

**COMMUNITY HEALTH VOLUNTEERS (CHVs)
NON COMMUNICABLE
DISEASES**

**NCD MODULE
13**



Division of Community Health Services
"Afya Yetu, Jukumu Letu"



DIVISION OF NON-COMMUNICABLE DISEASES

**COMMUNITY HEALTH
VOLUNTEERS (CHVs)
Facilitators Manual**

**Module No. 13
Non Communicable
Diseases**



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Foreword

Health is a major component in the socio-economic development of any community. Indeed, it is not only a right but also a responsibility for all. Promotion of good health at different levels of society is the responsibility of all individuals, families, households, and communities. Kenya has embraced the community strategy to enable communities to improve and maintain a level of health that will enable them to participate fully in national development towards the realization of Vision 2030. Extensive consultations among various departments, divisions and stakeholders marked the development process of the CHV Curriculum which is divided into the basic and technical sections. The development of the Basic manual went through a similar process and was pre-tested in various geographic sites. Subsequently, Technical modules were also developed and pre-tested. Among these is the Non Communicable Diseases Technical Module.

This Module will assist the Ministry of Health, specifically the Divisions of Community Health Strategy in achieving its strategic objectives as outlined in the Kenya Health Sector Strategic & Investment Plan (KHSS&IP) 2013-2017, and towards the attainment of SDG targets. It will be used to administer the Non communicable disease component defined in the CHVs curriculum in a systematic manner through well-trained Community Health Extension Workers. In having a harmonized training module, health managers will be able to guide CHVs to efficiently offer services to communities, linking them to care and referral. This is expected to empower communities to make informed choices to prevent Non communicable conditions. On behalf of the Ministry of Health, I wish to thank Kenya Red Cross (KRC), and all other contributors and reviewers who worked tirelessly to produce this module. Whom through the Division of Non Communicable Diseases (NCD), provided financial and technical support that made the pre-testing of this technical module for the training of Community Health Volunteers possible. I thank the Capacity Working Groups of the NCDs & DCHS, which ensured that this document was completed. I am confident that the implementation of this module will help us address the issue of equitable access to primary health services and by so doing, bring about a much improved status for all Kenyans that will be reflected in robust positive health indices.

Dr. Nicholas Muraguri
Director of Medical Services
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Preface

One of the dominant themes in health policy and planning today is the need for interventions based on sound evidence of effectiveness. The responsibility of ensuring programmes are consistent with the best available evidence must be shared between providers, policy makers and consumers of services.

Community Health Volunteers (CHVs) have been major players in the implementation of primary healthcare since the 1980s, and still continue to play a critical role in mobilizing communities in taking care of their health and providing basic healthcare at community level. The Non communicable conditions, such as Heart diseases, Cancers, Diabetes and Mental health diseases just to mention a few, have caused untold suffering among community members. This module provides a platform to empower community health Volunteers in identifying, screening and referring children, women, and the elderly and promoting healthy lifestyles to reduce related diseases as articulated in this module. These interventions are practical and through the advocacy by CHVs, This training module is meant to strengthen the capacity of CHVs to prevent the Non Communicable Diseases at the community level. The Government of Kenya is committed to supporting community health initiatives and accelerating the achievement of the KHSS&IP goals, Millennium Development Goals (MDGs) and providing support to Vision 2030.

The training manual for CHVs is organized in Modules which should be applied incrementally to enable the CHVs develops adequate capacity for working with communities. Specifically, the training manual covers thirteen modules detailing NCD in the technical section as Module 13.

It is my hope that all stakeholders in community health will utilize this module to train CHVs in order to standardize provision of healthcare to our communities.

Dr. Jack Kioko
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Acknowledgments

The development of this technical module on Non communicable Diseases has been through the dedicated efforts of officers supported by the Community Health Services and Non Communicable Disease Units. We acknowledge the Head, NCD, Dr Kibachio Joseph who provided technical oversight in development of this module. We also recognize those who may have not participated directly in the drafting of this module but who rendered services in support of the teams that helped in its realization. The draft module was pretested in Embu, Garissa and Nairobi Counties where the County and Sub County Community Focal Persons and level 1 workforce participated in the pre-testing exercises. Last but not least, we thank communities who shared their experiences which helped inform the development of this module. Special thanks are accorded to the CHS Capacity Working Group for initiating the training module development process. Much gratitude to the Task force Group members, Mr. Ambros Juma, -CHS, Mr. Ken Ogendo, Ms. Joyce King'ori- BNK, Dr. kibachio Joseph Dr. Alfred Karagu, Scholastica Owondo and Ms. Angela- KRC for logistical support in ensuring the finalization of this module. Appreciation is accorded to Mr. Samuel G. Kiogora, for unwavering coordination of the entire process.

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List of Acronyms

BMI	Body Mass Index
CBR	Community Based Rehabilitation
CHSU	Community Health Services Unit
CHV	Community Health Volunteer
CVD	Cardio-Vascular Disease
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
KHSSIP	Kenya Health Sector Strategic and Investment Plan
KRCS	Kenya Red Cross Society
MDGs	Millenium Development Goals
MOH	Ministry of Health
NCD	Non Communicable Diseases
PTSD	Post Traumatic Stress Disorder
RHD	Rheumatic Heart Disease
TEO	Tetracycline Eye Ointment
UV	Ultra Violet
WHO	World Health Organization

Introduction to Non-Communicable Diseases

Non-communicable diseases (NCDs), also known as chronic diseases, are diseases and conditions that cannot be passed from one person to another. They are of long duration and generally slow progression. Worldwide, they are the leading cause of ill-health and death accounting for more than 60% of all deaths. These diseases are also associated with a huge social and economic burden to societies and have often caused communities to go into poverty as a result of the resources spent while accessing treatment. In Kenya NCDs account for more than 50% of total hospital admissions as well as more than 55% of hospital deaths.

There are four main types of non-communicable diseases that have been prioritized by the World Health Organization (WHO). These are cardiovascular diseases (like, hypertension, heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma) and diabetes. In Kenya and other African countries, there are other NCDs of public health importance which include hemoglobinopathies (sickle cell anemia), mental disorders, epilepsy, violence and injuries, oral and eye diseases plus chronic diseases of an infective origin like rheumatic heart diseases. All these diseases have therefore been highlighted in this NCD module.

The good news is that NCDs are largely preventable. They share four major behavioral risk factors namely: tobacco use and exposure, unhealthy diet, physical inactivity and harmful use of alcohol. This NCD module has therefore placed particular emphasis on the need for communities to adopt healthy lifestyles that will reduce the impact of the four shared risk factors on individuals and communities and in turn contribute to a reduced burden of NCDs in our country.

The Role of the Community Health Volunteer (CHV) in NCD Prevention and Control

The following are important roles that each CHV will play within their community in their effort to prevent or reduce the impact of NCDs:

- Discuss with community members on the importance of regular screening for NCDs such as diabetes, hypertension and cancers.
- Educate community members on the signs and symptoms of common NCDs
- Provide information on prevention of complications once diagnosis is made
- Provide health information on health lifestyle including healthy eating, exercising and not smoking as a way of lowering the risk of NCDs.
- Conduct screening for diabetes and hypertension within the community in consultation with the CHEW
- Facilitate referral of community members suspected of having NCDs to the nearest health facility for appropriate management and follow-up.
- Assist the health worker in the follow-up of persons being managed for NCDs including tracing those who have defaulted on treatment.
- Support treatment adherence among community members on management for NCDs.
- Provide psycho-social support to community members being managed for NCDs by encouraging them to form support groups.
- Maintain an updated record of NCD-related health activities conducted within the community.



UNIT I DIABETES MELLITUS



Unit I

DIABETES MELLITUS

Purpose

The purpose of this unit is to equip the community health volunteer with knowledge and skills to enable them to create awareness on how to recognize signs and symptoms of diabetes mellitus, prevention and appropriate referral and follow-up.

Objectives

By the end of this unit, the community health volunteer should be able to;

1. Define and classify diabetes mellitus
2. Identify signs and symptoms
3. List the risk factors of diabetes mellitus.
4. Facilitate the prevention and control of diabetes mellitus
5. Facilitate treatment of diabetes mellitus through referral to a health facility.
6. Identify common complications of diabetes mellitus, short-term and long-term

Duration:

4 Hrs 30min

Methodologies:

- Buzzing
- Brainstorming
- Lectures
- Questions and answers
- Case studies
- Discussions

Materials

- Flipcharts
- Marker pens
- Writing paper
- Pens
- Visual aids (Food pyramids and food models, job aid)
- Samples of locally available foods for demonstrations

Unit Session Plan

Time		Content	Teaching methodology	Materials
4 Hours	30 Minutes	Introduction to diabetes-Explain what diabetes is, causes and simple classification of diabetes.	<ul style="list-style-type: none"> • Question and answers • Mini lectures • Illustration 	<ul style="list-style-type: none"> • Flip chart • Marker pen
	35 Minutes	Signs and symptoms	<ul style="list-style-type: none"> • Discussion • Illustrated lecture 	<ul style="list-style-type: none"> • Flip chart • Marker pens • Visual aids
	45 Minutes	Risk factors of diabetes	<ul style="list-style-type: none"> • Brain storming session • Group work • Illustrated lecture • Case study 	<ul style="list-style-type: none"> • Flip chart • Marker pens
	60 minutes	Prevention, control, treatment and referral	<ul style="list-style-type: none"> • Discussion • Group work • Experience sharing • Illustrated lecture 	<ul style="list-style-type: none"> • Flip chart • Marker pens • Visual aids (job aid and food model)
	70 Minutes	Common complications of diabetes mellitus	<ul style="list-style-type: none"> • Brainstorming • Illustrated lecture 	<ul style="list-style-type: none"> • Flip chart • Marker pens


Activity 1:
INTRODUCTION TO AND DEFINITION OF DIABETES MELLITUS-15 MINS**Facilitation steps**

1. Ask the participants what they understand by the term diabetes mellitus
2. List the responses on a flip chart

Summarize the discussion using the resource notes below.

1. Explain what is diabetes mellitus

Diabetes is a lifelong condition characterized by high blood sugar.

Causes;

- Lack or insufficient production of insulin
- Insulin inaction
- Or both
- Insulin is a chemical produced by the pancreas which acts like a key that opens the body cells for sugar to enter so that it can be used for energy production.



ACTIVITY 2:

CLASSIFICATION OF DIABETES MELLITUS-15 MINS

Facilitation steps

1. Ask the participants to brainstorm on the types of diabetes mellitus they are familiar with
2. Record the responses on the flip chart
3. Participants share their experiences with diabetes mellitus
4. Give a summary and clarifications on responses given using the notes below

2. Simple classification of Diabetes Mellitus

There are 2 main types of diabetes mellitus; type 1 and type 2

Type 1

It occurs in young children and adolescents. It results from damage to the pancreas which leads in failure of insulin production. Account for up to 10% of all cases of diabetes.

Type 2

It is the commonest type of diabetes accounting for up to 90% mostly in adults .it is due to reduced insulin production or resistance of body cells to insulin, or both.

Gestational diabetes mellitus

Diabetes detected for the first time during pregnancy. It occurs due to failure of the body to make and use all the insulin it needs for pregnancy.

Pre-diabetes state

This is a state where an individual has abnormally high blood sugar that has not reached levels categorized as diabetes. People with pre diabetes are at risk of developing diabetes or getting complications before overt diabetes sets in.

