritious and free-of-charge food. It also helps babies to fight off infections and disease (see Action Tool *Breastfeeding*). It is the safest choice in emergencies when people may lack access to safe water and hygiene, a regular supply of food, income or a livelihood.
- Breastfeeding helps fight disease. In most circumstances, a mother should continue to breastfeed when she or her child is unwell. Stressed, malnourished, ill and hungry mothers can still make enough milk to feed their babies. If milk flow stops, it may be possible to restart it with support and counselling. Other options may also be available, such as milk banks if they are available. It is vital to encourage and support mothers, as well as other caregivers and the extended family, to ensure breastfeeding can continue during emergencies.
- In some cases, breastfeeding may not be possible, or families may choose to use Breast Milk Substitutes (BMS). In these circumstances, it is important that they have the knowledge and tools on how to safely prepare and store BMS and how to maintain appropriate hygiene and cleanliness to decrease the chance of the baby becoming sick.
- Use of BMS/formula and bottle-feeding can increase the incidence of diarrhoea and even death when bottles/teats are not adequately cleaned or sterilized, or the water used is dirty. Furthermore, it is important to be aware that sometimes for-profit companies aggressively advertise baby formula as equivalent or superior to breast milk. This is not true and there is scientific evidence that shows breast milk is unique and has many benefits that cannot be replicated by artificial products.

Complementary feeding

Complementary feeding should start from six months of age to “complement” (to be given with) breastfeeding. First foods are those we give to babies between the ages of six months to two years. These foods should be:

- Accessible (should be easy to find, inexpensive and easy to prepare)
- Healthy and nutritious (high in vitamins and minerals)
- Safe and easy for babies and young children (easy to hold, easy to chew, easy to swallow)

Complementary foods to avoid are those that are highly processed (many packaged, pre-prepared foods are highly processed) or chemically prepared, and that contain high amounts of sugar and salt. Natural foods (without added salt, sugar or chemicals) are often best.

Difference between complementary, supplementary and therapeutic feeding

Complementary feeding (formerly called “weaning”) refers to foods that are given to breastfed infants and young children, in addition to the breast milk they receive. Sometimes, it is confused with supplementary feeding, but these two things are not the same. Examples of complementary feeding are giving babies cereal or mushed vegetables in addition to breast milk.

Supplementary feeding means providing extra food to individuals or families, beyond what they would normally

have. This is usually done to prevent undernutrition. Examples of supplementary feeding are provision of extra bags of rice to a household or providing food vouchers to families.

Therapeutic feeding refers to using specially designed, ready-to-use, nutrient-rich foods to treat malnutrition. Therapeutic feeding is a medical treatment and must be done and monitored by trained health care providers as part of malnutrition treatment programming. An example of therapeutic food is PlumpyNut.

What do to and how to do it

General support

1. Find support within the community
   - Find out the location of breastfeeding tents, caregiver support groups, mothers' groups and other services that can help support families and carers who are feeding infants and young children.
   - Include fathers, carers and other family members in discussions (where culturally appropriate) to ensure that mothers are supported when they breastfeed.
   - Make sure that mothers, carers, fathers, support groups and communities receive correct information on infant and young child feeding (IYCF).
2. Provide or promote nutritional support and supplementation during and after pregnancy
   - Increase the number of meals or snacks during pregnancy (one extra) and breastfeeding (two extra) to make sure mothers have enough nutrients and energy.
   - Encourage consumption of locally available nutritious foods, including foods rich in iron, calcium and vitamin A.
   - Encourage mothers to take the advice of healthcare providers in relation to vitamin and mineral supplements to be taken during and after pregnancy. For example, women should be encouraged to follow health guidance about:
     - Taking iron/folate supplements during pregnancy and for at least three months after giving birth (the dose should be determined by a healthcare provider)
     - Taking Vitamin A supplements within six weeks after giving birth (the dose should be determined by a healthcare provider)
3. Provide or promote prenatal support during pregnancy
   - To prevent infections, mothers should follow the advice of healthcare providers. For example:
     - Getting anti-tetanus immunization(s) before or during pregnancy
     - Taking deworming and anti-malarial medicines during pregnancy (the medications and dose should be determined by a healthcare provider)
     - Using insecticide-treated mosquito nets
     - Preventing and treating sexually transmitted infections (STIs) (the treatment should be determined by a healthcare provider)
   - Encourage recommended hygiene practices, including:
     - Handwashing with soap
     - Good food hygiene
     - Safe sanitation
     - Safe drinking water consumption
   - Encourage families to support and assist women with their workload, especially late in pregnancy.
     - Encourage families to allow mothers to rest more.
4. Breastfeeding support
   - Encourage mothers to breastfeed, even if they are stressed, ill or hungry.
     - Refer mothers who are malnourished, overtired, worried they lack milk, unwell or in low spirits to a

health facility or feeding centre for nutrition and psychosocial support, including education on IYCF.

