



Cholera

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Key facts

Transmission

- Cholera is transmitted by ingestion of water or food contaminated with faeces/poop.
- Water or food can be contaminated by people or animals through faeces directly or indirectly by unwashed hands or food washed/prepared with contaminated water.
- Cholera can also be transmitted through contact with body fluids of a person contaminated with cholera.

Most vulnerable to severe symptoms

- Children under five years old
- Malnourished people, especially children
- Pregnant women
- People who do not have easy access to rehydration therapy and health services
- People with weakened immune system

Most vulnerable to contracting the disease

- People living in areas that have poor water, sanitation and hygiene facilities and services
- People on the move with poor access to water, sanitation and hygiene facilities and services

Symptoms

(** People show symptoms with different levels of severity. Some people become very sick. Most people develop mild symptoms, while serious cases develop acute watery diarrhoea with severe dehydration. Some people do not show any symptoms, but they can still transmit the disease. This is why prevention and control are so important. **)

- Watery/rice water diarrhoea
- Vomiting (sometimes)
- Abdominal cramps (sometimes)
- Dehydration (often happens quickly)
- Confusion, seizures, unconsciousness (sometimes)

What can you do to prevent and control an epidemic?

Monitoring the community and identifying sick people

- Identify possible source or point of contamination
- Identify possible cases in the community based on the community case definition

Treatment and management

- People with acute watery diarrhoea need to be referred to a health facility:
 - Children younger than six months of age regardless of their dehydration status
 - Children younger than five years of age and pregnant woman with some (mild) signs of dehydration and all people with severe dehydration
- Refer pregnant women, children and adults exhibiting signs of malnutrition to cholera treatment centres
- Manage cases with no or mild dehydration and no malnutrition in the community by providing oral rehydration (ORS)
- Manage mild cases in the community by providing zinc supplementation (only children below the age of five years should receive zinc)
- Support safe and dignified funeral and burial practices
- Provide psychosocial support to the sick person and their family members

Sanitation and waste management

- Promote use of appropriate sanitation and waste facilities (toilets / latrines)
- No open defecation

Hand hygiene

- Promote good hand hygiene (handwashing with soap)

- BEFORE: preparing food, eating, feeding a child, caring for people with cholera
- AFTER: using the toilet or cleaning a baby; touching faeces

Water hygiene and safety

- Collect water from a known safe source (where quality is being monitored on a frequent basis). Even if it looks clear, water can contain the bacteria causing cholera.
- Boil water for at least one minute or add drops or tablets of chlorine to it before drinking or using it to wash vegetables or food preparation items.
- Keep drinking water in a clean, covered pot or bucket or other container with a small opening and a cover. It should be used within 24 hours of collection.
- Pour the water from the container; do not dip a cup into the container. If dipping into the water container cannot be avoided, use a cup or other utensil with a handle to scoop the water.

Food hygiene and safety

- Cover and store food safely (protected from insect/animal contamination)
- Use clean utensils and storage containers
- Cook raw food thoroughly
- Eat cooked food immediately, while it is still warm
- Reheat cooked food thoroughly before eating
- Avoid contact between raw food and cooked food
- Wash vegetables thoroughly with soap and safe water before eating
- Eat fruit and vegetables you have peeled yourself
- Wash your cutting board especially well with soap and safe water
- Wash your utensils and dishes with soap and safe water
- 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)

Safe burials

- Find out the specific advice being given by health and other relevant authorities concerning safe and dignified funeral and burial practices
- Follow your supervisor's guidance concerning safe and dignified funeral and burial practices, including personal protective measures

Social mobilization and health promotion

- Try to gain an understanding about if and why health practice advice is not being followed
- With the advice of your supervisor and health authorities, work with communities to overcome barriers to

following health advice and recommended practices

Immunization

- Support mass vaccination campaign

Mapping and community assessment

- Make a map of the community.
- Mark the following information on the map:
 - How many people have fallen sick with cholera? 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)
 - Where do people obtain their drinking water?
- Record the following information on the back of the map:
 - When did people start to fall sick with cholera?
 - How many people live in the affected community? How many are children under five years?
 - Are children in the community generally well-nourished?
 - Do people always have enough food?
 - Is breastfeeding common?
 - Is the water source safe?
 - Do people know how to treat water?
 - How do they do it?
 - What sanitation facilities are available? put communal toilets/latrines on map)
 - Do people use them?
 - What handwashing facilities are available? (put communal handwashing stations on map)
 - Do they have soap? 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?
 - What are the roles, responsibilities, specific needs, and priorities of women and girls, men and boys, and people with disabilities in handling, storing and treating water? Make sure you think about cultural and social traditions and perceptions, household decision-making, livelihoods such as agriculture and livestock raising etc.
 - What are the barriers people face in accessing water points and sanitation and hygiene facilities, of all gender identities, ages, disabilities and backgrounds?
 - Which sources do people use/trust the most for information?
 - Are there rumours or misinformation about cholera? What are the rumours?
 - Can people identify the signs and symptoms of dehydration?

- Do people know how to make oral rehydration solution (ORS)?
 - Do they have resources at hand to make it?

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
- 07. Assessment of dehydration
- 09. Preparing oral rehydration solution (ORS)
- 10. Giving oral rehydration solution (ORS)
- 11. Zinc supplementation
- 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)
- 25. Mass vaccination campaigns
- 29. Hygiene promotion
- 30. Clean, safe household water
- 31. Good food hygiene
- 32. Sanitation
- 33. Encouraging the use and maintenance of latrines
- 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