Fasting blood sugar levels

- Hypoglycemia- <4mmols/L
- Normal- 4.0-5.8mmol/L
- Pre Diabetes state- 6.0-6.9mmol/L
- Diabetic- >6.9 mmol/L



ACTIVITY 3:

SIGNS AND SYMPTOMS OF DIABETES MELLITUS-35 MINS

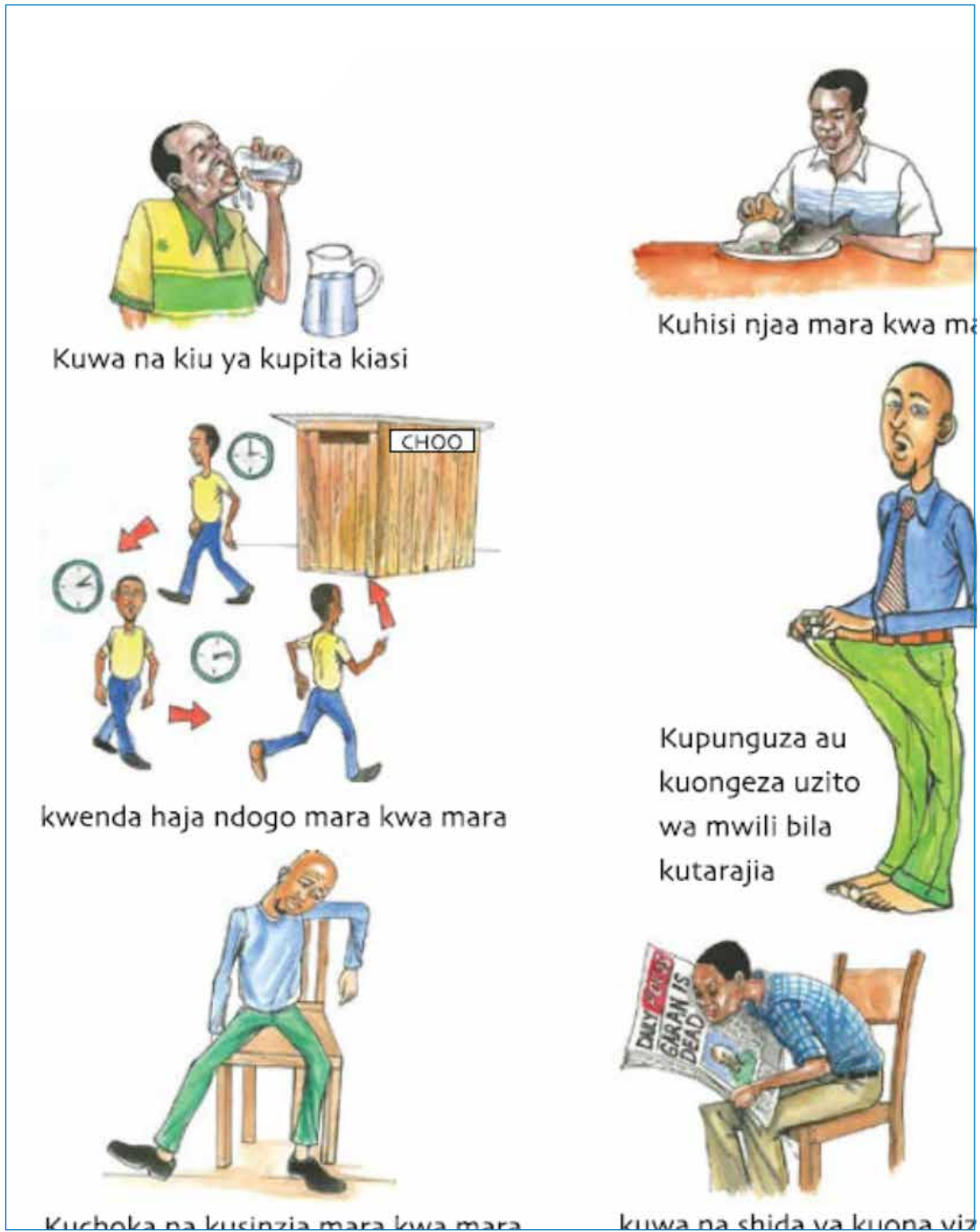
Facilitation steps

1. Ask the participants to buzz in twos the signs and symptoms of diabetes.
2. Facilitator records responses, clarifies and gives a summary.
3. Display the pictorial illustration of the signs and symptoms of diabetes from the job aid and ask the participants if they've experienced them within the community

3. Signs and symptoms of Diabetes Mellitus

- Frequent urination
- Excessive thirst
- Extreme hunger
- Unexplained weight loss
- Increased fatigue
- Irritability
- Blurry (unclear) vision
- Impotence- failure to sustain an erection.
- Itching of private parts in women
- Slow healing of cuts and wounds
- Numbness or tingling sensation of the hands and feet

Ugonjwa wa Kisukari unaweza kujidhihisha kwa njia zifuatazo:



NB: A person can be living with diabetes without the symptoms hence regular blood sugar testing is recommended.



ACTIVITY 4:

RISK FACTORS FOR DIABETES MELLITUS-45 MINS

Case Study

Mr. Malimoto was well respected, heavily built, very successful farmer and the envy of many in Pundamilia village. Many would jokingly call him mkubwa due to his “well-built” stature. He was very welcoming and social and would have small parties and get-togethers in his home, to entertain his family and the villagers with nyamachoma, beer, ugali and other delicacies.

One evening, Mr. Malimoto suddenly fell ill and in a few hours, his wife realised he was talking things they couldn’t understand and then suddenly collapsed. His wife and children rushed him to hospital where he was admitted and unfortunately died an hour after admission. The family sadly buried him and community members started saying that one of his business competitors had offered him as sacrifice in witchcraft so that his business could make more money than Mr. Malimoto’s.

A couple of years later, his eldest son Baraka tripped in their shamba as he was supervising the farm workers and got what one would consider very minor bruise on the foot. Since it wasn’t so serious, he just got it cleaned and assumed nature would take its course as usual. A month later however, he realised the wound was far from healed and instead had pus and was even enlarged.

His wife at this point advised him to go to hospital, where the doctor asked him several questions, from which he realised that he had in the recent past been taking lots of water and was making more frequent visits to the latrine than he earlier used to. The doctor then sent him to the laboratory for several tests, whose results he was advised to pick the following morning.

Facilitation steps

1. Ask the following questions:
 - What did you hear?
 - What key issues did you identify from the story?
 - What do you think could have been the possible outcomes of Baraka’s laboratory tests?
 - What can you say about the community’s story regarding Mr.Malimoto’s death?
2. Give a summary of the risk factors for diabetes mellitus and give a short recap of the signs and symptoms of diabetes mellitus brought out in Mr.Malimoto’s story.

4. Risk factors for diabetes mellitus

- Advancing age
- Family history of diabetes
- Overweight and Obesity
- Alcohol use
- Tobacco use
- Physical inactivity.
- Stress.
- Unhealthy diet.
- Pregnancy
- Long-term use of steroids (drugs used to relieve swelling and inflammation)



ACTIVITY 5.1:

PROMOTION OF HEALTHY DIETS

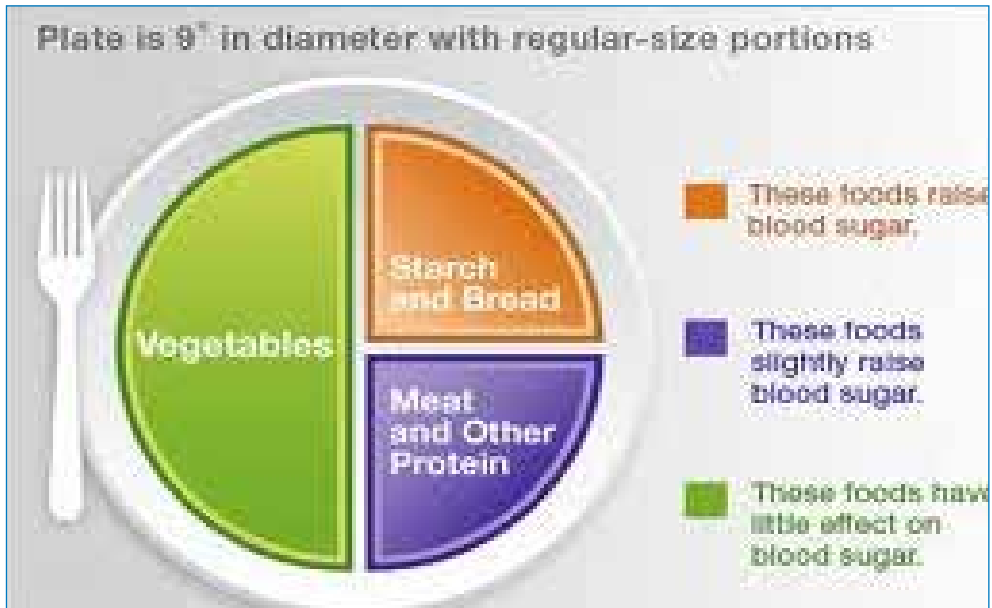
Facilitation steps

1. Allow about 3 participants to share their 24-hour recall of foods and snacks eaten in plenary and record on a flip chart
2. Ask the rest of the participants what they think about the meals
3. Demonstrate proper nutrition choices using the food pyramid, plate model and the Zimbabwe hand jive (using the notes below) tell the participants to apply the plate model in their next meal.

Prevention and control of diabetes

- Promotion of healthy diets (low fat, low salt, whole grains, roots and tubers- cassava, arrowroots, sweet potatoes- avoid highly processed foods)
- Promotion of physical activity
- Maintenance of Healthy weight
- Avoid alcohol
- Avoid tobacco use
- Early detection and treatment of diabetes mellitus.
- Community support for people living with diabetes mellitus.

Plate model



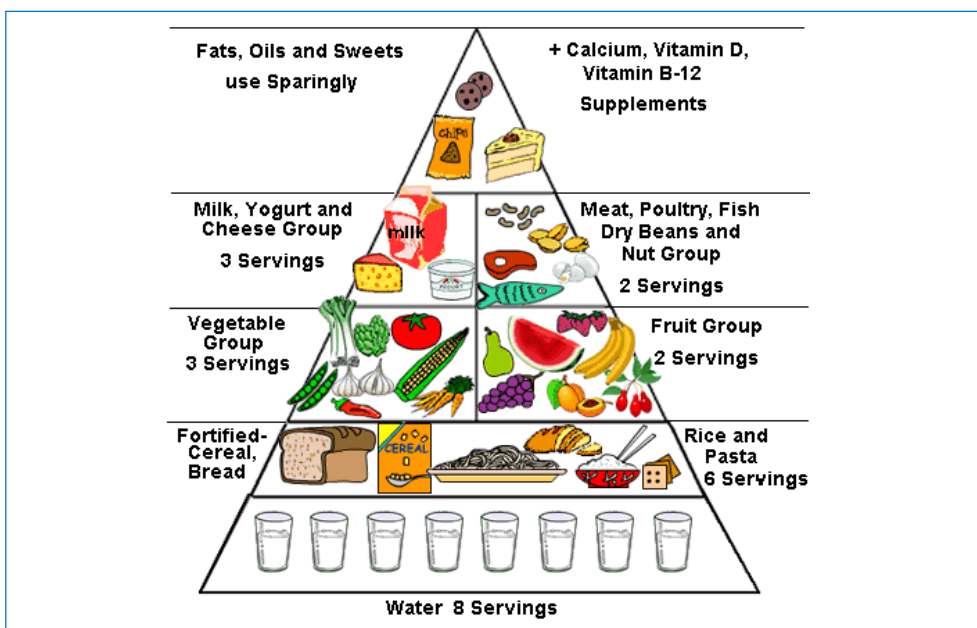
- A half of the plate should be vegetables, a quarter carbohydrate and a quarter protein

The Healthy Food Guide Pyramid

The healthy food guide

This is a guide on how to eat and drink to maintain good health. The guide illustrates how food should be selected and indicates food that should be eaten more (at the base), moderately or generously (at the centre), and in small amounts (at the top of the food guide).

