



Vaccine-preventable diseases (including: diphtheria, chickenpox/varicella, mumps, rubella, whooping cough/pertussis)

Last update: 2024-05-27

Key facts

Transmission: airborne, droplet-borne or direct contact

- When infected people cough, sneeze, blow their nose or spit, they spread small particles or droplets through the air, which are then breathed in by other people
- Direct contact (for example, through kissing, sharing cups or eating utensils) with infected saliva or nose mucous

Most vulnerable to severe consequences

- Pregnant women and unborn babies
- People (especially children) who are malnourished or who have weakened immune systems

Most vulnerable to contracting the disease

- People who are not vaccinated
- Displaced populations and those who live in crowded, cramped conditions

General symptoms

(** These diseases spread quickly through unvaccinated populations. It is important to be alert to groups or clusters of any of the following symptoms. **)

- Fever (usually)
- Tiredness (usually)
- Feeling unwell (usually)
- Loss of appetite (sometimes)
- Headache (sometimes)
- Runny nose (sometimes)

Disease-specific Symptoms

Disease	Symptoms
Diphtheria	<ul style="list-style-type: none"> • Sore throat • Difficulty/pain when swallowing • Swollen neck glands • Difficulty breathing (sometimes)
Varicella/chickenpox	<ul style="list-style-type: none"> • Itchy, small blisters (usually start on chest, back or face and then spread all over the body)
Mumps	<ul style="list-style-type: none"> • Pain and swelling in glands through the mouth, jaw, cheeks and throat (on one or both sides) • High fever (sometimes) • Stiff, sore neck (sometimes) • Severe headache (sometimes) • Deafness (sometimes) • Abdominal pain (sometimes)
Rubella	<ul style="list-style-type: none"> • Rash • Swollen glands in neck and head (sometimes) • Pink-eye/conjunctivitis (sometimes) • Joint pain (sometimes)
Whooping cough	<ul style="list-style-type: none"> • Cough with a high “whoop” sound and cough may become worse at night (cough not always present in very young children) • Gasp sound when breathing in • Difficulty breathing (sometimes)

What can you do to prevent and control an epidemic?

Monitoring the community and identifying sick people

- Identify and isolate sick people before they spread the disease to others

Treatment and management

- Refer those with illness to health facilities
- Manage and improve nutritional situation, especially of children
 - Encourage exclusive breastfeeding for the first six months of life, and complementary breastfeeding until the age of two years (especially when a child is sick)
 - Check the nutritional status of children under five years (MUAC screening)
 - Refer cases of suspected malnutrition to health services and support nutritional programming
 - Provide psychosocial support to the sick person and their family members

Safe shelters and spaces

- Reduce overcrowding and improve ventilation in living shelters, workplaces and schools if possible

Hand and respiratory hygiene

- Promote good hand hygiene (handwashing with soap)
 - BEFORE: preparing food; eating; feeding a child; treating wounds; or caring for sick people
 - AFTER: using the toilet or cleaning a baby; touching garbage or waste; touching or feeding animals; blowing nose, coughing or sneezing; treating wounds; or caring for sick people
- Promote respiratory hygiene and coughing etiquette (cover cough or sneeze using a sleeve or tissue, wash hands after coughing or sneezing, do not spit onto the ground or in public)
- Use personal protection (for example, face mask)

Social mobilization and health promotion

- Find out the specific advice being given by health and other relevant authorities
 - Promote recommended health practices (such as routine vaccination programmes, social distancing, separation of healthy people and sick people, etc.)
- Model following this advice and inform community members of current health practice advice
- Offer support and encouragement to follow the advice
 - Try to gain understanding about if and why health practice advice is not being followed
 - With the guidance of your supervisor and health authorities, work with communities to overcome barriers to following health advice and recommended practices

Immunization

- Promote routine vaccination programmes for children
- Support mass vaccination campaigns

Mapping and community assessment

- Make a map of the community.
- Mark the following information on the map:
 - How many people have fallen sick with a vaccine-preventable disease? Where?
 - How many people have died? Where? When?
 - Who and where are the vulnerable people?
 - Where are the local health facilities and services? (include traditional healers)
- Record the following information on the back of the map:
 - When did people start to fall sick with a vaccine-preventable disease?
 - How many people live in the affected community? How many are children under five years?
 - Are most children in the community vaccinated against childhood diseases?
 - Is there a vaccination campaign planned?
 - Do people generally have enough food?
 - How common is it for people to live together in crowded spaces? Is there ventilation and fresh air in homes, schools and workplaces?
 - Are children badly affected by vaccine-preventable disease(s)? Are there other groups (specific ages, occupations, geographic areas, etc.) that are badly affected?
 - What are the community's habits, practices and beliefs about vaccinations? Are there societal, cultural or religious beliefs or perceptions that prevent people from getting vaccinated?
 - What are the community's habits, practices and beliefs about caring for and feeding sick people? Consider any differences in roles and responsibilities between men and women
 - When babies and infants are sick, do women continue to breastfeed them?