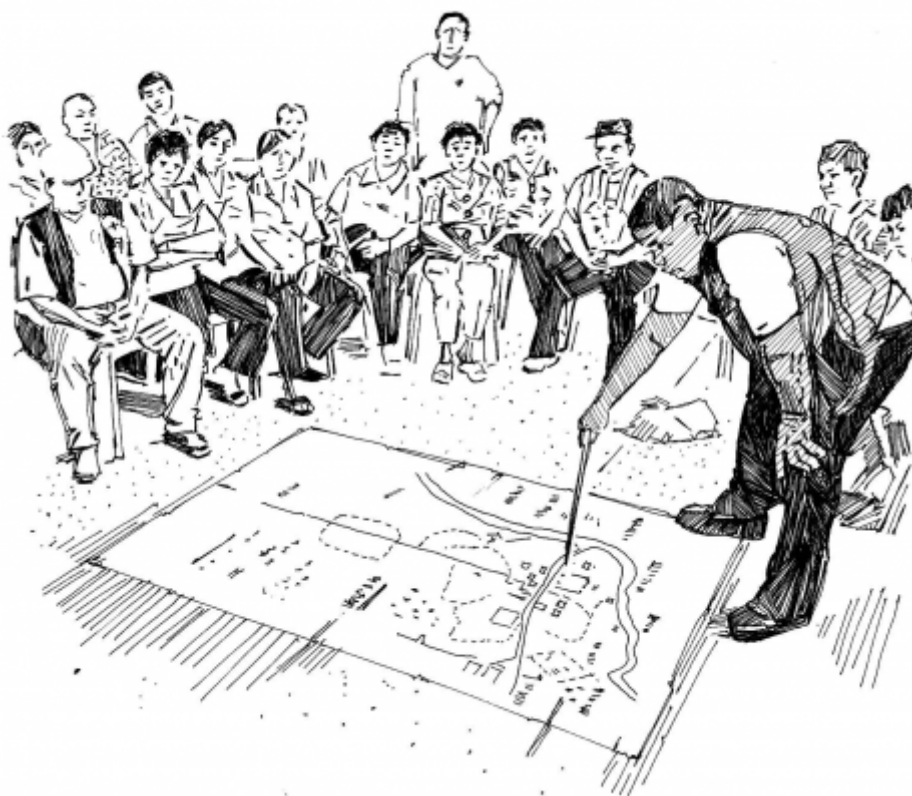
If possible, obtain or create a digital map of the community. If not available, it is possible to draw a simple spatial map that shows the community and all its key reference points. While keeping the fundamental principles of data protection, a community map should include the following:

- 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.



07. Assessment of dehydration

Overview

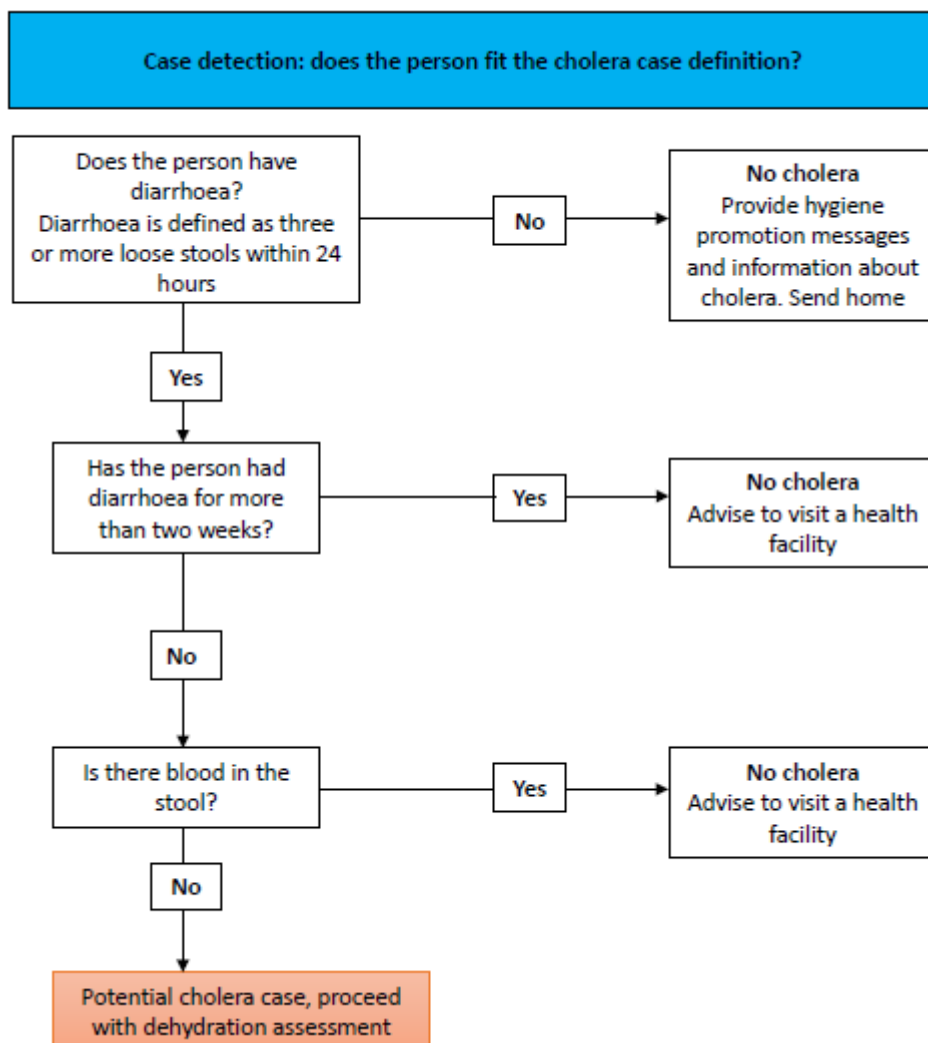
People with diarrhoea, especially children, can lose a lot of fluid from their bodies and suffer dehydration.

Dehydration can cause very severe illness and sometimes death, especially in association with acute watery diarrhoea and cholera.






** Caution is required towards people who show signs of malnutrition. A child or adult that has red or yellow mid upper arm circumference (MUAC) measure should be referred **immediately** to a health facility for treatment or prevention of dehydration. ** (See Action tools [Measuring acute malnutrition in emergencies](#) and [Measuring mid upper arm circumference](#) for further information on MUAC and on malnutrition)

What to do and how to do it

First, detect whether the person may be a potential cholera case:



Second, assess the degree of dehydration and take the following actions:

Assessing dehydration status				
It is a person with acute watery diarrhoea who had three or more loose stools (non-bloody) within a 24-hour period		Assessing dehydration		
		No dehydration	Some dehydration (Person has two or more of the signs below)	Severe dehydration (Person has two or more of the signs below)
Look at or ask	 General condition	Well, alert, able to talk, sit up and answer questions	Restless, irritable. Less alert, still able to speak	Does not react/reacts little or unconscious; floppy
	 Tears	Eyes moist and tears present	Absent	Absent
	 Mouth and tongue	Moist	Dry	Very dry – like sandpaper
	 Thirst	Not thirsty, but drinks	Thirsty, drinks eagerly	Drinks poorly or not able to drink
Feel	 Skin pinch	Goes back quickly	Goes back slowly (2–3 seconds)	Goes back very slowly or remains in place (>3 seconds)
Action plan:		Follow Plan A*	Follow Plan B*	Refer immediately to a health facility

*Plan A and Plan B are detailed in the Action Tool *Giving Oral Rehydration Solutions (ORS)*.