Food Pyramid



 **ACTIVITY 5.2:****PROMOTION OF PHYSICAL ACTIVITY****Facilitation steps**

1. Lead a brainstorming session where the participants give examples of Physical activities they engage in (frequency, intensity and duration)
2. Give a summary of the importance of physical activity and its importance in diabetes prevention and control

Promotion of physical activity

Physical activity also plays an important part in preventing type 2 diabetes in the following ways:

- lowering blood sugar
- lowering bad cholesterol and raise your good cholesterol
- improving the body's ability to use insulin
- keeping the heart and bones strong
- keeping the joints flexible
- lowering risk of falling
- helping in weight loss
- reducing the body fat
- giving you more energy
- reducing stress

Examples of simple physical activities one can engage in:

- Playing with the children
- Walking instead of using a motorbike
- Working in the garden
- Cleaning the house
- Take the stairs instead of the elevator/lift.
- Taking a brisk walk (walk at a fast pace)
- Swimming
- Dancing
- Jogging

CAUTION:

- If you have type 1 diabetes, avoid strenuous exercise.
- Carry your identification materials at all times
- Always carry a snack or glucose tablets in case the blood sugars drop too low
- If you'll be exercising or if your physical activity will last for more than an hour, check your blood glucose at regular intervals. You may need snacks before you finish.
- Do not exercise if the sugar is above 13 mmol/L or below 4 mmol/L

ACTIVITY 5.3:

MAINTENANCE OF HEALTHY WEIGHT

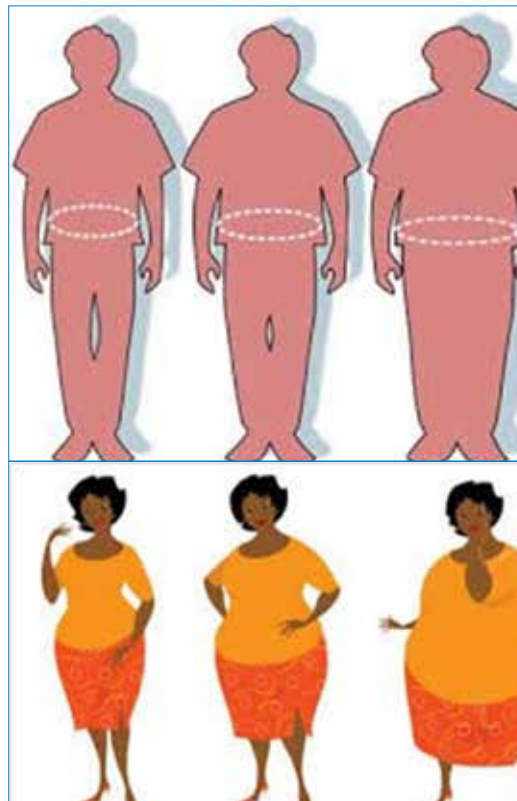
Facilitation steps

1. Display the figures/ pictures below to provoke a discussion on overweight and obesity
2. Summarize the discussion using the notes below

Obesity is the number one contributing cause of diabetes today and it complicates the care of diabetes, which can make treatment with medications less effective. Being overweight and having diabetes will also increase the risk for diabetes related complications such as kidney failure, blindness and heart disease.

A healthy weight will help you:

- Lower blood sugar and pressure if they are higher than normal.
- Improve your blood fats if they are not in a healthy range.
- Delay or prevent the onset of Type 2 Diabetes



Normal  obesity

The figures above are an illustration on progression from normal healthy weight to obesity for both men and women.

Waist circumference (waist size) is strongly associated with being at risk of developing Type 2 Diabetes. Recommended values for the waist circumference (size) for women should be 88cm (34 inches) or less and 102cm (40 inches) or less for men.



Figures above are an illustration of waist circumference (waist size) measurement and abdominal obesity

ACTIVITY 5.4:

ALCOHOL AND TOBACCO USE

Facilitation steps

1. Enquire on the alcohol and tobacco use behaviour using non-judgmental language
2. Give a summary on risks associated with alcohol and tobacco use in reference to given examples

Avoidance of alcohol and tobacco use

Alcohol and tobacco use increases the risk of type 2 diabetes.

Heavy alcohol use

Too much alcohol can cause chronic inflammation of the pancreas (pancreatitis), which can impair its ability to secrete insulin and ultimately lead to diabetes.

Tobacco use

Tobacco is equally harmful. Tobacco use can increase blood sugar levels and lead to insulin resistance. And the more you smoke, the greater your risk of diabetes. Those who smoke and have diabetes are also more likely to develop vision problems including eye disease and possible vision loss as well as kidney damage. It increases the chances of developing a long list of other conditions as well including:



ACTIVITY 5.5:

PREVENTION, CONTROL, MANAGEMENT AND EFFECTIVE REFERRAL OF DIABETES CASES

Facilitation steps

1. Ask participants if they usually go for regular check-up and if they see any need of visiting the health facility when not ill. Ask the participants if they or any of their family members had gone for check-up in the last 1 year.
2. Provide a mini lecture on the Prevention, control, treatment and effective referral of diabetes cases (using the notes below)

Early detection and treatment of diabetes mellitus

Early detection enables individuals who test positive for an illness to receive timely and appropriate medical treatment.

Detection of diabetes is not easy without screening because many of the symptoms seem so harmless. Many diabetics are unaware that they are at high risk. Therefore, early detection of symptoms and treatment on diabetes is very important. The earlier diabetes is diagnosed, the more likely it is that it can be successfully managed. When you treat a disease early, you may be able to prevent or delay problems from the disease. Treating the disease early may also make the Diabetes easier to live with. Finding out early if you have diabetes is important because treatment can prevent or delay the complications of the disease.



ACTIVITY 5.6:

COMMUNITY SUPPORT SYSTEMS

Facilitation steps

1. Work with participants to explore and identify potential support systems for people living with diabetes e.g. diabetes support groups
2. Expound on the same using the resource notes below

Community support for people living with diabetes mellitus

Living with type 2 diabetes for a lot of people can be a very stressful experience. It may seem that there is no clear place to turn for help on learning about healthy living. If you are living with diabetes or any other chronic illness, do not try going it alone. Yes, granted you may feel so alone and that no one gets what it is that you are dealing with. But sure-fire way to end up stressed out and depressed is to create a network with people living with a similar condition.

This is why it is important to build a network of people who are there to support you. The network is important by increasing prevention behaviors in persons and communities at high risk for diabetes and those with pre-diabetes.

Management of diabetes mellitus

The management of diabetes entails:

1. Diabetes education
2. Proper nutrition
3. Physical activity
4. Weight control
5. Cessation of smoking
6. Cessation of alcohol intake
7. Adherence to diabetes drugs intake

Diabetes Education

People with diabetes and their families need to know:

- That diabetes is serious chronic disease, has no cure, but can be controlled
- Diabetes complications are preventable
- That regular medical check-ups are very important and attending diabetic clinic
- When to seek medical help
- That the cornerstones of diabetic treatment include:
 - i. Individualized education and counselling
 - ii. What foods to eat, how much and how often to eat.
 - iii. How to exercise and the precautions (a light snack before and after the exercise)
 - iv. How and when to take medications

On physical exercises, it is important to stress the value of physical activity and exercises in the prevention, control and management of diabetes.

Good nutrition is a key pillar of prevention, control and management of diabetes.

- Eat a healthy, balanced diet with food components from all the food groups
- Simple meal planning tools like plate model, the food pyramid and the Zimbabwe hand jive can be used in the community.

Medication and management of diabetes Mellitus

People living with type 1 disease need insulin for the management of their diabetes.

People living with type 2 diabetes should be mainly managed with oral drugs. Insulin can be used when oral drugs are ineffective.

Adherence to diabetes management is very important in maintaining blood sugar levels and preventing diabetic complications.

ACTIVITY 6.1:

Use the pictorials below to discuss and explain on the complications of diabetes

1. Short-term complications

a. **LOW BLOOD SUGAR /HYPOGLYCEMIA**

Sukari shukatiti ni hali ambapo kiwango cha sukari katika damu kipo chini kupita kiasi cha kawaida.

Mtu aliyene ugonjwa wa kisukari anaweza kuwa na kiasi kidogo cha sukari katika damu yake kwa sababu ya:

- Kufanya mazoezi bila kula chakula
- Kukosa kula chakula wakati unaofaa



Unywaji wa pombe



Kuzidisha kiasi cha dawa kinachohitajika

Ishara/dalili za sukari shukatiti katika damu	Iwapo utakuwa na ishara kama hizi, kula au unywe vyakula vilivyo na sukara mara moja: Kwa mfano
<ol style="list-style-type: none"> 1. Moyo wako kupiga kwa kasi/ haraka sana 2. Kutetemeka 3. Kuhisi njaa 4. Kizunguzungu 5. Kuona kiwiliwili 6. Kuchanganyikiwa 7. Kutokwa na jasho sana 8. Uchovu 	 Sukari  Peremende  Keki  Ndizi  Kiazi kitamu  Embe  Chungwa  Papai  Soda



Iwapo mtu amepoteza fahamu, rowesha sukari kidogo kisha umpake kwenye ufizi wa meno

FAHAMU: Usimpe mtu aliyepoteza fahamu chakula au kinywaji chochote kupitia kinywani/ mdomoni

HOW TO PREVENT LOW BLOOD SUGAR/HYPOGLYCEMIA



Usikose kula chakula, kula wakati ufaao



Ni muhimu kupima kiwango cha sukari katika damu yako kila ma



Meza dawa kulingana na maagizo ra daktari



Hakikisha umewajulisha jamaa na marafiki wako kwamba una hatari ya kupata Sukari Shukatiti na jinsi y kutatua hali hii



Jiepushe na unywaji wa pombe

2. Long-term complications

Kuongezeka kwa kiwango cha sukari katika damu kwaweza kusababisha matatizo kama vile:



Kupooza



Upofu



Ugonjwa wa moyo



Magonjwa ya figo





UNIT 2 CARDIOVASCULAR DISEASES



Unit 2

CARDIOVASCULAR DISEASES

Purpose

The purpose of this unit is to equip the community health volunteers with knowledge and skills to enable them to create awareness on the prevention of cardiovascular diseases with a special emphasis on hypertension and rheumatic heart disease. The CHV will also be able to recognize signs and symptoms associated with common cardiovascular diseases, to facilitate appropriate referral and follow-up.

Objectives

By the end of this unit, the community health volunteer should be able to

1. Define and give a simple classification of CVDs
2. Identify the common causes/risk factors of CVDs
3. Identify the common signs and symptoms of CVDs
4. Discuss rheumatic heart disease as a CVD of community health importance.
5. Describe the prevention, control and treatment modalities of CVDs

Duration: 4hrs 30 Minutes

Methodologies:

Buzzing, brainstorming, lectures, case studies, role plays, questions and answers and discussions

Materials

- Flipcharts
- Marker pens
- Writing paper
- Pens
- Food pyramids and models
- Digital blood pressure machines

Session plan

Time		Content	Teaching Methodology
4 hrs 30 minutes	30 Minutes	Definition and simple classification of cardiovascular diseases. Understanding hypertension	<ul style="list-style-type: none"> • Question and answers • Mini lectures
	45 Minutes	Causes/Risk factors of cardiovascular diseases	<ul style="list-style-type: none"> • Discussion • Illustrated lecture
	30 Minutes	Signs and symptoms	<ul style="list-style-type: none"> • Discussion • Group work • Illustrated lecture
	50 Minutes	Prevention, control and treatment of cardiovascular diseases.	<ul style="list-style-type: none"> • Discussion • Group work • Experience sharing • Illustrated lecture