- Is a social mobilization or health promotion programme in place?
- Which sources do people use/trust the most for information?
 - Are there rumours or misinformation about vaccine-preventable disease(s)? Are there rumours or misinformation about vaccines? What are the rumours?

Volunteer actions

- 01. Community-based surveillance
- 02. Community mapping
- 03. Communicating with the community
- 04. Community referral to health facilities
- 05. Volunteer protection and safety
- 12. Managing fever
- 13. Breastfeeding
- 14. Infant and young child feeding in emergencies
- 15. Measuring acute malnutrition in emergencies
- 17. Measuring mid upper arm circumference (MUAC)
- 19. Mental Health and Psychosocial support (MHPSS)
- 20. Isolating sick people
- 23. Chemoprophylaxis
- 24. Routine vaccinations
- 25. Mass vaccination campaigns
- 26. Respiratory hygiene and coughing etiquette
- 27. Shelter and ventilation
- 28. Physical distancing
- 29. Hygiene promotion
- 34. Handwashing with soap
- 43. Social mobilization and behaviour change

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 supervisor 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

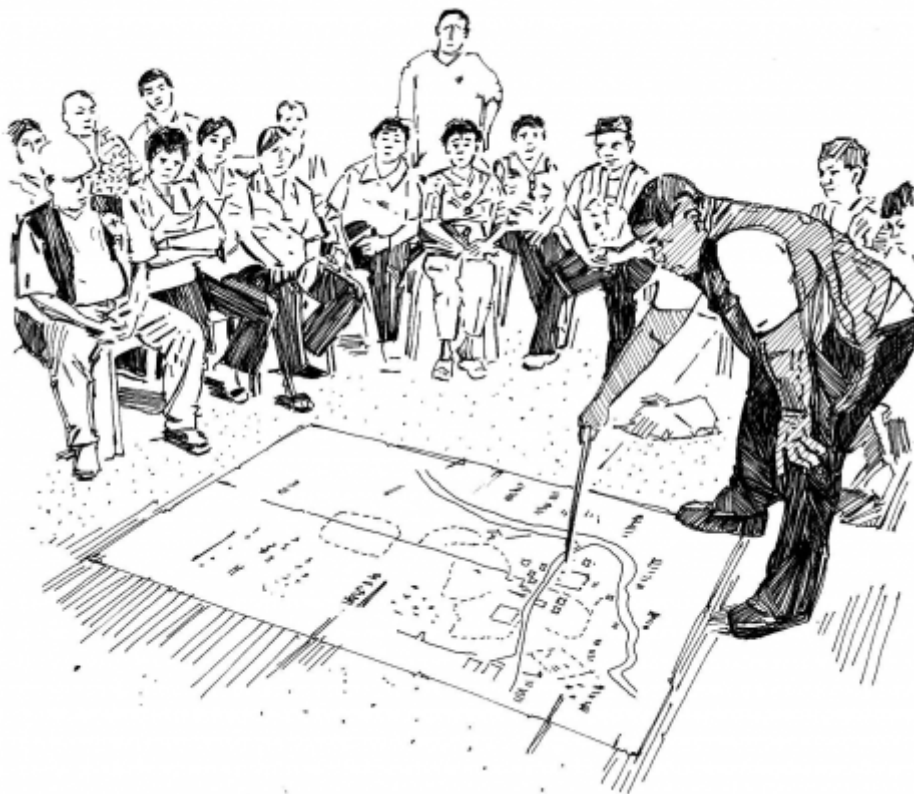
If possible, obtain or create a digital map of the community. If not available, it is possible to draw a simple spatial map that shows the community and all its key reference points. While keeping the fundamental principles of data protection, a community map should include the following:

- 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 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 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

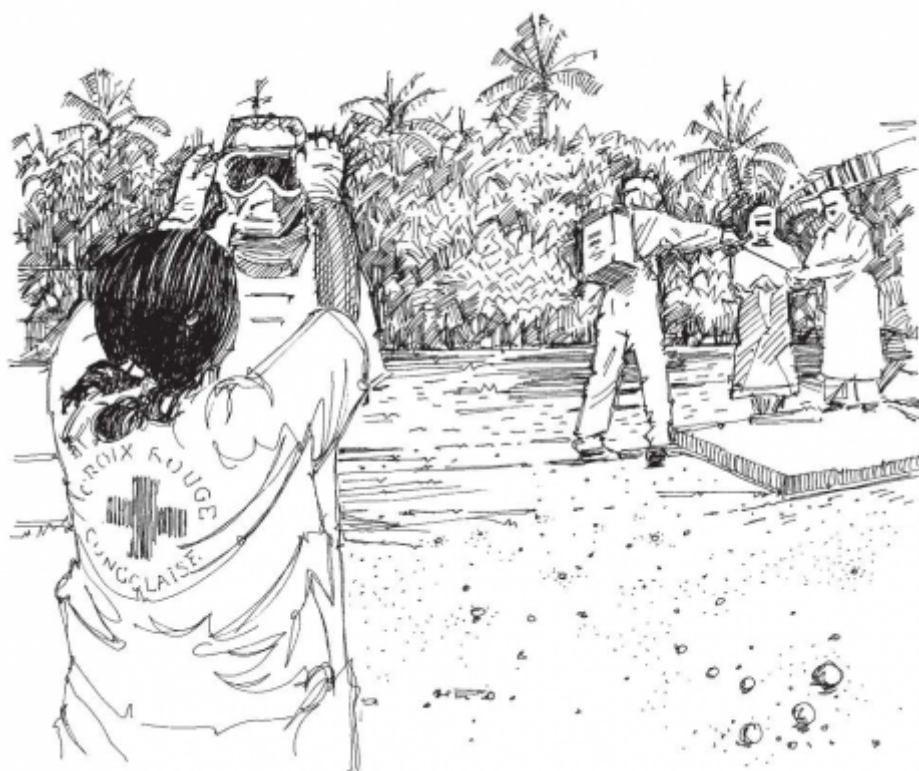
Understanding common prevention and control measures