Community messages



01. Preparing and giving oral rehydration solution (ORS)



03. Breastfeeding



17. Sleeping under mosquito nets

09. Preparing oral rehydration solution (ORS)

Overview

Oral rehydration solution (ORS) is the first step in managing people suffering from diarrhoea and dehydration. ORS can be prepared:

- Either from packets of ORS or
- At home from traditional remedies, or water, sugar and salt.

What to do and how to do it

1. *How to prepare ORS with packets*

ORS packets can be obtained at your local National Society branch or at a health centre in the community. They come in the form of a powder which needs to be diluted before use.

- Wash hands with soap and clean water.
- Pour all the powder from one sachet of ORS into a clean container that will hold at least one litre of liquid.
- Follow the instructions on the packet to find out how much water is needed to dilute the contents of each packet. Pour the indicated amount of the safe water available into the container and mix it with the powder. Always use clean water to dilute ORS (see Action Tool *Clean, safe household water*).

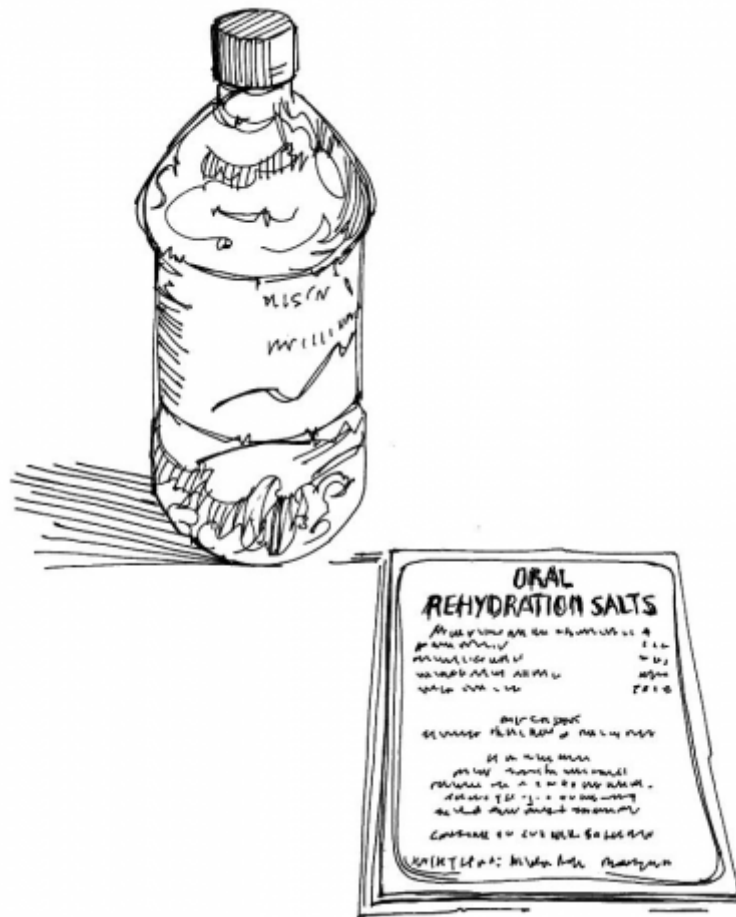
2. *Instructions for home rehydration*

Some **traditional remedies** can be an effective ORS and can prevent a person from losing too much liquid through diarrhoea. Tell caregivers about effective traditional remedies if ORS packets are not available and a health facility is inaccessible.

- A very simple and effective solution for rehydration can be mixed from salt, sugar and water.
- Rice water can be used instead of regular water to prepare the ORS and carrot soup, fruit juice or a smashed banana can be added to change the taste. Carrot soup or fruit juice can also be added to ready made ORS sachets as children may not always like the taste otherwise.

Instructions for making **home-made sugar/salt solution**: ** should only be used when ORS packets are not available**

- Wash your hands with soap and water before preparing the solution.
- In a clean container mix:
 - One litre of safe water.
 - Half a small spoon of salt (3.5 gms).
 - Four big spoons (or eight small spoons) of sugar (40 gms).
 - Stir the salt and the sugar until they dissolve in the water.



Community messages



01. Preparing and giving oral rehydration solution (ORS)

10. Giving oral rehydration solution (ORS)

Overview

Oral rehydration solution (ORS) is the first step in managing people who are suffering from diarrhoea and dehydration.

If a person has no signs of dehydration or signs of mild dehydration (see Action tool *Assessment of dehydration*), they can be treated at home.

** Caution is required towards people who show signs of malnutrition. A child or adult with a red or yellow mid upper arm circumference (MUAC) measurement should be referred immediately to a health facility for treatment or prevention of dehydration. ** (see Action Tools, *Measuring acute malnutrition in emergencies* and *Measuring mid upper arm circumference* for further information on MUAC and on malnutrition).

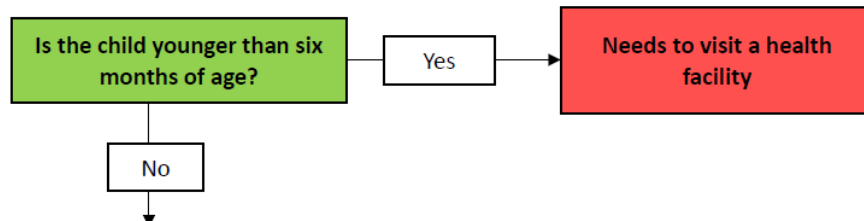
What do to and how to do it

How to give ORS

It is important to teach mothers and caregivers to administer ORS to children correctly, to help the child get better and prevent the epidemic from spreading.

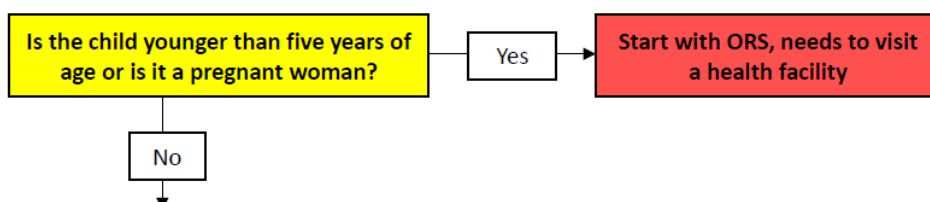
First, use the Action Tool *Assessing dehydration* to decide whether to opt for action Plan A, Plan B, or referral to a health facility. Based on the assessment of dehydration, follow either Plan A or B as detailed below:

Plan A



Plan A			
Age	Amount of ORS after each loose stool	How much ORS per day	How much zinc
Aged 6 months to 2 years	50-100 ml (1/2 cup)	500 ml per day	1 tbl per day for 10 days
Aged 2 years to 5 years	100-200 ml (1 cup)	1000 ml per day	1 tbl per day for 10 days
Aged 5 years to 14 years	200 ml (1 cup)	1000 ml per day	No zinc
15 years and older	As much as wanted (minimum 1 cup)	2000 ml per day	No zinc

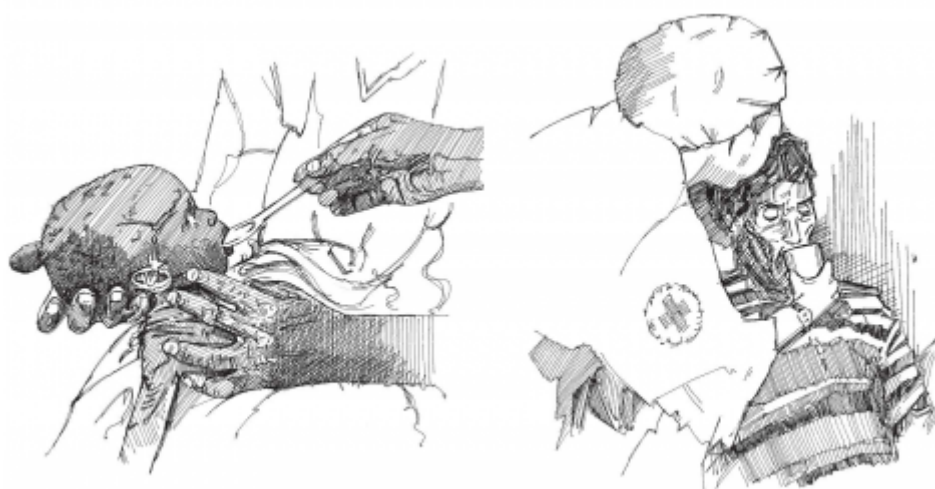
Plan B



Plan B			
Age	Amount of ORS after each loose stool	ORS to drink in the first 4 hours	ORS to drink daily after the first 4 hours
Aged 6 months to 2 years	50-100 ml (1/2 cup)	500 ml	500 ml
Aged 2 years to 5 years	100-200 ml (1 cup)	1000 ml	1000 ml
Aged 5 years to 14 years	200 ml (1 cup)	1000 ml – 2000 ml	1000 ml
15 years and older	As much as wanted (minimum 1 cup)	2000 – 4000 ml	2000 ml

Advise people and caregivers on the following:

- Mothers should continue breastfeeding
- ORS should be given regularly in small amounts (small spoons for children under two years of age and sips from a cup for older people)
- If the person vomits, wait 10 minutes and then continue to give ORS but more slowly.
- If vomiting continuous consult health facility
- Advise the person to come back to collect more ORS if diarrhoea continues and no ORS is left
- 50 ml = ¼ cup, 100 ml = ½ cup, 200 ml = 1 cup



Giving ORS to a child and to an adult

Community messages

01. Preparing and giving oral rehydration solution (ORS)

11. Zinc supplementation

Overview

Zinc is a mineral that is important for children's healthy growth and development. Foods such as meat, fish, dairy products, beans and nuts contain zinc. Sometimes children do not have enough zinc, and as a result they may have longer, more severe bouts of diarrhoea, and may become very sick.

If children between six months and five years of age who have diarrhoea are given extra zinc together with ORS, they are less likely to get very sick and will recover faster.

Please note: even though zinc is a naturally occurring mineral and is recommended to minimize the effects of diarrhoea, taking too much zinc can cause problems such as stomach ache, headache, chills or feeling tired. **It is important to give only the recommended amount.**

During an outbreak of diarrhoeal disease (including cholera), children between six months and five years of age with diarrhoea should be given a zinc supplement together with oral rehydration solution (ORS). ** Caution is required towards people who show signs of malnutrition. A child or adult that has a red or yellow mid upper arm circumference (MUAC) measure should be referred immediately to a health facility for treatment or prevention of dehydration. ** (see Action Tools, *Measuring acute malnutrition in emergencies* and *Measuring mid upper arm circumference* for further information on MUAC and on malnutrition).

What to do and how to do it

Preparing for zinc supplementation

- Do not give zinc without the supervision and advice of health professionals. This type of intervention will be managed by a supervisor with a health background (like a doctor or a nurse), or by a coordinator who works closely with the health authorities who will advise on the correct dose and method of administering zinc.
- If possible, make sure you know your National Society's policy on when volunteers can give zinc to children; follow it. If your National Society does not have a policy, take the advice of your supervisor about if and when to administer zinc.
- Make sure you understand the correct way to prepare and use zinc supplements.

Administering zinc

- Make sure all children from the ages of six months to five years with diarrhoea are given zinc correctly, together with ORS. (See Action tool *Giving oral rehydration solution (ORS)*). Follow the advice of health care professionals for the amount of zinc (number of sachets) to give to each child. The health provider will determine this based on the age of the child.
 - Use treated or boiled water to make the zinc solution.
 - Make sure that the cups and utensils used to make the solution are clean, and that water containers are clean and covered.
 - Hands should be washed with soap before making zinc or ORS solution.

Social mobilization around zinc supplementation

- Social mobilization and behaviour change communication are important supporting activities. (See the points above and Action tool *Social mobilization and behaviour change*)
 - Make sure caregivers of children are preparing and using zinc supplements correctly.
 - Demonstrate how to correctly prepare and give zinc supplements. Conduct follow-up visits to make sure caregivers are preparing and using zinc correctly.

Community messages

28. Preparing and giving zinc

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

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

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.