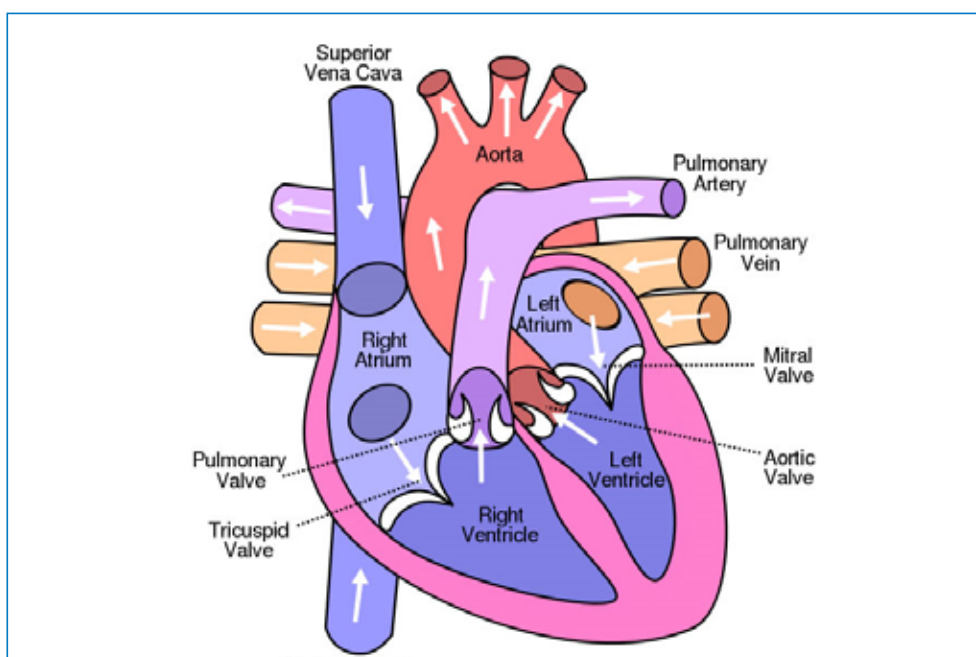
	45 Minutes	Rheumatic fever and rheumatic heart disease: causes, risk factors, relationship, symptoms	<ul style="list-style-type: none"> • Case study • Illustrated lecture
	40 minutes	Measuring blood pressure	<ul style="list-style-type: none"> • Practicum • Illustrated lecture
	30 Minutes	Prevention of hypertension	<ul style="list-style-type: none"> • Discussion • Group work • Experience sharing • Illustrated lecture
	20 minutes	Facilitating treatment through referral	Role play, Illustrated lecture
	30 minutes	Supporting treatment adherence	Case study, Discussion Illustrated lecture

ACTIVITY 1:

UNDERSTANDING CARDIOVASCULAR DISEASES (CVDS) - 30 MINS

Facilitation steps

1. Use question and answer method to elicit their understanding of the definition of CVDs
2. Facilitator asks participants to share their experiences with cardiovascular diseases.
3. Use question and answer method to elicit their understanding of blood pressure and hypertension
4. Facilitator records responses, clarifies and gives a summary on the definition and simple classification of cardiovascular diseases using the notes below. Emphasize on hypertension as the commonest CVD in Kenya



Definition

A cardiovascular disease (CVD) or Heart disease is any disease or condition that affects or damages the heart or blood vessels.

Vascular diseases are diseases of the blood vessels;

- If the blood vessels supplying blood to the heart are affected, this can lead to heart attack.
- If the blood vessels supplying blood to the brain are affected, this can lead to stroke.
- If the blood vessels supplying the arms and legs are affected, then that can lead to death of tissues in legs due to poor blood circulation

Point to Note: Hypertension (High blood pressure) is one of the commonest cardiovascular condition in our country.

Persistent high blood pressure is one of the risk factors of stroke and heart attack.

What is blood pressure?

Blood pressure is a measure of the force of blood pushing against the walls of your blood vessels (arteries).

Blood pressure is measured in millimetres of mercury (mm Hg) and is recorded as two figures. For example, 150/95 mm Hg which is said as 150 over 95.

The top (first) number is the systolic pressure. This is the pressure in the arteries when the heart contracts.

The bottom (second) number is the diastolic pressure. This is the pressure in the arteries when the heart rests between each heartbeat

Hypertension or high blood pressure is said to occur when either the top number (pressure) is equals or greater than 140 mm Hg or the bottom number (pressure) is equals or greater than 90 mm Hg or both. It is a life-long condition which requires regular follow-up

Impact of CVDs

CVDs can affect people at any stage of life undermining the socioeconomic development, not only of affected individuals, but families and nations.

They are very expensive to treat and thus prevention and control is the best option to reduce their impact.



ACTIVITY 2:

RISK FACTORS FOR CVDS-45 MINS

Facilitation steps

1. Divide the participants into groups where they shall discuss the risk factors for CVDs.
2. The groups present their findings and the facilitator clarifies and summarizes using the key notes below.

Risk factors of common cardiovascular diseases

There are four shared behavioral risk factors responsible for most cardiovascular diseases namely;

- Unhealthy diet e.g. High salt, fat & sugar intake.
- Physical inactivity leading to obesity
- Alcohol use
- Tobacco use

Additional risk factors for hypertension include:

- Family history- parents or close relatives
- Race- Blacks develop high blood pressure more often than whites, and it tends to happen at an earlier age and be more severe
- Age- In general, the older you get, the greater your chance of developing high blood pressure. It occurs most often in people over age 35.
- Gender- Men seem to develop high blood pressure most often between age 35 and 55. Women are more likely to develop it after menopause. After age 55, high blood pressure is much more common in women than in men.
- Stress
- Having diabetes or kidney disease



ACTIVITY 3:

SIGNS AND SYMPTOMS OF COMMON CARDIOVASCULAR DISEASES-30 MINS

Facilitation steps

1. Facilitator leads an interactive session where the participants discuss the signs and symptoms of different cardiovascular diseases.
2. Facilitator records responses, clarifies and gives a summary clarifying the different signs and symptoms of the various CVDs (use the notes below).

Symptoms of cardiovascular diseases

Often, there are no symptoms of the underlying disease of the blood vessels. A heart attack or stroke may be the first warning of the underlying disease.

Symptoms of a heart attack include:

- pain or discomfort on the left side of the chest
- Pain or discomfort in the arms, the left shoulder, elbows, jaw, or back.

In addition the person may experience:

- Difficulty in breathing or shortness of breath
- Feeling sick or vomiting
- Feeling light-headed or faint
- Breaking into a cold sweat
- Becoming pale.
- Pain in the upper abdomen.

Hypertension is a common CVD in our setting. The most common symptoms include:

- Tiredness.
- Confusion.
- Nausea or upset stomach.
- Vision problems or trouble seeing.
- Nosebleeds.
- More than normal sweating.
- Skin that is flushed or red, or skin that is pale or white.
- Anxiety or nervousness.
- Palpitations (strong, fast, or obviously irregular heartbeat).
- Ringing or buzzing in ears.
- Impotence.
- Headache.
- Dizziness.

It is however important to note that one could have high blood pressure yet they don't feel any effect in their body.

High blood pressure causes the heart to work harder than it normally would. It therefore increases the risk of heart attacks, strokes, kidney damage, eye damage, heart failure and hardening of arteries.

Cardiovascular diseases may also manifest themselves in the form of a stroke. The most common symptom of a stroke is:

- sudden weakness of the face, arm, or leg, most often on one side of the body

Other symptoms include sudden onset of:

- Numbness of the face, arm, or leg, especially on one side of the body
- Confusion
- Difficulty speaking or understanding speech
- Difficulty seeing with one or both eyes
- Difficulty walking
- Dizziness
- Loss of balance or coordination
- Severe alcohol and drug abuse with no known cause
- Fainting or unconsciousness

Point to Note: Any person experiencing any of the symptoms listed here should seek medical care immediately

Sudden weakness of the face, arm, or leg, most often on one side of the body



ACTIVITY 4:

UNDERSTANDING RHEUMATIC HEART DISEASE (45 MINUTES)

Case Study

Makali a Standard 1 pupil in Masomo Bora Primary school complains to the mother of feeling pain while swallowing food and hotness of body. The mother goes to the nearest shopping centre and buys Panadol which she gives to Makali and tells him to rest at home. After two days Makali is feeling much better and resumes school. Three weeks later Makali becomes unwell again. He complains to the mother of feeling pain in the ankle and knee joints, has a fever and has noticed a rash developing on the skin. The mother takes Makali to the nearest dispensary.

Questions

1. What did you hear?
2. Do such scenarios occur in your community?
3. Ask participants to brainstorm on what could have been the problem affecting Makali.
4. Can the above scenario lead to heart disease?

What is rheumatic fever?

Rheumatic Fever is an illness that commonly affects children aged 5-15 years. It usually occurs a few weeks after the child has experienced a sore throat following an infection with some germs known as streptococcal bacteria. If such a throat infection was untreated with the right medicines, it is possible for it to progress to rheumatic fever in some children.



What is Rheumatic Heart Disease

This is a disease affecting the heart that results from one or repeated episodes of rheumatic fever. It occurs as a result of damaged heart valves (a one-way door that ensures that blood pumped by the heart flows in one direction only). It has been shown that 40-60% of children with rheumatic fever will go on to develop rheumatic heart disease.

Relationship between rheumatic fever and rheumatic heart disease



Rheumatic fever is a type of illness that is called an auto-immune illness. This means that cells within the body that normally fight against external disease-causing germs have turned against the body's own tissues. The germs that cause sore throats in children have been shown to resemble certain tissue that is part of the heart valves. As a result the cells within the body that fight against disease (also called antibodies) are sort of "confused". Instead of attacking the germs, they end up attacking the tissue within the heart valves. This leads to inflammation and scarring causing permanent damage to the heart valves which contributes to rheumatic heart disease. Though rheumatic fever that leads to rheumatic heart disease mainly follows a streptococcal throat infection, it has also been shown that a skin infection caused by the same germs may also lead to rheumatic fever.

Rheumatic fever and rheumatic heart disease may go undetected in many children especially where there are no health facilities nearby or where health workers are not keen to detect and treat strep sore throats. The patient may eventually present with severe heart disease, a condition that requires hospitalization and corrective surgery that is very expensive.

Signs and symptoms of a sore throat

- Sudden painful throat
- Painful swallowing (even for saliva)
- Swollen lymph nodes
- Back of the mouth (tonsils) that are red and swollen
- High fever
- General body weakness

Signs and Symptoms of Rheumatic Fever

It often starts with a sore throat (a streptococcal infection). A few weeks after the “strep” throat your child may develop:

- sore or swollen joints (knees, elbows, ankles and wrists)
- a skin rash
- a fever
- abdominal pain
- jerky movements

Signs and Symptoms of Rheumatic Heart disease

This disease results from permanent damage to the heart valves that interferes with how blood flows within the heart. Damage to the valves will either cause blood that is being pumped to the rest of the body to flow back to the heart or may cause narrowing of the valves which limits the amount of blood that can be pumped by the heart.

The child may therefore experience the following:

- Chest pain
- Shortness of breath
- Tiredness/excessive fatigue
- Swollen lower limbs

Risk factors for Rheumatic Heart Disease

- Overcrowding
- Poor housing
- Poor access to treatment

ACTIVITY 5:

HOW TO MEASURE BLOOD PRESSURE (40 MINUTES)

Facilitation steps

1. The facilitator requests one participant to volunteer as a client who requires blood pressure measurement.
2. Facilitator demonstrates the steps to be followed when taking a blood pressure measurement
3. CHVs to pair up and practice taking each other's blood pressure readings

Steps in blood pressure measurements



1. Introduce yourself to the community member.
2. Explain the procedure to your client and obtain consent.
3. Allow client to sit quietly for at least 3 minutes with the legs uncrossed
4. Ensure upper arm is supported at heart level with palm facing upward. If the person is seated on the floor use the knee to support the arm at the heart level.
5. Ensure that tight or restrictive clothing is removed from the arm.
6. Check that the cuff is the correct size (arms of different sizes require different-sized cuffs).
7. Position cuff above the elbow so that the lower band is positioned 1 – 2 cm above the elbow joint. Wrap the cuff snugly on to the arm.
8. Switch the machine on using the "On/Off" button.
9. The monitor will start measuring when it detects pulse and the "heart" symbol will begin to flash
10. Systolic and diastolic blood pressures will be displayed (systolic above and diastolic below). The pulse will also be displayed.
11. At least two measurements should be taken (participant will rest 3 min between each)
12. Leave the cuff in place but switch monitor off and back on between readings

Key points on blood pressure measurement

- Blood pressure measurement is quick and painless.
- An instrument called a blood pressure monitor is used. It typically has three parts: the cuff, a pump attached to the cuff by a tube, and a dial or screen that is also attached to the cuff by a tube.
- Take at least two readings at least 3min apart. A reading that is higher than normal should be referred to the nearest health facility for further evaluation by a health worker.
- The blood pressure monitor recommended at the community level is the automatic machine. The health worker at the health facility may however additionally use a manual BP machine to confirm the reading

Blood Pressure Readings

First Number	Second Number	Results/Advise
Less than 120	Less than 80	Good for you!
130-139	81-89	Make some changes: eat less salt, lose weight, do more physical activity, drink less alcohol , stop smoking
140–159	90–99	You have high blood pressure. See your doctor/ nurse if you are not already being treated. If you are, take your medicine as advised and make lifestyle changes (see above).
More than 159	More than 99	Tell your doctor/nurse or Community Health Worker immediately if your blood pressure is often at this level when you check it.