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.



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 be breastfed 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

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 mashed 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

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. 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

20. Isolating sick people

Overview

- Some diseases are so dangerous or infectious that it is necessary to isolate people who are sick to prevent them from passing the infection to others. Isolation means separating those who are sick from those who are healthy.
- Isolating people is not imprisonment; it is not done forcibly and should be carried out with their consent. You need to explain to affected people and their families why isolation is necessary. People may also need to be isolated from their companion or livestock animal (and vice versa), if it brings the risk of transmission of disease. In extreme cases of progressive outbreaks, sick livestock animals may need to be culled (selectively slaughtered) to stop the spread of a disease to other animals and humans. Animal isolation, quarantine or culling should also not be done forcibly and should be carried out with their care-giver's consent.
- When a person is in isolation, the people who come into direct contact with them (for example, family members and healthcare providers) must be protected using the appropriate protective measures, like personal protective equipment (PPE). The number of people who are in direct contact with the sick person should be kept to a minimum. For example, only one family member should provide care, food, water, etc. to the sick person.

What to do and how to do it

Surveillance and detection

1. Even if a disease requires isolation, you should continue monitoring, looking for cases of the disease (see Action Tool *Community-based surveillance*).
 - When cases are found, the need for isolation should be explained to those who are ill and their families.
 - Explaining isolation protects others, including members of the sick person's family. It may be easier for both the sick person and his or her family to understand why isolation is being proposed if they receive a complete explanation.
2. Provide support to the affected person, family members and healthcare providers to facilitate isolation.
 - This is not done forcibly, and the wishes of the family and sick person should be respected as much as possible.
 - Those who care for a person in isolation should be shown how to assist him or her and how to protect themselves. They should be provided with proper protective equipment.

Management and care

1. Provide psychosocial support to families (see Action Tool *Psychosocial support*). Isolation of a loved one can be very hard, for the family as well as the person in isolation.
2. Make sure that people in isolation have adequate food, water, and health care, as well as help to cope with any loss of livelihood.
3. Ask if those who need isolation have dependants (e.g. children, people with disabilities) that may need

additional support. Inform your manager, who will liaise with the Red Cross Red Crescent protection team for dependants to get the appropriate support.

Social mobilization, messaging, and community engagement

1. Talk to the family, community and elders/leaders to prevent stigma and social rejection.
 - Try to stop isolation from causing stigma or social rejection of sick people and their families.
 - Explain to the community why isolation is necessary.
 - Seek the help of elders and community leaders to fight stigma.



Talk to the community and elders to prevent stigma and social rejection.

Community messages



24. Finding sick people

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.

24. Routine vaccinations

Overview

- Vaccination against many common diseases is given as part of routine vaccination programmes in most countries. Some common, yet serious illnesses (for example, diphtheria, tetanus, pertussis (whooping cough), polio, measles, rubella, mumps, chicken pox, meningitis, hepatitis B, yellow fever and tuberculosis) can kill or cripple children or adults for life. Vaccines protect people from getting and developing severe forms of the diseases and from spreading disease to others. Promoting routine vaccination against these diseases is an important activity in prevention. For personal safety and protection, it is important that volunteers themselves receive routine vaccinations.
- Vaccines are usually given to infants in the first years of life. Additional doses may be given later in accordance with national immunization schedules (for example, pregnant women may receive additional doses of tetanus vaccine during pregnancy).
- To achieve optimal community protection, every child should be vaccinated as part of the routine vaccination programmes. Routine programmes and schedules vary from country to country.

What to do and how to do it

Preparing to promote routine vaccination

1. Speak with your local health authority about ages when children are vaccinated and familiarize yourself with the national immunization schedule.
 - Find out the specific vaccination schedule from health authorities in your area.
 - Find out where to go to obtain vaccinations.
 - Find out when vaccinations are given in your area
 - Vaccinations should sometimes be deferred for persons with a moderate or severe acute illness, but the person is usually recommended to be vaccinated when the illness has improved.