- Respect their choices.
  - If breastfeeding is not possible or not recommended, support families with knowledge of how to safely prepare BMS (using clean/sterilised water and preparing according to manufacturer's instructions), where to access clean water, how to ensure cleanliness of cups and spoons, how to store formula safely, etc.

- Promote methods of sustaining or increasing milk supply:
  - Help mothers to find a safe and quiet place to relax since this helps milk flow.
  - Encourage mothers to give breast feeds frequently (day and night, at least eight times each day for children less than six months old)
  - Encourage skin-to-skin contact between mother and baby (which can help increase milk supply

5. Complementary feeding support
   - Encourage families to give their infants small and frequent meals.
   - Make sure families know how to clean, store and prepare food safely.
   - Encourage families to drink clean water and adopt recommended hygiene practices:
     - Including washing hands before food preparation and feeding
     - Work with National Society colleagues (or other organizations) who specialize in water and sanitation (WASH), health and other relevant sectors to ensure that clean water and sanitation are available.
   - Encourage families to provide nutritious complementary foods, including:
     - Foods rich in iron (meat, chicken, fish, green vegetables, beans, peas)
     - Foods rich in vitamin A (organic meats, carrots, pumpkins, papayas, mangoes, eggs)
     - As well as a variety of fruits, vegetables and fortified cereals.
   - Promote appropriately textured first foods for young children that are easy to chew and to swallow (such as purées, mashed and finger foods)
   - Encourage home-prepared and locally available foods. Some pre-packaged complementary foods for young children and infants can contain high levels of salt, sugar or fats, which contribute to obesity and noncommunicable diseases.

6. Aid in monitoring the local food supply
   - Report any donations or distributions of Breast Milk Substitutes, powdered cows' milk, bottles or teats to your focal point in the National Society or Ministry of Health, or to the cluster or another authority responsible for monitoring violations of the WHO Code on Breast Milk Substitutes.
   - Find out what local or distributed high energy foods are available for young children older than six months to complement the breast milk they receive.

Community messages

03. Breastfeeding

23. Encouraging healthy behaviours in a community

29. Attending nutrition checks

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

19. Mental Health and Psychosocial support (MHPSS)

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

27. Shelter and ventilation

Overview

The environment and spaces people spend time in have a large impact on their health and well-being. Many diseases can spread through air or because of water and sanitation conditions.

- Some diseases are spread by droplets in the air (often through coughing and sneezing). Germs can become more concentrated in poorly ventilated rooms or homes in which a sick person is coughing or sneezing. In buildings that are stuffy and poorly ventilated (with little flow of air) a sick person can infect every other person in the same space. To reduce the risk of spreading disease to others, it is a good idea to ventilate houses. People should be instructed to open windows or doors to allow fresh air to come in and stuffy, old air to go out.
- When many people live together in the same space (overcrowding), they can also catch infections more easily from one another. If possible, people should have enough space to move and breathe freely. If possible, encourage people to live or gather in places where there is adequate space.
- In addition to the risk of uncontrolled fires and burns, cooking with charcoal or firewood in an enclosed space (a room or shelter without windows) can harm people who are sick with air-borne diseases. Smoke can make it difficult to breathe, especially if other respiratory conditions are present. It is important to have enough air flow to take the smoke and fumes away.
- Other diseases are spread via contaminated water or bad sanitation or absence of shelter. Diseases that spread via contaminated water or bad sanitation (diarrhoeal diseases, cholera, typhoid, hepatitis E, for example) will spread more easily if clean water is lacking or if sound, clean toilets are not set close to where people shelter. Proper shelters, with clean water and sanitation facilities, which protect people from rain, wind, sun and cold help prevent diseases from spreading and help sick people recover from disease.

What to do and how to do it

Preventing disease in shelters

- When people move following conflict or disaster, the shelters they move into are not usually as good as those they are used to. Help people to have the best possible shelter, one that is well ventilated and has a good water supply, with latrines and waste disposal facilities close by.
- Always ventilate shared or communal shelters and emergency accommodation.
- Advise people to keep their windows open if the weather permits, especially if they are caring for a sick person.
- Encourage people to wash their hands after going to the toilet, after cleaning a child, and before preparing or eating food.
- Encourage people to wash water storage containers regularly with soap and water, and to keep the area around the shelter free from rubbish and animal waste.