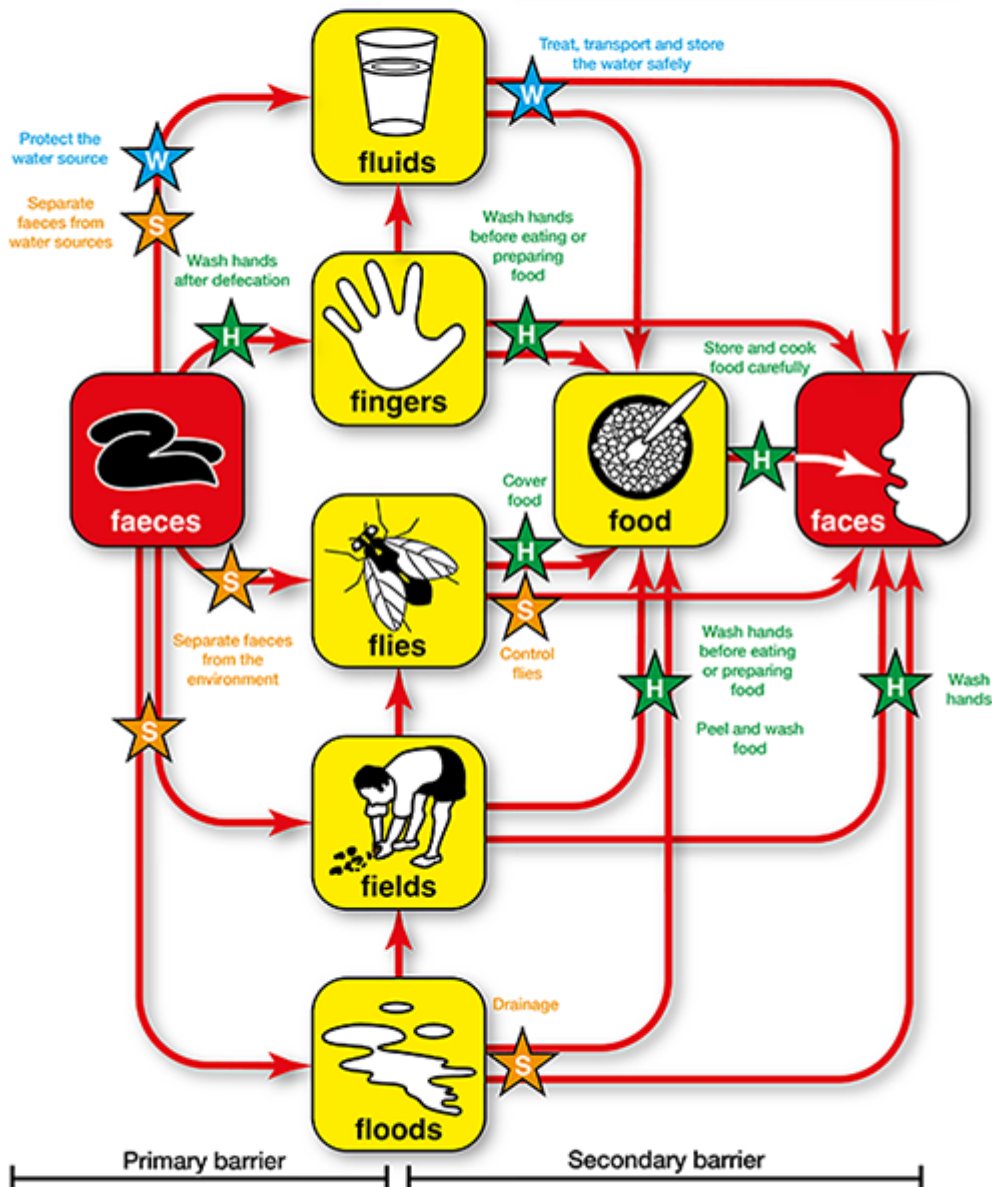
The focus of hygiene promotion is determined based on the health risks. By creating a series of barriers to infection, hygiene behaviour has a critical influence on the transmission of water- and sanitation-related diseases as shown in the 'f' diagram[1] below:

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), **floods**, **fingers** and **faces** (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.

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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



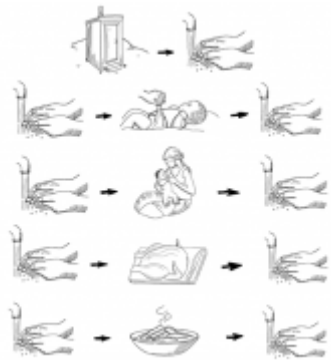
05. Using clean safe drinking water



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

30. Clean, safe household water

Overview

Many diseases can be spread through water. Water can look clean when in fact it is not safe to drink until it has been treated. The germs that make people sick are so small that you need a microscope to see them. Clean, safe water is essential to stop the spread of many epidemics. As a volunteer, you can help to make sure that your community has clean safe water to drink, to cook and to clean with.

Safe water sources

The best source of safe clean water is a groundwater source, such as a protected well or borehole. "Protected" means it has a concrete apron or edge around the well or borehole (with no cracks) and is fenced to prevent animals from reaching it.

If you normally use a piped water supply in your community, flooding, or other disasters (such as cyclones) can affect the quality of the water. After flooding, tap water may no longer be safe or clean. In this situation, boil or filter the water or treat it with chemicals.

If safe groundwater is not available, or if you are in doubt about water quality, you can make water clean and safe in other ways:

1. Boil water for at least one minute. A rolling boil of one minute will kill germs.
2. Use water purification tablets. These are small tablets that you put in water to kill germs. Each type of tablet has specific instructions for use, so read these carefully before using the tablets. You can give tablets to families in the community to clean their water.
 - Make sure to underline the importance of clean water when you explain how to use the tablets. Monitor the use of the tablets distributed.
3. Promote water filtration. Water can be filtered using ceramic, bio-sand or other types of filters.
 - Make sure you follow the instructions for making and cleaning the filter. Clean the filter regularly.

Each way of making water safe has advantages and disadvantages, and requires equipment and resources (purification tablets, water containers or buckets, firewood, time, etc.). The community needs to be able to obtain these resources and use them properly. Work with colleagues in the WASH sector or partners with expertise in water, sanitation and hygiene for more information.

Safe storage and handling

Dirty hands, dirty utensils and dirty containers can contaminate water. So can flies, other insects and rodents. Efforts to make water clean and safe are pointless if water is not stored or handled properly and hygienically.

What to do and how to do it

Understand the community

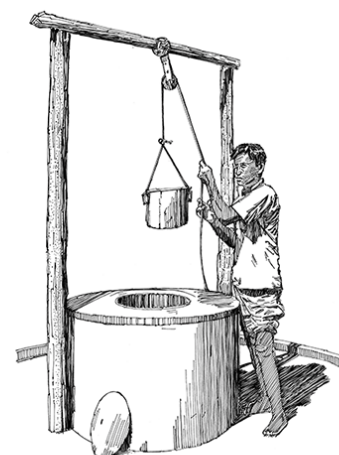
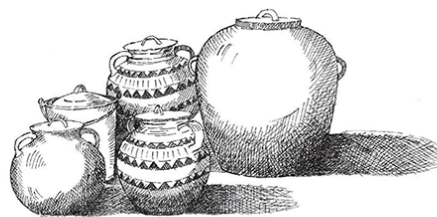
1. Familiarize yourself with the community's cultural, social and traditional practices and beliefs about water

and washing.