Promoting routine vaccination

1. Every child should be vaccinated. A child who has not been vaccinated is more likely to die of diseases or to get a severe form of disease. Parents and caregivers should be encouraged to keep their child's vaccination cards and to bring them to health centres if/when they bring their child for care or check-ups.
 - Get to know families with babies under one year of age and visit them once a month.
 - If caregivers do not bring their children to the vaccination clinics, find out why.
 - The vaccination status of older children should be checked and, if they have not been vaccinated, they should be considered for vaccination.
 - If caregivers do not bring their children to the vaccination clinics, find out why.

2. Pregnant women need at least two tetanus vaccinations before giving birth.
 - Promote that pregnant women should visit the health worker for check-ups and should receive two doses of tetanus vaccine before their children are born.

Social mobilization, messaging, and community engagement

1. Communicate clearly that vaccines are safe and effective
 - Correct rumours and misinformation about vaccinations (see Action Tool *Dealing with Rumours*).
2. Promote routine vaccination in communities
 - If some members of the community are afraid of vaccinations, try to understand the reasons, and work with community members and leaders to calm and remove the population's fears.



Community messages



14. Vaccinations for children

25. Mass vaccination campaigns

Overview

- Outside of routine immunization schedules, vaccines may be provided in response to an outbreak through mass vaccination campaigns.
- A mass vaccination campaign occurs when the authorities give vaccinations to as many (appropriate) people as possible in a short period. Mass vaccinations take place in addition to routine vaccinations (see Action Tool *Routine vaccinations*). They may be organized because routine vaccinations cannot be given or in order to help control an epidemic. If necessary, this is also a good opportunity for volunteers to get vaccinated if they are eligible. Some examples of mass vaccination campaigns are: targeting children during a measles outbreak, mass vaccination campaigns during an Ebola outbreak or mass vaccination during the COVID-19 pandemic.
- Other types of vaccination campaigns target only specific at-risk groups. For example, “ring vaccination” during Ebola Virus Disease outbreaks targeting contacts and contacts of contacts.

What to do and how to do it

Preparing to promote a mass vaccination campaign

- Use the National Society's network to publicize outbreak response vaccination campaigns.
- Make sure you have all the relevant information and know where and when the vaccination campaign is taking place and who is supposed to be vaccinated.
- Find out the reasons for vaccination and the basic facts about the disease that vaccination will prevent.
- Under the advice of health professionals, inform the community of any expected side effects (especially common side effects) of the vaccine. This will help the community to know what to expect and to understand a normal response to the vaccine.

Promoting mass vaccination

- Help health workers to ensure that all individuals at risk get vaccinated, including in hard-to-reach areas. Use simple and straightforward messages.
- Disseminate well in advance the location, vaccination site hours, number of vaccination days and age groups targeted.

Social mobilization, messaging and community engagement

- The most important task is SOCIAL MOBILIZATION (see Action Tool *Social mobilization and behaviour change*).
 - Coordinate with the health authorities.
- Familiarize yourself with the habits and beliefs of members of your community and how they normally deal with vaccinations.

- Meet community leaders and tell them about the campaign; get them to help reach the community.
- Talk to members of the community and explain how important vaccination is to protect their children.
- If some members of the community are afraid of vaccinations, assist community workers to calm and remove their fears.
 - Correct rumours and misinformation about vaccinations (see Action Tool, *Dealing with Rumours*).
- Use information, education and communication materials, such as the community message tools in this toolkit, because pictures always help people to understand messages better.
- If requested by health authorities and/or other actors responsible for administering the vaccines, support with: crowd control to manage the influx of people and the queue; assist in checking the target group age and characteristics; collaborate with community leaders to maintain order. Other tasks such as registering people, dispensing other items such as vitamins, or setting up vaccination spaces may be undertaken if requested by and in coordination with the health actor responsible for administering the vaccines.



Mass vaccination campaigns

Community messages



16. Attending vaccination campaigns



15. Using vaccination cards



23. Encouraging healthy behaviours in a community

26. Respiratory hygiene and coughing etiquette

Overview

- Many diseases are spread through particles or droplets that get in the air when people cough, sneeze, blow their noses or spit. There are some easy ways to minimize the spread of these diseases by practising good respiratory hygiene and coughing etiquette.
- The correct way to cough or sneeze without transmitting germs is to use a disposable tissue, a handkerchief or your sleeve. When you cough or sneeze into these, you are less likely to spread germs. If you use a disposable tissue, dispose of it safely as soon as possible. If you use a handkerchief, be sure to wash it frequently. Always wash your hands as soon as possible if you use a handkerchief or tissue when you cough or sneeze.
- Many people cough or sneeze into their hands to stop germs spreading. This is not the best practice. Afterwards, you can transmit the germs by touching things or shaking the hands of other people. The best thing to do is avoid coughing or sneezing into your hand. If you must use your hands, wash your hands with soap and water as soon as possible and without touching anything.
- It is also important to blow your nose and/or spit in a safe way. Tissues or handkerchiefs should always be used when you blow your nose or spit. Do not practise open spitting (for example, spitting onto the ground or into spittoons), always use a tissue or handkerchief (tissues are preferable and should be disposed of safely as soon as they are used).