ACTIVITY 6:

PREVENTION, CONTROL AND MANAGEMENT OF CARDIOVASCULAR DISEASES-30 MINS

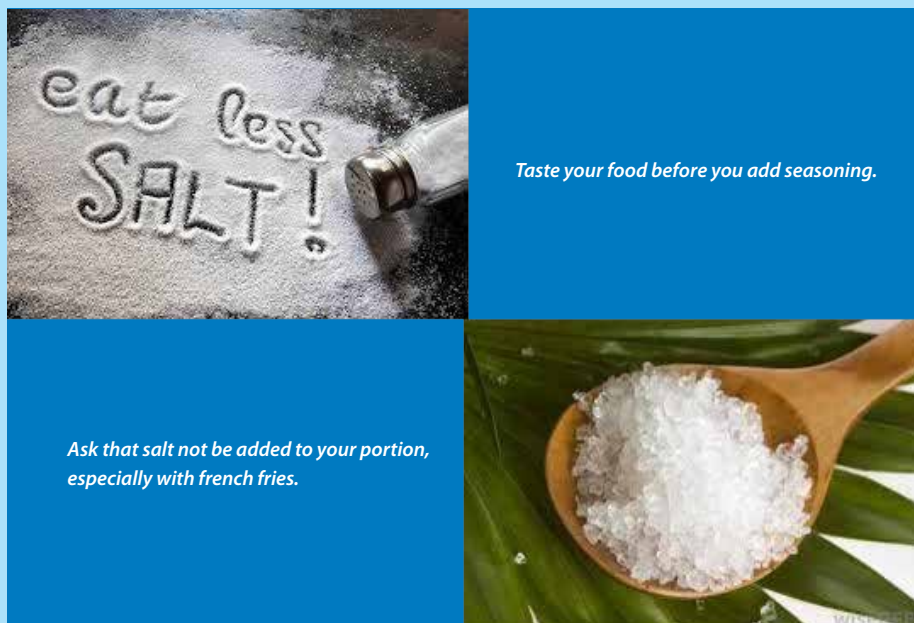
Facilitation steps

1. Allow about 3 participants to share on their recent food history and activity level and lead a brainstorming session on prevention and control of CVDs.
2. Demonstrate proper nutrition choices using the food pyramid and plate model.
3. Provide an interactive lecture on the importance and the various exercises and physical activity one can engage in. Demonstrate using the physical activity model
4. Provide a mini lecture on the Prevention, control and treatment of cardiovascular diseases.

Prevention, control and Management of common cardiovascular diseases

In addition to medication prescribed by the health care worker, the following life-style modifications are key in the prevention and management.

- i. Eat a heart-healthy diet which includes dietary patterns high in:
 - Whole grain products e.g. posho mill flour
 - Fruits and vegetables that are high in nutrients and fiber and relatively low in calories
- ii. Limit the amount of sodium (salt) you eat: eat no more than 5 g of salt a day this is about a teaspoon of salt. Simply checking food labels and choosing foods with lower salt options can make a big difference.



Tips to control salt intake

- Read the food label to choose foods lower in sodium (choose “low sodium” items that have no more than 140 milligrams of sodium per serving).
- Eat fewer canned and processed foods that are high in sodium (e.g sausage, hot dogs, regular canned and instant soups, regular cheese, and chips).
- Eat fresh fruits and vegetables instead of salty snacks.
- Use half the amount of salt you normally use when cooking, if any. Gradually reduce the amount of salt you use, until you use none.
- Season food with herbs and spices instead of salt.
- Use less salt at the table.
- Eat vegetables and fruits without adding salt.
- When eating out, ask that salt not be added to your portion, especially with french fries.
- Taste your food before you add seasoning.

iii. Physical activity

People who are physically active have a lower risk of developing cardiovascular diseases compared with inactive people. To gain health benefits you should do at least 30 minutes of moderate physical activity, on most days (at least five days per week).

- 30 minutes in a day is probably the minimum to gain health benefits. However, you do not have to do this all at once. For example, cycling to work and back 15 minutes each way adds up to the total of 30 minutes.
- Moderate physical activity means that you get warm, mildly out of breath, and mildly sweaty. For example, brisk walking, jogging, swimming, cycling, - particularly for preventing heart disease.
- On most days means; you cannot store up the benefits of physical activity. You need to do it regularly.



iv. Avoid tobacco use: Smoking narrows the blood vessels and arteries, allowing them to clog more easily; which in turn raises your blood pressure. Smoking can also increase LDL (Low density lipoproteins), or “bad” cholesterol levels while lowering HDL (High density lipoproteins), or “good” cholesterol levels

- a. Good cholesterol- plant sources e.g. Avacado.
- b. Bad cholesterol- Animal sources e.g. Red meat.

v. Avoid alcohol use: Long-term excessive drinking increases your risk of developing problems with your heart. This is because drinking can:

- Increase the risk of high blood pressure. Drinking excessive amounts of alcohol causes raised blood pressure which is one of the most important risk factors for having a heart attack or a stroke. Increases in your blood pressure can also be caused by weight gain from excessive drinking.
- Heavy drinking weakens the heart muscle, which means the heart can't pump blood as efficiently. It's known as cardiomyopathy and can cause premature death, usually through heart failure, the heart may also be enlarged.

vi. Manage stress levels

vii. Maintain a healthy body weight: If you are overweight, you are more likely to develop cardiovascular diseases. The increased health risk of obesity is most marked when the excess fat is mainly in the tummy (abdomen) rather than on the hips and thighs.

viii. Have a regular medical check-up to detect early signs and symptoms of cardiovascular diseases.

ACTIVITY 7:

FACILITATE TREATMENT OF HYPERTENSION THROUGH REFERRAL TO A HEALTH FACILITY (20 MINUTES)

Role Play: Facilitator to ask two participants to volunteer for the role play below.

The CHV was conducting a routine household visit in the community. He came across Wepukhulu who was complaining of a headache that had been disturbing him for two weeks now.

(Wepukhulu to bring out all the issues in the household/community that could be affecting him)

(CHV to portray importance of screening and prompt referral of hypertensive client to the health facility)

Points to note:

- It's important for all community members to get screened for high blood pressure because most of the time people with high blood pressure do not feel sick and are not aware they have it.
- Community members should ask for and know their blood pressure numbers.
- For clients who are on treatment teach them how important it is to control their blood pressure. Encourage them to ask their doctor what their target blood pressure should be.
- Teach community members that uncontrolled high blood pressure will damage their eyes, kidneys, heart, and brain.
- Teach community members that high blood pressure will put them at high risk for heart attack, heart failure, and stroke.
- Help those who have diabetes understand the importance of controlling their diabetes and regularly taking their diabetes medications

ACTIVITY 8:

SUPPORT HYPERTENSION TREATMENT COMPLIANCE AND ADHERENCE (20 minutes)

Case Study

Katana was recently diagnosed with Hypertension. His employer is aware. Katana does not want to take his tablets because he is worried what other's will think at work and might think he has HIV. His employer asks you to talk to him?

Ask participants to form small discussion groups and review this case. Have a representative record their responses and present to the larger group.

Hypertension is a life-long condition that will require you to take medication on a daily basis unless advised otherwise by your health provider. Many people with high blood pressure may take more than one medicine to keep their blood pressure under control. It's important that they take all medicines even if they feel fine.

Some medicines used to treat hypertension can cause side effects (some problems), or reactions, such as dizziness, which may bother you. If you have a bad reaction, talk to the CHW or your health provider who will advise you on what to do. It is also important to inform your CHW, nurse or doctor if you think you are pregnant and about other medicines that you are taking.

Do the following to help your medicines work better: eat more fruits and vegetables, cut back on salt and sodium, lose weight, and be physically active. (Remember Lifestyle Changes)

Tips for Taking Medicine for High Blood Pressure

- Make sure you take your medicine every day, not only on the days when you don't feel well.
- Tell your healthcare professional the names of all other medicines, herbs, or supplements you take. Bring everything with you when you visit your clinic.
- Tell the healthcare professional right away if your medicine makes you feel strange or sick. Ask them about changing the dosage or switching to another type of medicine.
- Refill your medicine before you run out.
- Have your blood pressure checked often to see if the medicine is working for you.
- Don't stop taking your medicine if your blood pressure is okay. Having normal blood pressure means the medicine is working and you must continue.
- Get help for managing stress and depression

Why is treatment adherence sometimes difficult?

There are several reasons why adhering to a treatment regimen can be difficult.

- Difficulty taking medications (such as trouble swallowing pills)
- Side effects from medications (for example, being tired or diarrhoea)
- Pill load- too many medicines for conditions accompanying hypertension eg diabetes, high cholesterol
- Daily schedule issues (including a busy schedule, shift work, or travel away from home)
- Being sick or depressed
- Alcohol or drug abuse

Tips on maintaining adherence after starting treatment?

- Use a 7-day pill box. Once a week, fill the pill box with your medications for the entire week.
- Take your medications at the same time every day.
- Use a timer, an alarm clock, or your cell phone alarm to remind you to take your medications.
- Enlist your family members, friends, or coworkers to remind you to take your medications.
- Keep your medications nearby. Keep a backup supply of medications in your briefcase or purse or at work.

- Plan ahead for changes in your daily routine, including weekends and holidays. If you're going away, pack enough medications to last the entire trip.
- Use a medication diary to stay on track. Write down the name of each medication; include the dose, number of pills to take, and when to take them. Tick off each medication as you take it.
- Keep all your medical appointments. Write down the date and time of health care provider visits on your calendar or daily schedule. If you run low on medications before your next visit, call your health care provider to renew your prescriptions.

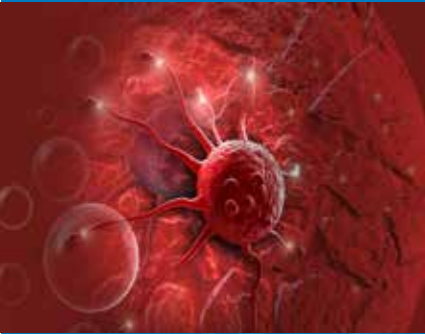
What should I do if I forget to take my medications?

- Unless your health care provider tells you otherwise, take a medication you missed as soon as you remember that you skipped it. However, if it's almost time for the next dose of the medication, don't take the missed dose and just continue on your regular medication schedule. Don't take a double dose of a medication to make up for a missed dose.

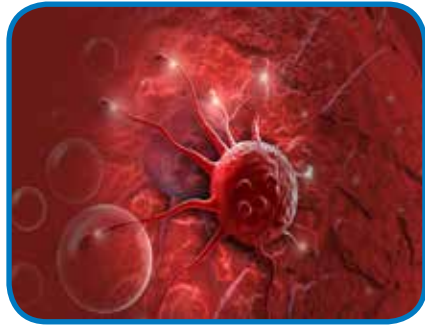
What should I do if I have problems adhering to my treatment regimen?

- Tell your health care provider that you're having difficulty following your regimen. Together you can identify the reasons why you're skipping medications.
- Based on why you're having problems with adherence, your health care provider may adjust or change your regimen.