Managing disease in shelters

- When an outbreak of air-borne diseases occurs, it is important to tell your community about the importance of good ventilation and encourage them to open windows and doors regularly.
- When a food or water-borne disease outbreak occurs, it is important to tell your community about the importance of food hygiene and safety, as well as the importance of access to clean water and proper sanitation facilities and waste disposal.

Social mobilization, messaging and community engagement

- Talk to the community about the importance of a clean water supply, sanitation, handwashing and good food hygiene. (See Action tools *Clean, safe household water*, *Good food hygiene*, *Sanitation*, *Building and maintaining latrines*, *Handwashing with soap* and *Handwashing in a highly infectious epidemic*).

Community messages

22. Good ventilation

43. Social mobilization and behaviour change

Overview

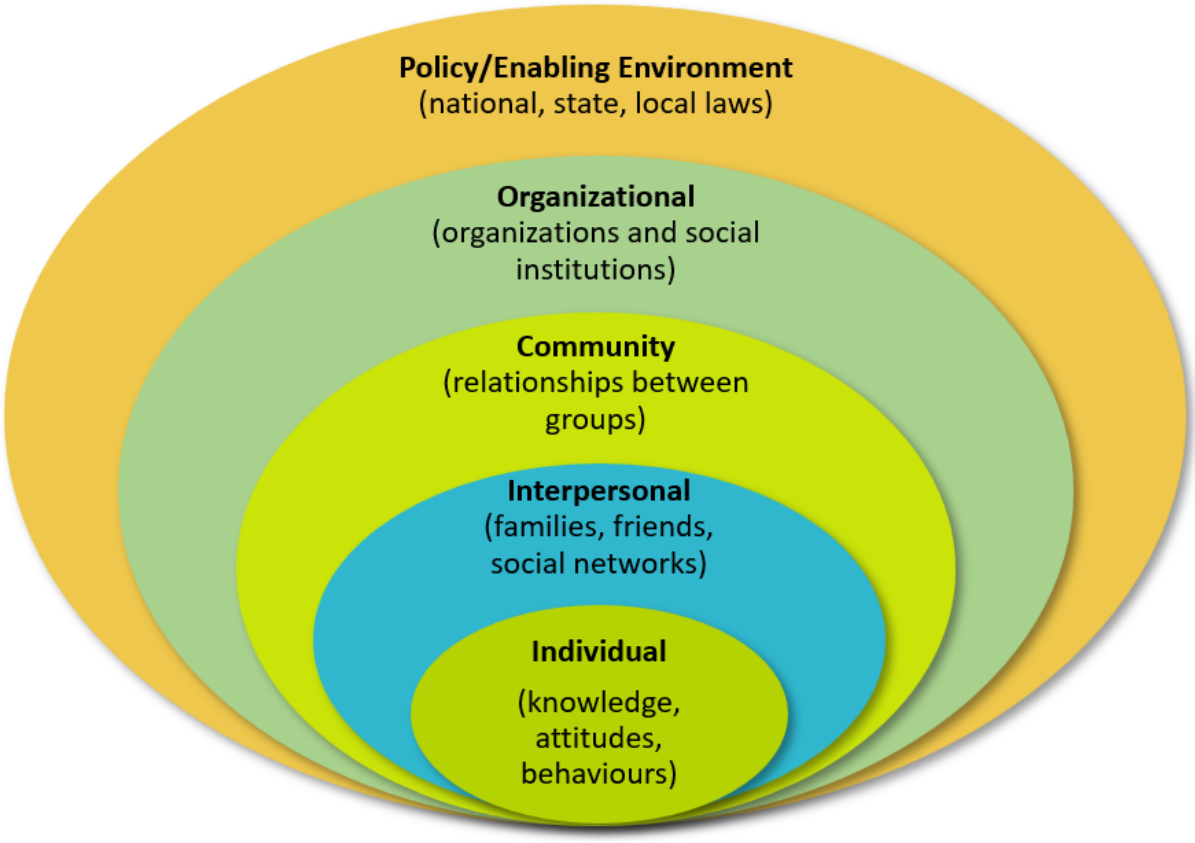
There are many reasons why people practise unhealthy behaviours. People are affected by access to services or facilities, social norms and influences where they work, live or play. Behaviour change is the study of how and why people change some habit or action in their life. As volunteers, we need to 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.



Socio-ecological model

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