What to do and how to do it

Hygiene promotion

Promote respiratory hygiene and coughing etiquette to people in your community.

- Ask your schools and other places where people gather in groups if they would like you to come and speak about respiratory hygiene and coughing etiquette.
- Explain that coughing etiquette matters because it helps to prevent the transmission of diseases that are spread through droplets carried in the air.
- Show people how to cough properly and ask them to teach the same behaviour to others.
 - When talking about coughing etiquette, also teach people about proper hygiene and social distancing (see Action Tools *Social distancing* and *Handwashing with soap*).
 - Make posters that show the DOs and DON'Ts of coughing etiquette and put them up around your community. (See Action Tool *Social mobilization and behaviour change* for more information on social mobilization techniques).
- In some countries, chewing Khat or chewing tobacco is widely practised. In these places, volunteers should explain that gathering in enclosed and poorly ventilated areas to chew and spit (khat or tobacco) for extended periods of time may increase the spread of germs and increase the risk of transmission of respiratory infections.



Community messages



14. Vaccinations for children



18. Coughing correctly

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

28. Physical distancing

Overview

- Physical distancing is the practice of keeping people at a safe distance from each other during outbreaks of highly contagious diseases, to prevent diseases from spreading.
- This is different from isolation, because it is something that everyone in a community should practise, not just sick people. Physical distancing is an effective way to prevent contagious diseases from spreading.

What to do and how to do it

Encouraging physical distancing

Promote the use of physical distancing as a method of preventing the spread of disease. It includes doing things like:

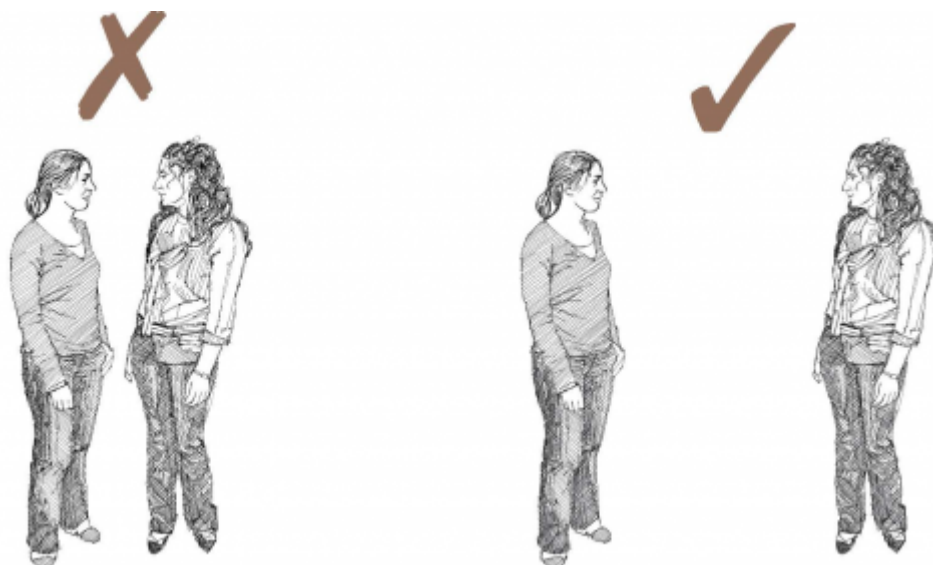
- Avoiding crowded places. For example, encourage people to:
 - Pray alone or in small groups, rather than in large groups
 - Do laundry near home rather than in communal areas
 - Go to markets or other crowded areas at a time of day when there are fewer people there
- Avoiding non-essential gatherings. For example, encourage people to:
 - Postpone weddings or similar events until safe to do so
 - Avoid festivals or community gatherings until it is safe to do so
 - Avoiding common greetings. For example, encourage people to avoid handshakes, hugging or kissing
 - Limiting contact with people at higher risk. For example, encourage people to avoid unnecessary close contact with young children or elderly people
- Keeping a safe distance from others when possible (the distance may change depending on the disease, ask for clarification from health authorities).

Recognize there are times when social distancing may be difficult or impossible.

- In situations when people are sharing overcrowded living spaces, such as displacement shelters, social distancing may not be possible. In cases like this it is important to: Promote the use (and, if possible, the distribution) of essential protective equipment, such as face masks.
- Social distancing may be more difficult for people working in certain sectors and locations, for example market vendors or domestic workers.
 - Target these groups to raise awareness about the modes of transmission of the disease and the protective measures that they can take to minimize their exposure
 - Advocate for safe working conditions and access to health services

Be aware that social distancing can lead to isolation and may create or worsen psychosocial problems for some people.

- See Action Tool *Psychosocial support* to determine how to help.



Community messages



21. Physical distancing

29. Hygiene promotion

Overview

Hygiene promotion is a term used to cover a range of strategies aimed to improve people's hygiene behaviour and prevent the spread of disease. Hygiene promotion enables people to take action to prevent water, sanitation and hygiene-related diseases by mobilizing and engaging the population, their knowledge, and resources.