UNIT 3 CANCER



Unit 3

CANCERS

Purpose

The purpose of this unit is to equip the community health volunteer with knowledge and skills to enable them to create awareness on Prevention, control and treatment of cancers highlighting the benefits of screening early detection, and early treatment. It aims at equipping the CHV with Knowledge and skill for recognizing the common signs and symptoms associated with these cancers, for appropriate referral and follow-up.

Objectives

By the end of this unit, the community health volunteer should be able to;

1. Explain and classify cancer
2. List and identify different types of cancers
3. Identify the common signs and symptoms of cancers
4. Explain the risk factors for cancers
5. Describe the prevention, control and treatment of cancers

Duration: Time 4hrs 15minutes

Unit Session plan

Overall time	Time Min	Topic	Methodology	Materials
4hrs 15minutes	60 min	Explanation and classification of common cancers	Plenary discussion sharing experience	Flip charts Felt Pens
	40 min	Identification of different cancers and their causes/ risk factors	Brainstorming Group work	Flip charts/ pens Pictures
	55min	Identify signs and symptoms of cancer	Discussion Demonstrations	Breast dummy (male condom filled with air)
	100 min	Prevention ,control and treatment	Demonstration Experience sharing	Flip charts Pens



ACTIVITY 1:

EXPLANATION OF CANCERS (30 MIN)

Facilitation Steps:

1. Allow the participants to give commonly used local names for cancer
2. Asks participants to share their thoughts on cancer either personal or community stories
3. Records responses, clarify and gives a summary on the commonly used

Cancer situation in Kenya

What is cancer?

It is the name for diseases in which the body's cells become abnormal and divide without control. Cancer cells may invade nearby tissues. They may spread through the bloodstream and lymphatic system to other parts of the body. Cancerous cells have a tendency to proliferate uncontrollably, invading neighbouring tissues and eventually, spreading to other areas of the body. There are over 100 different types of cancer which may affect any regions of the body but commonly seen in the breast, cervix, prostate, stomach, colon/rectum, skin, lung and mouth. Similar conditions affecting blood (leukaemia), (bone) sarcoma, Hodgkin disease, and non-Hodgkin lymphoma.

Cancer is one of the leading causes of death in Kenya. Common types of cancer seen in Kenya are cancers of the cervix, breast, oesophagus and prostate. Others include head and neck, colon and rectum, stomach, liver and soft tissue sarcomas. HIV associated cancers are also on the increase and affect various regions of the body. Terms like swelling, tumor, uvimbe, saratani, growth.

ACTIVITY 2:

CLASSIFICATION OF CANCER (TUMOURS) (30 MIN)



Story

Pendo a mother of five was taking a shower and realized they had a lump on the right side of the breast. She was scared and immediately went to the health facility. A biopsy was taken to the lab for investigation. Later it was told that she was well after a small surgery.

Amani a prominent business man was always told by his friends that he is very healthy and actually layers of skin were forming at the back of his head and had pot belly. His community interpreted that as a wealthy man. He neglected it and never went to hospital until one day he fell ill with malaria and the doctor was shocked to see the size his neck. He was screened and the doctors said it was too late to reverse the situation. He died in his prime age.

Facilitation steps:

1. Ask the participants what did they hear
2. Do these scenarios happen in their community
3. Ask them to compare the two cases. Are the two cases similar or different? Which one is cancerous and which one is not
4. Ask participants to brainstorm on the two major types of tumour
5. Engage the participants on their experiences on people's perception towards cancer progression in the body and summarize with the notes below



Benign tumors aren't cancerous. They can often be removed, and, in most cases, they do not come back. Cells in benign tumours do not spread to other parts of the body. Some breast lumps are usually benign but if unattended to can turn out to be malignant. CHVs should urge communities to go for regular self-examination suspect weird pimples and growths on the body and early screening.

Malignant tumors are cancerous and are made up of cells that grow out of control. Cells in these tumours can invade nearby tissues and spread to other parts of the body. Sometimes cells move away from the original (primary) cancer site and spread to other organs and bones where they can continue to grow and form another tumour at that site.



ACTIVITY 3:

IDENTIFYING COMMON CANCERS (10 MIN)

Facilitation steps

1. Facilitator to read out the following scenarios of signs and symptoms to the participants for them to identify the type of cancer, make it interactive:
2. Compare their responses with the key points below.

Scenarios for common cancers

- A: Someone with abnormal vaginal discharge (pale watery, pink,) abnormal vaginal bleeding between periods and after intercourse or menopause pain during intercourse
- B: Someone with increased abdominal size and persistent bloating, persistent pelvic and abdominal pain difficult eating and feeling full quickly, weight loss and frequent urination
- C: Someone with a lump or an area of thickened tissue in either breast, nipple changes and cysts and breast pain not related to periods, a change in size of the breast,
- D: Someone with burning or pain urination, difficult while urinating or trouble when starting or stopping urination, loss of bladder control, decreased flow of urine stream, blood in urine



Link the above to the note below

- A: Cervical cancer
- B: Ovarian cancer
- C: Breast Cancer
- D: Prostrate cancer



ACTIVITY 4:

EXPLAINING THE CAUSES OF CANCER AND RISK FACTORS: (30 MIN)

1. Ask the participants to brainstorm on the probable causes of cancer in groups.
2. Ask the participants; in their own view as per their community what practices can expose them to cancer.
3. Help them to differentiate between facts, myths and misconceptions about cancer.

What Causes Cancer?

Cancer is a complex group of diseases with many possible causes. The known causes of cancers include but not limited the following; genetic factors; lifestyle factors such as tobacco use, diet, and physical activity; certain types of infections; and environmental exposures to different types of chemicals and radiation.

1. Genetics and Cancer

Some types of cancer run in certain families, but most cancers are not clearly linked to the genes we inherit from our parents.



2. Tobacco and Cancer

Cigarette, cigar, and smokeless tobacco use affects different groups of people both primary and secondary smokers. Tobacco has many cancer inducing substances.



3. Unhealthy diet and Physical Inactivity

It is factual that unhealthy diet, physical inactivity and excess body weight, may affect your risk of cancer.



4. Sun and UV Exposure

There is a link between too much sun exposure and cancer especially in persons with reduced levels of melanin in their skin



5. Radiation Exposure and Cancer Risk

There are different types of radiation exposure and they might affect cancer risk. For instance, pregnant women should be careful not to expose foetus since those exposed are vulnerable to defects and cancer.



6. Other Carcinogens

The environmental causes of cancer may be there in our homes, at work, in pollution, and even in some medical tests and treatments. Some types of infections are linked to cancer. These abnormal changes are caused by interactions between a person's genetic factors and three categories of external agents which include physical carcinogens (e.g. ionizing radiation), chemical carcinogens (e.g. asbestos, components of tobacco smoke, aflatoxins) and biological carcinogens (certain viruses, bacteria or parasites).



Cancer and alcohol use

Alcohol is a known cause of cancers of the:

- Mouth
- Throat (pharynx)
- Voice box (larynx)
- Oesophagus
- Liver
- Colon and rectum
- Breast

Alcohol may also increase the risk of cancer of the pancreas.

For each of these cancers, the risk increases with the amount of alcohol consumed.

- i. **Cancers of the mouth, throat, voice box, and esophagus:** Alcohol use clearly raises the risk of these cancers. Drinking and smoking together raises the risk of these cancers far more than the effects of either drinking or smoking alone. This might be because alcohol can act as a solvent, helping harmful chemicals in tobacco to get inside the cells that line the digestive tract. Alcohol may also slow down these cells' ability to repair damage to their DNA caused by chemicals in tobacco.
- ii. **Liver cancer:** Long-term alcohol use has been linked to an increased risk of liver cancer. Regular, heavy alcohol use can damage the liver, leading to inflammation. This, in turn, might raise the risk of liver cancer.
- iii. **Colon and rectal cancer:** Alcohol use has been linked with a higher risk of cancers of the colon and rectum. The evidence for such a link is generally stronger in men than in women, although studies have found the link in both sexes.
- iv. **Breast cancer:** Even a few drinks a week is linked with an increased risk of breast cancer in women. This risk may be especially high in women who do not get enough folate (a B vitamin) in their diet or through supplements. Alcohol can affect estrogen levels in the body, which may explain some of the increased risk. Drinking less alcohol may be an important way for many women to lower their risk of breast cancer.



ACTIVITY 5;

SIGNS AND SYMPTOMS OF CANCER (55 MIN)

Facilitation steps

1. Read out the Story below and dialogue on signs and symptoms

John is a father of two and very hardworking. Of late he has always felt fatigued and lazy and this has affected his productivity. He has lost appetite and gained weight. This has affected the family emotionally and economically. He has made trips to the health centre and the drugs are not helping him. Now his pain has increased and he is vomiting and nauseated as well as skin changes.

2. Ask participants which disease is he suffering from?
3. Divide participants in groups and let them list signs and symptoms of cancer and present in plenary. Summarise with the key notes below

- Fatigue
- Unexplained weight loss/gain
- Fever
- Unexplained pain in body organs
- Changes in appetite
- Nausea
- Vomiting
- Skin changes
- Unexplained growths/pimples
- Unexplained wounds

NB: The signs and symptoms of cancer depend on where the cancer is, how big it is, and how much it affects the organs or tissues. If a cancer has spread (metastasized), signs or symptoms may appear in different parts of the body.



ACTIVITY 6:

PRIMARY PREVENTION OF CANCER (30 MIN)

1. Ask the participants to bring skipping ropes prior to the activity. Alternatively ask them to jog around the compound in the training arena.
2. Ask participants to spread a lesa/mat/khanga on the floor or on the grass. Let them do stretches, press ups for the arms and the chest and sit ups for the abdominals.
3. Let the participants be in three groups and discuss prevention of cancer at the individual, household and community. What practical things can CHVs do in their course of work? Present at plenary and facilitator to summarize with the points below.



- Tobacco control: applies to individual, household and community
- Promotion of Healthy Diet and Physical Activity: at individual level one can take personal initiative. A parent can avoid buying junk food and people engaging in sports at community level. The community can initiate football matches and athletics to foster activities that help them engage in Physical activities.

Practical exercise (30 min)

1. Ask participants to measure their weights and heights using the scales and tapes provided
2. Ask Participants to calculate their BMI and let them share with each other how to calculate
3. Ask them to interpret their result
4. Lead the participants to calculate the Body Mass index with the notes below

What's a healthy weight?

- One of the best ways to get an idea if you are at a healthy weight is to check your Body Mass Index (BMI), a score based on the relationship between your height and weight.
- To calculate $BMI = \text{Weight (Kg)} \div \text{height (m}^2\text{)}$
- To reduce cancer risk, most people need to keep their BMIs below 25. Ask your doctor/CHEW what your BMI number means and what action (if any) you should take.
- If you are trying to control your weight, a good first step is to watch portion sizes, especially of foods high in calories, fat, and added sugars. Also try to limit your intake of high-calorie foods and drinks. Try writing down what and how much you eat and drink for a week, then see where you can cut down on portion sizes, cut back on some not-so-healthy foods and drinks, or both!
- For those who are overweight or obese, losing even a small amount of weight has health benefits and is a good place to start.



ACTIVITY 7:

HEALTHY EATING (20 MIN)

Facilitation steps

1. Facilitator to assure them that no one will be embarrassed for sharing
2. Ask the participants to buzz with each other on what they ate the previous night
3. Let them share how many times they eat fruits and vegetables in a day or week share in plenary
4. Ask the participants to share the community's eating habits and whether they are health or not
5. What can the CHV do about it

Choose foods and drinks in amounts that help you get to and maintain a healthy weight.

- Read food labels to become more aware of portion sizes and calories. Be aware that “low-fat” or “non-fat” does not necessarily mean “low-calorie.”
- Eat smaller portions when eating high-calorie foods.
- Choose vegetables, whole fruit, legumes such as peas and beans, and other low-calorie foods instead of calorie-dense foods such as French fries, potato and other chips, ice cream, donuts, and other sweets.
- Limit your intake of sugar-sweetened beverages such as soft drinks, sports drinks, and fruit-flavored drinks.
- When you eat away from home, be especially mindful to choose food low in calories, fat, and added sugar, and avoid eating large portion sizes.