2. Listen out for rumours and incorrect information. Correct these and report them to your volunteer supervisor.

Promote clean household water

1. Promote clean water use. Encourage members of the community to adopt recommended hygiene practices.
2. Encourage people to use household water treatments (such as purification tablets) correctly. If they do not treat their water, find out why.
3. Encourage people to always wash their hands before they handle drinking water.
4. Store water in clean containers. Clean these regularly.
 - Make sure that families have clean containers to put water in. Make sure the containers are covered to prevent germs and dirt from getting into the water and making it unsafe.
 - If a container has a narrow neck, encourage people to clean it regularly with a soap solution, chemical disinfectant (if available) or pebbles. Narrow-necked containers prevent contamination but are harder to clean.
 - If a container has a wide neck, encourage people to keep it covered and design a system for removing water without touching it with your hands. Wide-necked containers are easily contaminated but easier to clean.



Other resources:

Safe water prevents cholera: Clean water storage safe water (visual aid from the Ghana Red Cross Society)



Community messages



04. Storing water properly



05. Using clean safe drinking water

31. Good food hygiene

Overview

- Food that is not clean, covered and thoroughly cooked can contain germs that cause people to fall sick.
- People in the community may not know or understand how food can be contaminated or how a disease can spread through food. It is important to explain the importance of good food hygiene so that people can protect themselves and their families from becoming sick.

What to do and how to do it

Promote safe food preparation

- Food can be contaminated by dirty hands, flies, dirty utensils or contaminated water.
 - Wash hands with treated water and soap before you cook or eat.
 - Use treated water for cooking. Wash vegetables and fruits thoroughly with treated water and soap.
 - Wash utensils (pans, plates, cups, forks, knives, etc.) and clean kitchen surfaces with treated water and soap. Use a rack for drying dishes.
- Food can spread germs and diseases if it is not well cooked or if it is dirty.
 - Cook animal products thoroughly, including meat and eggs, to kill germs.
 - Destroy and throw away any animal meat, offal or skin parts that are visibly affected by infections or parasites e.g., presence of worms, cysts or eggs, tubercles in lungs or liver, infected animal skin etc. Do not wash, cook or eat any of these.
 - Cover cooked food before storing. Reheat before eating.
 - Eat cooked food hot.

Promote safe food storage

- Food can be contaminated if stored improperly
 - Store uncooked food in containers that are inaccessible to insects and animals
 - Cooked food should always be stored properly, safe from weather changes, and covered to keep out dirt, flies, other insects and animals. Cooked food should not be stored for long periods of time. After cooking, it should be eaten promptly.

Promote food hygiene with food vendors in market and stalls

- Encourage to use mosquito netting or inverted bowls on plates to avoid contact with flies and insects
- Use chlorinated water to prepare drinks and ice
- Food servers should wash hands with water and soap before they prepare and serve food
- Food should be thoroughly cooked, especially seafood, and not be stored at room temperature for long periods
- Do not put plates and utensils on the ground, but use a clean surface

- Food and meat vendors at abattoirs and slaughterhouses should not sell any animal meat, offal or skin parts that are visibly affected by infections or parasites e.g., presence of worms, cysts or eggs, tubercles in lungs or liver, infected animal skin etc. These should be condemned and destroyed.



Community messages



04. Storing water properly



08. Washing hands with soap



12. Good food hygiene

32. Sanitation

Overview

- Good sanitation is vital to stop the spread of many epidemics such as diarrhoea and cholera, especially those spread through contact with rubbish or human waste.
- Volunteers can encourage communities to improve sanitation by safe excreta management, conducting safe burials for humans and animals, disposing of household and community rubbish appropriately, using latrines, and removing wastewater and standing water.
- The full involvement of the community from the beginning is necessary to ensure sustainability and good practices in the future.

What to do and how to do it

Solid waste management

- Dispose of solid waste and rubbish safely.
 - Encourage the community to burn or bury rubbish.
 - Promote knowledge about the relationship between rubbish and vectors like rodents or flies with diseases.

Wastewater management

- Drain or remove standing water. In refugee or IDP camps it would be necessary to ensure good drainage specially around latrines, showers or places to wash clothes. In other settings as well, keep vigilant also about stagnant water around these kinds of structures. At the same time, observe places or things, like buckets, for example, where people can keep (on purpose or not) stagnant water. Promote hygiene and teach people how to keep themselves safe and clean.
 - Mobilize the community to reduce standing water where mosquitoes are likely to breed.
 - Map and detect with the community the places in the area that are likely to have stagnant water.
 - Promote knowledge around the community about mosquito breeding to avoid diseases like malaria. Ensure the relationship between mosquitos and diseases is known by the community.
 - Promote that around showers, latrines and washing clothes areas gravel or other strategies are used to help with water drainage.

Sewage management

- Dispose of excreta (faeces) safely (by constructing latrines).
 - Promote the construction and use of latrines and make sure you have the community support to do so and to help you to find the best place to avoid water source contamination.
 - Discourage open defecation.
 - Ensure latrines are available for all users, women, elderly, children etc.
 - Promote among mothers with babies the safe disposal of their excreta.

- Ensure the latrines have the minimum standards for protection, inclusion and dignity.
- Promote female friendly latrines whenever possible. These would include: adequate lighting; latches/locks on doors; soundly built walls and doors to ensure privacy and prevent people/animals going in and out; garbage receptacles for menstrual hygiene products and other disposable waste.
- Ensure appropriate housing and movement for companion and livestock animals such that their faeces and urine are not littering the environment or human habitation.
- Promote hygienic waste management and standard biosecurity measures on livestock farms and avoid dumping of such waste in the environment or in surrounding water bodies.

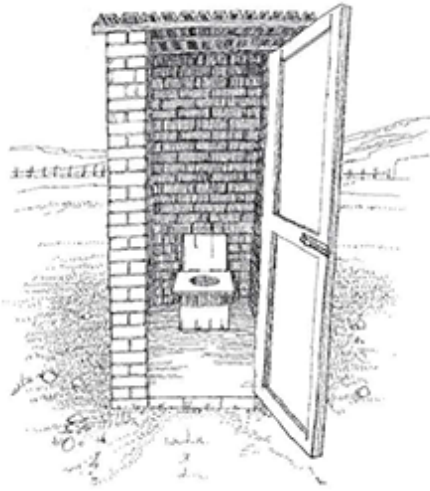
Safe disposal of human and animal tissue

- Practise safe burial or disposal of tissue:
 - Bury corpses and destroy animal carcasses safely.
 - Control disease vectors and protect people from them.
 - Incinerate medical waste.