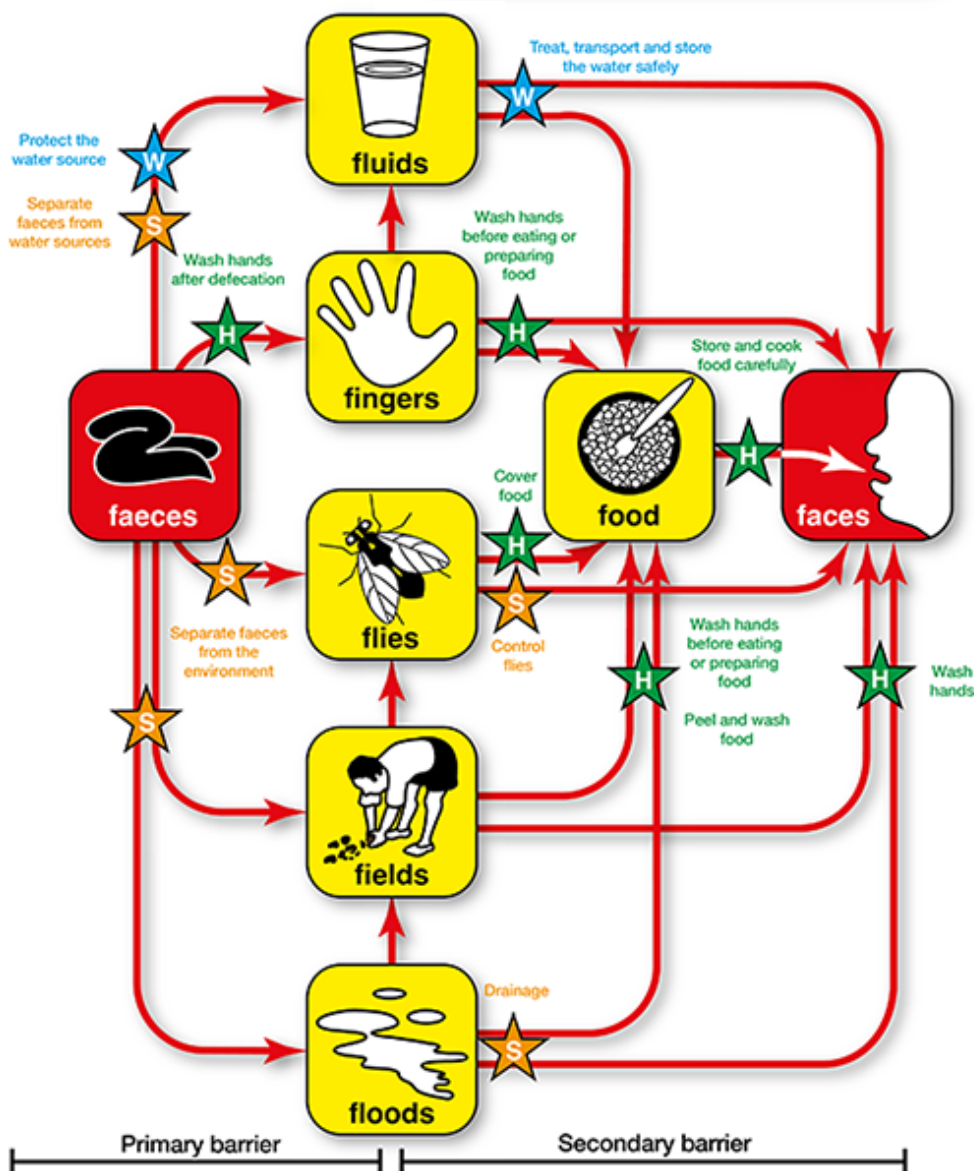
The focus of hygiene promotion is determined based on the health risks. By creating a series of barriers to infection, hygiene behaviour has a critical influence on the transmission of water- and sanitation-related diseases as shown in the 'f' diagram[1] below:

The 'F' Diagram

The movement of pathogens from the **faeces** of a sick person to where they are ingested by somebody else can take many pathways, some direct and some indirect. This diagram illustrates the main pathways. They are easily memorized as they all begin with the letter 'f': **fluids** (drinking water) **food**, **flies**, **fields** (crops and soil), **floors**, **fingers** and **floods** (and surface water generally).

★ **WATER**
★ **SANITATION**
★ **HYGIENE**

Barriers can stop the transmission of disease; these can be primary (preventing the initial contact with the faeces) or secondary (preventing it being ingested by a new person). They can be controlled by water, sanitation and hygiene interventions.



Note: The diagram is a summary of pathways; other associated routes may be important. Drinking water may be contaminated by a dirty water container, for example, or food may be infected by dirty cooking utensils.

Source: McMahon, Glenda; Davey, Kay; Shaw, Rod (2020): P004 The F Diagram. Loughborough University. Poster. <https://doi.org/10.17028/rd.lboro.12738692.v1>

What do to and how to do it

Understand the community

1. Familiarize yourself with the ways in which people collect water, store food and water, dispose of rubbish, wash themselves and use latrines.
 - Identify key places where hygiene is important not only on an individual, but also on a communal level, such as markets, schools, restaurants or churches. Find out if you can work with them to promote good hygiene practices.
 - You might hold a hygiene session for students or teachers or help the market sellers to build a handwashing station and outside latrine for users.
2. Have a conversation with members of your community about hygiene.
 - Include women, community leaders, caregivers and decision-makers.
 - Make sure they understand that good hygiene is important and can stop the spread of disease.
3. Be a role model for others in your community. Use a clean latrine, dispose of your rubbish, wash your hands often.