Limit how much processed meat and red meat you eat.

- Limit your intake of processed meats such as bacon, sausage, lunch meats, and hot dogs.
- Choose fish, poultry, or beans instead of red meat (beef, pork, and lamb).
- If you eat red meat, choose lean cuts and eat smaller portions.
- Prepare meat, poultry, and fish by baking, broiling, or poaching rather than by frying or charbroiling.

Eat at least 2½ cups of vegetables and fruits each day.

- Include vegetables and fruits at every meal and snack.
- Eat a variety of vegetables and fruits each day.
- Emphasize whole fruits and vegetables; choose 100% juice if you drink vegetable or fruit juices.
- Limit your use of creamy sauces, dressings, and dips with fruits and vegetables.

Choose whole grains instead of refined grain products.

- Choose whole-grain breads, pasta, and cereals (such as barley and oats) instead of breads, cereals, and pasta made from refined grains, and brown rice instead of white rice.
- Limit your intake of refined carbohydrate foods, including pastries, candy, sugar-sweetened breakfast cereals, and other high-sugar foods.
- Control of harmful use of alcohol can be done at individual level by avoiding alcohol, at household level by parents guiding the youths and children against indulgence of alcohol.

Control of environmental exposure to carcinogens (cancer causing agents) at government and policy level.

Control of Biological agents that cause cancer-eg Human Papiloma Virus HPV that causes cancer of the cervix by circumcision at individual level by the men heading households,



ACTIVITY 8:

ROLE PLAY ON SCREENING (20 MIN)

Ask several participants to play out the following story:

Mama Fatuma had pain in the breast. Her husband had listened to a radio programme and advised her on self-examination. He asked her to do it on herself.

1. Ask the participants whether the self-examination was proper
2. Facilitator to show the correct way of self-examination
3. Ask the plenary the importance of early screening and share the notes below



1. Early detection of cancer through screening -this ensures prompt treatment that is associated with a better outcome and prognosis. Examples of cancers whose screening programs are ongoing in Kenya include:
 - i. Breast cancer-screening by self-breast examination and periodic examination by a health care practitioner ensures early detection and treatment.
 - ii. Cancer of the cervix-VIA (visual inspection with acetone) and VILI (visual inspection with lugol's iodine) are available at MCH in our local health facilities.
 - iii. Cancer of the prostate can be detected early by having an examination and PSA assays in our facilities.
2. Prompt diagnosis to facilitate referral for treatment.
3. Palliative care with focused pain and psychological stress management
4. Community cancer surveillance



UNIT 4 EPILEPSY



Unit 4

EPILEPSY

Purpose

The purpose of this unit is to equip the community health volunteers with knowledge and skills to enable them create awareness, identify, demystify and assist in management, effective referral and follow up of epilepsy cases.

Objectives

By the end of this unit, each community health volunteer should be able to;

1. Identify epilepsy
2. List the common signs and symptoms of epilepsy.
3. Demystify the common myths associated with epilepsy.
4. Explain the risk factors, causes and triggers of epilepsy
5. Highlight the dos and don'ts of management of an epileptic fit.
6. Highlight the prevention, control, effective referral and follow up of people living with epilepsy.

Duration: 2 hours 20 Minutes

Methodologies

- Buzing,
- Brainstorming
- Discussions
- Lectures
- Demonstrations
- Question and answers

Materials

- Flipcharts
- Marker pens
- Writing paper
- Pen

Session plan

Overall time	Time Min	Topic	Methodology	Materials
2hrs 20 minutes	50 min	Introduction to epilepsy. Signs and symptoms	<ul style="list-style-type: none"> • Discussion • Mini lecture 	<ul style="list-style-type: none"> • Flip charts • Marker pens • Writing paper
	30 min	Causes and triggers of epilepsy.	<ul style="list-style-type: none"> • Discussion • Group work • Mini lecture 	<ul style="list-style-type: none"> • Flip charts • Marker pens • Writing paper
	1 hour	Prevention, control, referral and follow up of epilepsy. Do's and don'ts of managing an epileptic fit.	<ul style="list-style-type: none"> • Discussion • Experience sharing • Illustrated lecture • Reverse demonstration 	<ul style="list-style-type: none"> • Flip charts • Marker pens • Writing paper



ACTIVITY 1:

IDENTIFYING EPILEPSY-30 MINS

Facilitation steps

1. Allow the participants to give commonly used local names for epilepsy
2. Ask participants to share their experiences with epilepsy in their communities
3. Record responses, clarify and give a summary on the commonly used terms like Kifafa, convulsions, Seizures, Fit, Attack
4. Divide the participants into groups and allow them to buzz on the common myths and misconceptions associated with epilepsy
5. Allow the groups to report back and address the misconceptions and myths associated with epilepsy

Summarize the steps in activity 1 with the following key points:

Definition: Epilepsy is a chronic brain disorder characterized by repetitive, sudden onset, short lived seizures occurring more than twice in a year that may arise from many and varied causes

Other commonly used terms for epilepsy:

- Kifafa
- Convulsions
- Seizures
- Fit
- Attack

Common myths and misconceptions associated with epilepsy

1. Epilepsy is contagious- You cannot catch epilepsy from another person
2. You can swallow your tongue during a seizure-It's physically impossible to swallow your tongue. Do not force something into the mouth of someone having a seizure. Doing so may result in chipped teeth, injured gums, or broken jaws.
3. Epilepsy is a product of witchcraft. Epilepsy is NOT a product of witchcraft or any superstitious activity. It is a seizure disorder.
4. Epilepsy is a form of mental illness. Epilepsy is an umbrella term for many seizure disorders. It is a functional, physical problem, NOT a mental one. However, poorly controlled epilepsy may be associated with mental illnesses
5. Epilepsy is a permanent disorder. Epilepsy is NOT a permanent disorder. Most cases would manifest during childhood but seizures would stop at certain age with treatment.
6. People with epilepsy look different- People with epilepsy lead normal lives and UNLESS they are having a seizure there is no way of distinguishing a person living with epilepsy
7. Epilepsy is a curse



ACTIVITY 2:

SIGNS AND SYMPTOMS OF EPILEPSY-20 MIN

Facilitation steps

1. Facilitator to lead an interactive session where the participants discuss the signs and symptoms of epilepsy.
2. Record responses, clarify and give a summary of the different signs and symptoms of epilepsy
3. Classify the two types of epilepsy and emphasize the fact that a person doesn't necessarily have to fall down to be having a fit

Summarize the steps in activity 2 with the following key points;

Signs and symptoms of epilepsy

Because epilepsy is caused by abnormal activity in the brain, seizures can affect any process coordinated by the brain. A seizure can thus lead to:

- Temporary confusion
- A staring spell
- Uncontrollable jerking movements of the arms and legs
- Loss of consciousness or awareness

Symptoms vary depending on the type of seizure. In most cases, a person with epilepsy will tend to have the same type of seizure each time, so the symptoms will be similar from episode to episode.

Simple classification of epilepsy

Epilepsy can be classified into two major types:

1. **Partial:** These seizures result from abnormal activity in just one part of the brain with either impairment or retention of consciousness
2. **Generalized:** These are due to a widespread involvement of large parts of the brain simultaneously leading to loss of consciousness.



ACTIVITY 3:

CAUSES AND TRIGGERS OF EPILEPSY- 30 MINS

Facilitation steps

1. Divide the participants into groups where they shall list what they know on the causes and triggers of epileptic seizures
2. Allow the groups to present their findings.
3. Give a mini lecture on the causes and triggers that may lead a patient to have a fit.

Summarize the steps in activity 3 with the following key points;

Causes of epilepsy

Epilepsy has different causes. Any disease affecting the brain can cause seizure/epilepsy. Some of the common causes of epilepsy include:

1. Brain Infections
 - Meningitis -
 - Cerebral malaria.
 - HIV-Aids –opportunistic infections.
2. Trauma
 - Head injury-e.g. Road Traffic Injuries, assault
 - Birth trauma e.g. big head of baby in a mother with a small pelvis
3. Lack of oxygen to the brain
 - lack of oxygen to the baby's brain at birth (Birth asphyxia)
4. Structural brain problems.
 - Accumulation of fluid in the baby's head
 - Tumours/growths in the head
 - Abscesses- pus accumulation in the brain
5. Genetic/ Hereditary/familial causes

Triggering Factors

People with Epilepsy are likely to develop seizures when exposed to certain situations or conditions. These include;

- Non-adherence to treatment
- Sleep deprivation
- Infections,
- Flickering of lights.
- Drug and substance intake
- Drug and substance withdrawal e.g. alcohol
- Hormonal imbalances e.g. seizures during menstruation
- Dehydration
- Emotional Stress.
- Excessive physical exercise.

ACTIVITY 4:

PREVENTION, CONTROL, REFERRAL AND FOLLOW UP OF EPILEPSY-60 MINS

Facilitation steps

1. Allow about 5 participants to share on their experience of handling an epileptic fit.
2. Lead a brainstorming session on how a fit should be managed
3. Discuss the do's and don'ts of dealing with an epileptic fit while demonstrating to the participants by having one participant volunteer to act as a patient with a seizure.
4. Ask the participants to demonstrate the do's and the recovery position
5. Provide an interactive lecture on the principles of prevention and management of epilepsy.
6. Highlight the benefits of strict drug adherence and the process of withdrawing epilepsy drugs

Summarize the steps in activity 4 with the following key points;

Do's and Don'ts during an epileptic seizure

During an epileptic fit it is important to note the following;

What to do.

- Move patient away from fire, traffic or water
- Take away any objects that could harm the patient
- Loosen tight clothes, remove glasses
- Put something soft under the head

- Turn patient on his or her left side, so that saliva and mucus can run out of the mouth
- Remain with the patient until he or she regains consciousness
- Let the patient rest and then resume whatever activity he was doing, if he feels like it

What not to do.

- Do NOT try to put anything into the mouth
- Do NOT give anything to drink
- Do NOT try to stop the jerking, or restrain the movements.

The recovery position

- Unconscious patients should be placed in this recovery position to minimize the risk of them choking in case they vomit

**Principles of prevention of epilepsy**

The following measures should be considered in the prevention of epilepsy:

- Encourage mother to deliver in health facilities to avoid birth trauma
- Seek treatment promptly to avoid complications of diseases like meningitis and severe malaria
- Prevention of malaria attacks (mosquito nets, etc.)
- Encourage mothers to ensure their children receive full vaccination
- prevention of road traffic accidents and other trauma

Principles of management of epilepsy

1. Community awareness to demystify epilepsy and reduce stigma on epilepsy to facilitate presentation of patients for treatment.
2. Teach those close to the patient on how to react in the event of a seizure.
3. Prompt referral and follow-up of persons with signs of epilepsy for confirmation of diagnosis.
4. Strict compliance and adherence to the treatment regimen prescribed.

Drug withdrawal should be considered by a clinician if the patient has been seizure free for at least two years. This must be done in a very gradual manner within three to six months. In case the person was on several drugs, the drugs should be withdrawn one after the other.

Role of CHVS in prevention and management of epilepsy.

1. Creating awareness on epilepsy to the community members so as to reduce stigmatization of persons with epilepsy as well as to demystify the common myths and misconceptions surrounding epilepsy.
2. Conducting regular home visits so as to identify cases of epilepsy in the community.
3. Making referrals to patients with epilepsy and act as linkages between patients and the health facilities
4. Conducting follow up visits to patients with epilepsy so as to monitor their drug adherence and update their data records on the same.





UNIT 5 MENTAL HEALTH



Unit 5

MENTAL HEALTH

Purpose

To equip community health volunteers with the appropriate knowledge, skills and attitudes that will enable them to respond to the mental health needs of the communities they serve. It presents key community – based mental health care concepts and practical approaches for community health volunteers to develop the competences required for community mental health care awareness, promotion, identification, referral and follow-up.