Talk to your community about proper sanitation practices.



Dispose of waste safely.



Community messages



06. Using a clean latrine



07. Protecting yourself against mosquitoes



08. Washing hands with soap



11. Cleaning up places where mosquitoes breed



23. Encouraging healthy behaviours in a community



27. Keeping rodents out

33. Encouraging the use and maintenance of latrines

Overview

- Many diseases (including diarrhoea, cholera, typhoid and hepatitis E and A) spread to others when faeces contaminate water, hands, food or flies and enter another person's mouth. This form of transmission is called "faecal-oral".
- Using a latrine and disposing of faeces properly can save many lives during an epidemic. When everyone uses latrines, the environment remains clean. It is important to put the faeces of children and babies in the latrine too as their faeces also contains germs.
- In an epidemic, encouraging the community to use and maintain latrines is an important part of preventing the spread of disease.

What to do and how to do it

Encouraging the use of latrines

1. Many social and cultural issues may cause people not to use them.
 - Find out what will motivate people to use the latrines and encourage them accordingly.
 - Discuss with the community what challenges they could face to use them and how to make them available for all users (children, elderly, people with disabilities etc.)
2. Many types of latrines, such as pit latrines, can be built easily with local materials. The type of latrine that is built in any given context will depend on:
 - The preferences of the community.
 - How much space the community has.
 - The soil type and how close the water in the ground is to the surface (the water table).
 - The location of water sources (the distance between containment facilities and water sources should be at least 30 metres, and the bottom of pits should be at least 1.5 metres above the groundwater table).
 - The number of people who will use the latrine(s).
 - How often the faeces should be removed. If there is a need for external management, the cost, availability and access should be considered.

Ask an expert in water, sanitation and hygiene or your volunteer supervisor for information on how to build latrines.

Making latrines safe and useable

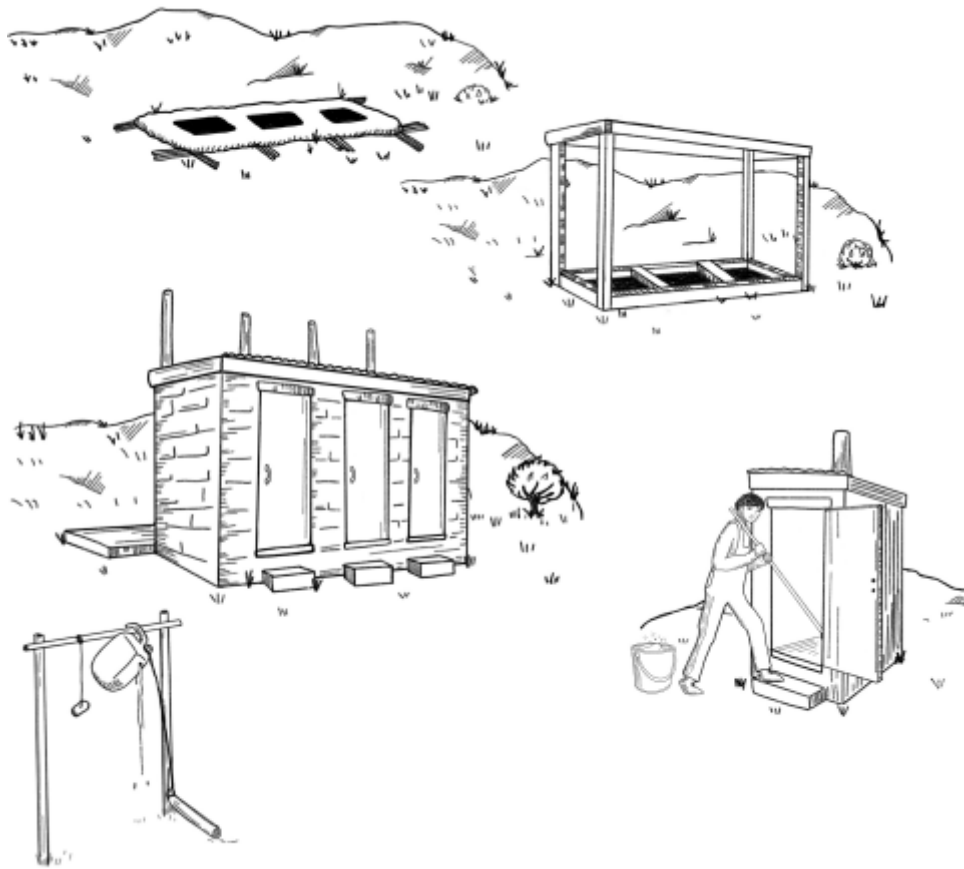
1. Ensure hygiene is possible
 - It is very important to wash hands after going to the toilet to prevent the spread of disease. All latrines should have a place close by to wash hands. It must be in working order and water and soap must be

available.

- Provide locally appropriate anal cleansing material (to wipe or wash after going to the toilet).
 - If using a trench latrine, provide soil to cover the faeces.
2. Ensure latrines are safe to use and accessible to all
- Make sure women and girls feel safe to use latrines during the day and at night.
 - Males and females should use separate latrines
 - Latrines should be well-lit
 - Users should be able to lock them from the inside
 - They should have hooks or other device to hang clothes so they do not stay on the floor
 - They should have soundly built walls and doors to ensure privacy and prevent people/animals from going in and out
 - They should have a place to dispose menstrual or incontinence materials
 - They should have a handle or ropes to help elderly or people with disabilities
 - They should be adapted to children to stop them falling inside
 - If latrines are elevated, ensure that there is a ramp with an appropriate slope for a person with a disability to access it alone

Ensure latrines are maintained

1. Make sure that latrines are physically maintained and robust, so they remain safe for use.
2. Latrine pits and tanks fill up and need to be emptied.
 - How quickly this happens depends on how many people use them, how big the pit or tank is, the soil type, and whether people throw rubbish or menstrual pads into the pit
3. When possible, create committees in the community to maintain the latrine, and make sure they have all the materials they need.



Community messages



06. Using a clean latrine



08. Washing hands with soap

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.

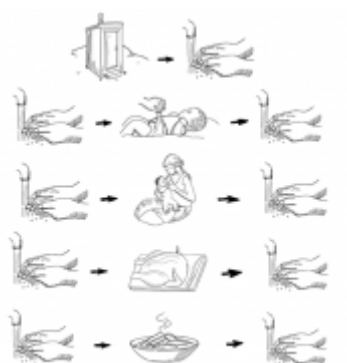
4. Rinse hands well so they are free of soap.
5. Dry hands with a paper towel. If there is no towel, wave them in the air until they are dry.