Promote community hygiene messages

Normally the key issues to address include the following. Click on the corresponding action cards to obtain the information you need:

- Food hygiene
- Clean and safe household water
- Personal and hand hygiene
- Environmental sanitation
- The control of flies, mosquitoes and other disease vectors

[1] Shaw, R. 2013. *The 'f' diagram - Landscape*. WEDC Graphics: Disease, Water, Engineering and Development Centre (WEDC): Loughborough University, UK.

Community messages



04. Storing water properly



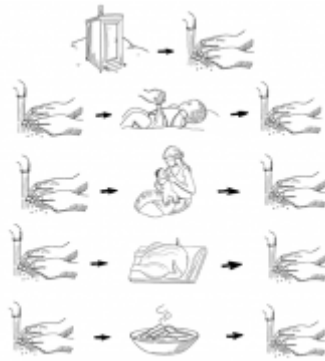
05. Using clean safe drinking water



06. Using a clean latrine



08. Washing hands with soap



09. When to wash hands



11. Cleaning up places where mosquitoes breed



12. Good food hygiene



13. Good personal hygiene



20. Collecting and disposing of rubbish

34. Handwashing with soap

Overview

Handwashing is one of the most important ways to prevent the spread of several epidemics, especially diarrhoeal diseases. Handwashing is easy and everyone (including children) can and should do it. To wash hands people must have access to water and soap.

Hands should be washed with soap:

- **BEFORE:**
 - Preparing food
 - Eating
 - Feeding a child
 - Breastfeeding
 - Caring for someone who is ill or treating a wound (yours or someone else's)
- **AFTER:**
 - Using the toilet
 - Men, boys, women and girls should wash their hands after using the toilet
 - Women and girls should engage in menstrual hygiene during their monthly menstrual cycles
 - Promote the use of clean, dry materials (disposable or reusable)
 - Promote changing menstrual materials and bathing as often as needed.
 - Discourage sharing reusable pads with anyone else
 - Cleaning a baby
 - Touching garbage or waste
 - Touching or feeding animals; handling raw meat
 - Blowing nose, coughing or sneezing
 - Treating wounds or caring for sick people
 - Coming into contact with a sick person in an epidemic (see Action Tool *Handwashing in a highly infectious epidemic*)

What to do and how to do it

How to wash hands

1. Wet your hands and rub them with soap.
2. Rub all parts of your hands together for 10 to 15 seconds.
3. Use lots of force (push your hands together hard) and remember to wash all surfaces, including the backs of the hands and between the fingers.

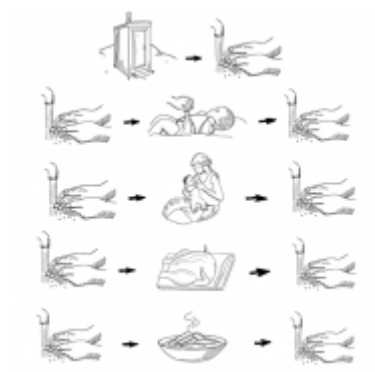
4. Rinse hands well so they are free of soap.
5. Dry hands with a paper towel. If there is no towel, wave them in the air until they are dry.