Community messages



08. Washing hands with soap



09. When to wash hands

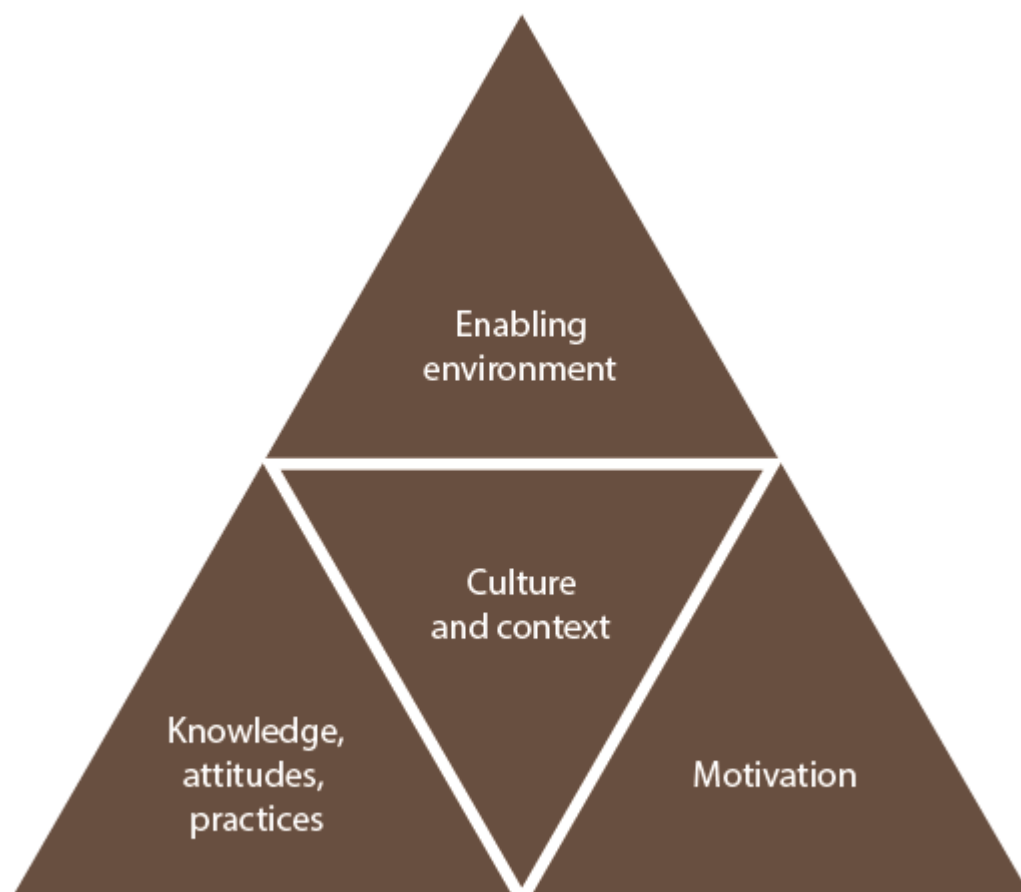
43. Social mobilization and behaviour change

Overview

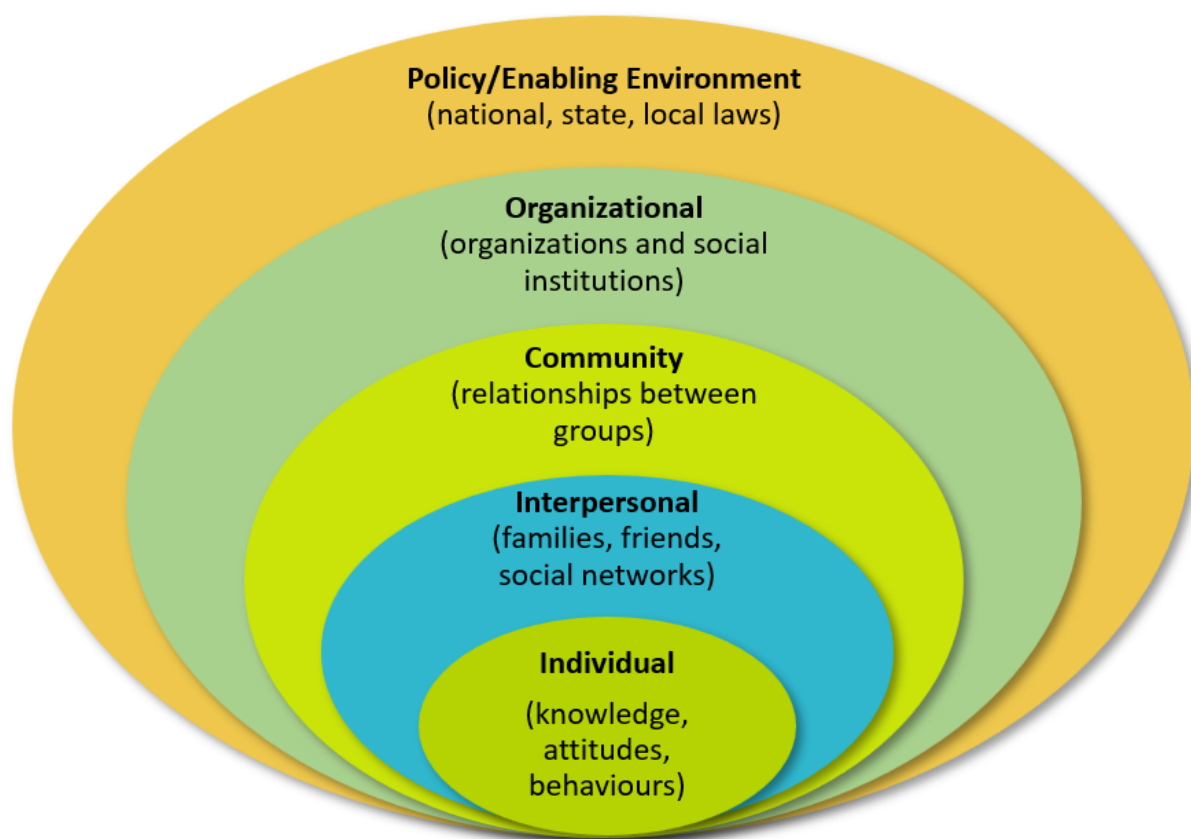
There are many reasons why people practise unhealthy behaviours. People are affected by access to services or facilities, social norms and influences where they work, live or play. Behaviour change is the study of how and why people change some habit or action in their life. As volunteers, we need to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