Community messages



08. Washing hands with soap



09. When to wash hands

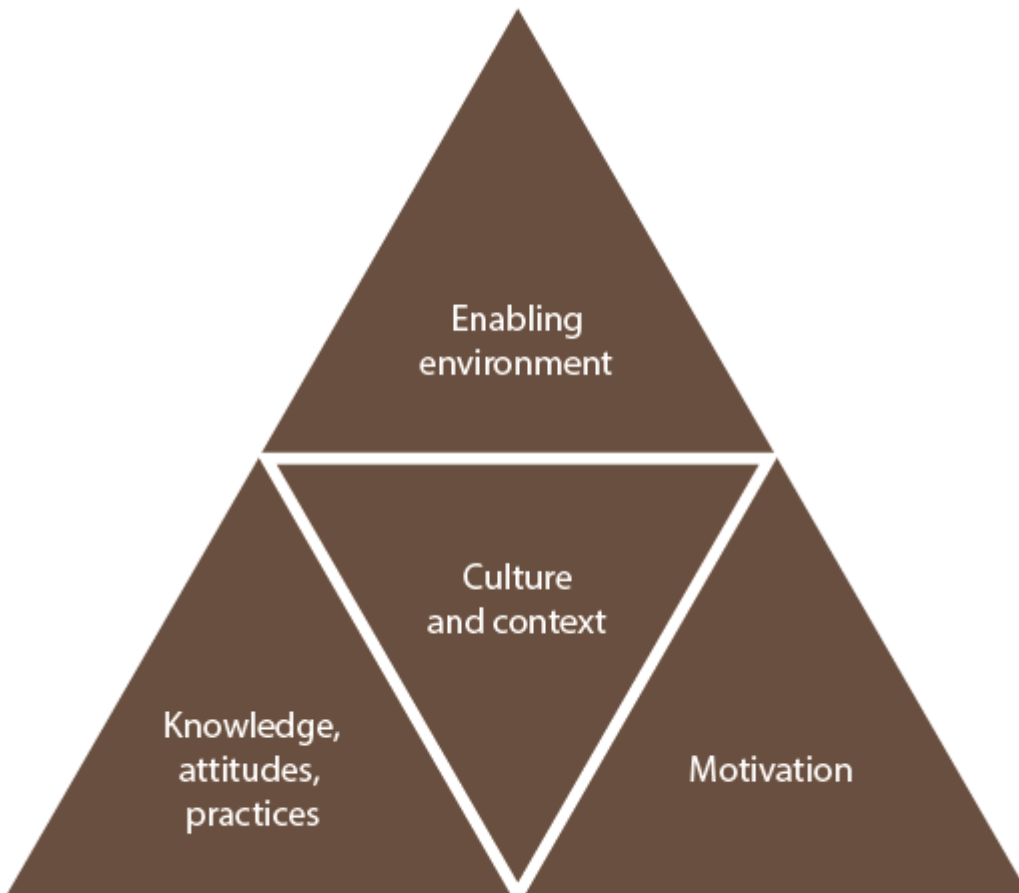
43. Social mobilization and behaviour change

Overview

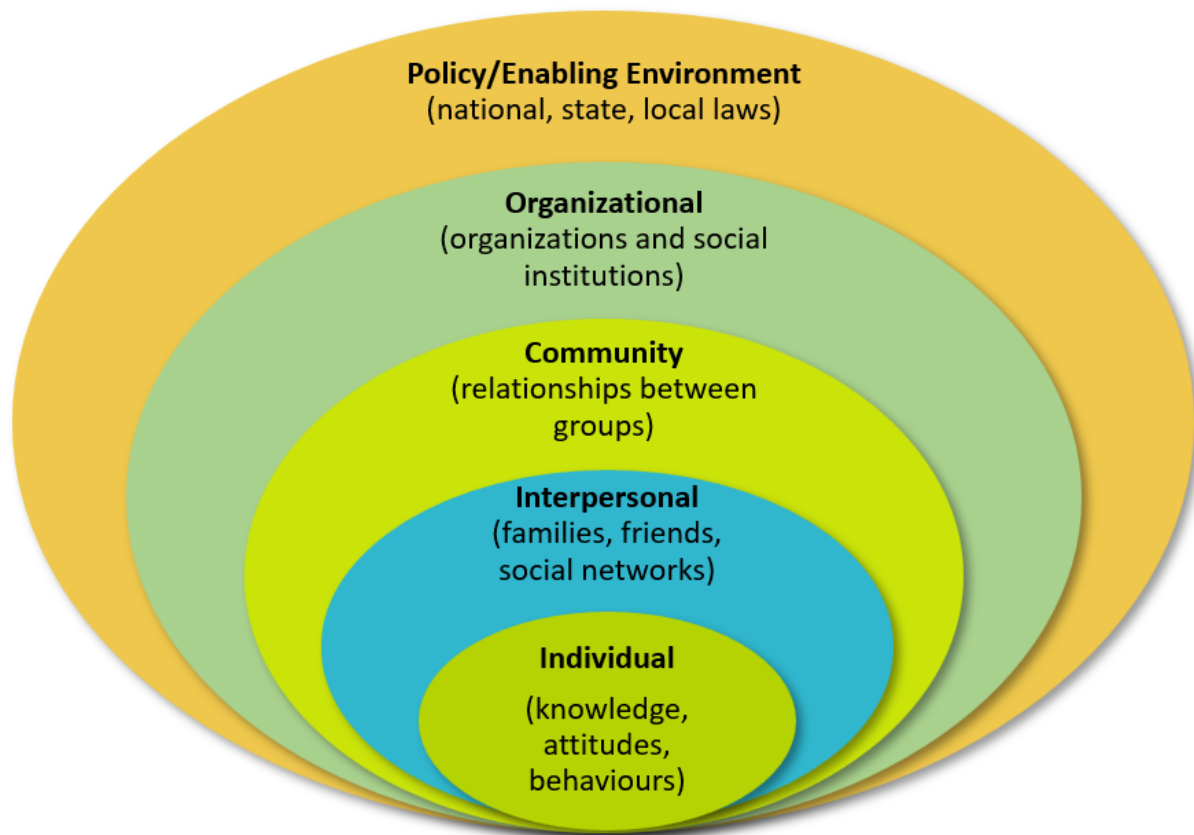
There are many reasons why people practise unhealthy behaviours. People are affected by access to services or facilities, social norms and influences where they work, live or play. Behaviour change is the study of how and why people change some habit or action in their life. As volunteers, we need to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