Objectives

By the end of this unit, the community health volunteer should be able to;

1. Know and understand basic concepts of mental health
2. Describe common mental health and mental illness signs and symptoms
3. Discuss factors that may contribute to mental illness.
4. Discuss common myths and misconceptions and services available.
5. Identify, refer and link people with mental illnesses for appropriate services.
6. Identify and support community re-integration

Duration: 3hrs 10 Minutes

Methodology:

- Lecture
- Role play and skits
- Group work and presentation
- Demonstration Videos and pictures,
- Case studies
- Brainstorming

Materials

- Flipcharts
- Marker pens
- Writing paper
- Pens
- Visual aids –projector, posters, video clips, documentaries, photos ,publications
- Case studies publications,
- Training Manual and curriculum

Session plan

Time		Topics	Methodology	Materials
3hrs 20 minutes	60 min	Definition of mental health and illness. Classification of common mental illnesses Burden of mental health illnesses	<ul style="list-style-type: none"> • Buzzing • Discussion 	<ul style="list-style-type: none"> • Flip charts • Makers • Slides
	30 min	Signs and symptoms of mental illnesses.	<ul style="list-style-type: none"> • Role plays • discussion 	<ul style="list-style-type: none"> • Visual aids (posters and videos) • Flip chart • Makers
	30 min	Factors that contribute to mental illnesses	<ul style="list-style-type: none"> • Buzzing • Discussion • Case Scenarios 	<ul style="list-style-type: none"> • Visual Aids • Videos • Script • photos
	20 min	Myths and misconceptions on mental health illnesses	<ul style="list-style-type: none"> • Buzzing • Interactive discussions • Role play 	<ul style="list-style-type: none"> • Maker pens • Flip charts • Script
	20 min	CHVs role.	<ul style="list-style-type: none"> • Group work and presentation 	<ul style="list-style-type: none"> • Flip charts • Markers
	30 min	Community re-integration and support	<ul style="list-style-type: none"> Brainstorming Group discussion 	<ul style="list-style-type: none"> • Flip Charts • Markers pens

Introduction to Mental Illness



ACTIVITY 1:

WHAT IS MENTAL HEALTH, MENTAL ILLNESS? - 10 MIN

Facilitation steps

1. Ask participants to buzz in groups of 3 on the commonly used terms for mental illness/persons with mental illness in their communities. Ask them to record their answers on a flip chart
2. Ask participants in groups of 3 to buzz about what characteristics a mentally healthy person would have
3. Ask participants to present this in plenary and paste their answers on the wall.
4. Paste a prewritten flip chart on definitions of mental health and mental illness on the board to define the terms.
5. Have a short discussion on the topic

Definition of terms:

Mental health: It is a state of well-being in which the individual realizes his/her potentials/abilities, can cope with normal stresses of life, can work productively and fruitfully and is able to make a contribution to his/her community.

Mental illness: Refers to a wide range of mental health conditions-disorders that affect your mood, thinking and behavior. A person with a mental illness is unable to cope with daily demands of life e.g. work, personal upkeep, school or child care.

ACTIVITY 2:

COMMONLY SEEN MENTAL ILLNESSES IN THE COMMUNITY-40 MIN

Facilitation steps

1. Ask the participants to brainstorm on examples of mental illness they have heard about or seen in the communities,
2. Record the answers on a flip chart
3. Using a pre-recorded flip chart, give a short /descriptive presentation on commonly seen mental illnesses in the community and who they commonly affect :(Identify types by their common signs and symptoms for ease of understanding.

Types of Mental Illnesses

1. Depression

Dan has just lost his parents and being the first born he has six siblings to look out for and fend for them. He wakes up every morning to do menial jobs for small pay. They all ask him basic needs and now he is avoiding everyone and is withdrawn.

- Ask participants what could be his mental illness

Depression is a common mental disorder that causes people to experience depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration.

Signs and symptoms of depression

- Tiredness and loss of energy.
- Sadness that doesn't go away.
- Loss of self-confidence and self-esteem.

- Difficulty concentrating.
- Not being able to enjoy things that are usually pleasurable or interesting.
- Feeling anxious all the time.
- Avoiding other people, sometimes even your close friends.
- Feelings of helplessness and hopelessness.
- Sleeping problems - difficulties in getting off to sleep or waking up much earlier than usual.
- Very strong feelings of guilt or worthlessness.
- Finding it hard to function at work/college/school.
- Loss of appetite.
- Loss of sex drive and/or sexual problems.
- Physical aches and pains.
- Thinking about suicide and death.

2. Psychotic Disorders

Role play

Faith has been chewing miraa for a long time; recently she has started smoking bhang. Now alcohol and drug abuse she talks to herself and is the talk of town.

What illness is this?

Psychotic disorders involve uncoordinated awareness and thinking. Two of the most common symptoms of psychotic disorders are hallucinations -- the experience of images or sounds that are not real, such as hearing voices -- and delusions, which are false beliefs by the ill person.

3. Post-traumatic stress disorder (PTSD):



Story

Hekima was raped by her own biological father. Since then, life has never been the same again; her performance at school is poor...

- Ask participant what could Hekima be suffering from?
- What do you see in your mental picture?
- Do you hear of such cases in your community?
- Does your community actually have people with post-traumatic stress after accidents or...?
- When does this disorder take place?
- Why does it happen?
- What can we do about it as CHVs?

Facilitator to summarize their contributions with the following

This is a condition that can develop following a traumatic and/or terrifying event, such as a sexual or physical assault, the unexpected death of a loved one, or a natural disaster. People with PTSD often have lasting and frightening thoughts and memories of the event, and tend to be emotionally numb.

Post-traumatic stress disorder occurs after events such as deliberate acts of interpersonal violence, severe accidents, disasters or military action. Those at;

- Risk of PTSD includes survivors of war and torture, of accidents and disasters, and of violent crime (for example, physical and sexual assaults, sexual abuse, bombings and riots).
- Refugees, women who have experienced traumatic childbirth, people diagnosed with a life-threatening illness, and members of the armed forces, police and other emergency personnel.

Symptoms include;

- Flashbacks in which the person acts or feels as if the event is recurring, nightmares and repetitive images or other sensory impressions from the event.
- Reminders of the traumatic event arouse intense distress and/or physiological reactions; these include inability to have any feelings, feeling detached from other people, giving up previously significant activities and amnesia for significant parts of common Mental Health Disorders

The NICE Guideline on Identification and Pathways to Care Ref,By the National Collaborating Centre for Mental Health (NCCMH) ISBN: 978-1-908020-31-4 Year: 2011

4. Suicidal tendencies

Have you ever felt like running away from, home, your country or your life due to problems? Who has ever lost a loved one or a job important to them, or have you heard of people with suicidal tendencies? Share your stories

Ask participants the following questions:

- Who are likely to exhibit suicidal tendency?
- How can CHVs prevent this from occurring?
- What can the community members do to prevent this occurrence?

Facilitator to share the notes below after experience sharing

Suicide is the act of deliberately killing oneself. Self-harm by poisoning or injury, which may or may not have a fatal intent or outcome.

Any person over 10 years of age experiencing any of the following conditions should be asked about thoughts or plans of self-harm in the last month and about acts of self-harm in the last year:

Signs & symptoms;

- Severe emotional distress
- Hopelessness
- Extreme agitation
- Violence
- Uncommunicative behavior
- Social isolation

5. Behavioral disorders:

Role play; A Volunteer to act as a drunkard as he/she enters his homestead

- What is this problem?
- What age is usually affected?
- What can the CHVs do to help anybody with this problem?
- What can the community members do to solve this problem?

Facilitator to summarize their suggestions by the following;

Behavioral disorders" is an umbrella term that includes more specific disorders, such as attention deficit hyperactivity (ADHD) or over activity and excessive restlessness, especially in situations requiring relative calm or other behavioral disorders.

Behavioral symptoms of varying levels of severity are very common in the population.

Signs and symptoms

Impaired attention and over activity; impaired attention shows itself as breaking off from tasks and leaving activities unfinished.

The child or adolescent shifts frequently from one activity to another. It may involve the child or adolescent running and jumping around, getting up from a seat when he or she was supposed to remain seated, excessive talkativeness and noisiness, or fidgeting and wriggling. The characteristic behavioral problems should be of early onset (before age 6 years) and long duration (> 6 months), and not limited to only one setting.

6. Developmental disorders**Facilitation steps**

Step 1: Ask a volunteer to explain how a child with the following challenges presents;

- Physical disabilities
- Unable to talk

Step 2: The facilitator leads the group into a discussion and ask the participants;

- i. What other conditions do exist in the communities?
- ii. Who are the most affected by this condition?
- iii. What is the role of CHVs in addressing these conditions?

Facilitator to summarize their contributions by the following:

Developmental disorder is a term covering disorders such as Intellectual disability / mental retardation as well as autism. These disorders usually affect children, impairment or delay in functions related to the back bone. Despite a childhood onset, the developmental disorders tend to persist into adulthood. People with developmental disorders are more vulnerable to physical illness.

Signs and symptoms;

Impairment of developmental areas such as cognitive, language and social skills during the growth period. Lower intelligence diminishes the ability to alcohol and drug abuse to the daily demands of life. The features are impaired social behavior, communication and language,

7. Dementia

Ask participants the following questions;

- Do you have people suffer from memory loss in your community?
- How does this condition affect family members?
- What can the community do about it?

Facilitator to summarize their contributions with the following key points;

Dementia is a condition due to illness of the brain, which is usually progressive in nature. The conditions that cause dementia produce changes in a person's mental ability, personality and behavior.

People with dementia commonly experience problems with memory and skills to carry out everyday activities. Dementia is not part of normal ageing. Although it can occur at any age, it's more common in older people.

Signs and symptoms

- People with dementia often present with complaints of forgetfulness or feeling depressed.
- Deterioration in emotional control and social behavior.
- People with dementia may be totally unaware of these changes and may not seek help.
- Memory problems, change in personality or behavior,
- Confusion, wandering or incontinence

Step 3: Ask participants at plenary if they have family members or close relatives with some of the mental illnesses described above



ACTIVITY 3:

MENTAL ILLNESS, HOW BIG IS THE PROBLEM? – 10 MINUTES

Facilitation steps

1. Ask participants to brainstorm on how serious they think the problem of mental illness is in their communities
2. Record the answers on a flip chart
3. Make as short presentation on the burden of mental illness (Globally, in Kenya)

The Burden of Mental illness

In Kenya, on average, 25% of those who attend general outpatient clinics in all our health care facilities suffer from mental disorders and the vast majority suffer from minor mental disorders such as anxiety and depression

Step 4: Ask participants to reflect on the presentation and estimate the situation in the group, and in their communities (If 25% of all participants had a mental illness, how many people in the class would be affected?)

Step 5: Ask participants to comment of make any observation on the presentation



ACTIVITY 4:

SIGNS AND SYMPTOMS OF MENTAL ILLNESS-30 MIN

Facilitation steps

1. Role play:

Ask people to volunteer and step outside for a short preparation

2. The 5 participants come back one by one and act a short role commonly observed imagined signs of mental illness

Role play 1; Un-kept personality; A volunteer presents dirty clothes, un-kept hair etc

Role play 2; A Volunteer is speaking to themselves and seems to be responding to other people they can't see

Role play 3: Volunteer Exhibits very low mood is isolated and seems to be in deep thoughts,

Role play 4: Volunteer Exhibits very aggressive behavior like carrying a stake, with intentions of harming someone

Role play 5; A conversation between two parents, one laments due to his child who has run away from school ,naughty, abusive, aggressive, and periodic episodes of running away from home. The mother is wondering what next?

3. Ask participants to comment and add any other signs or symptoms they may think about or have observed and record all on a flip chart
4. Make any additions and add to the flip chart
5. Remind participants that signs and symptoms alone cannot be used by lay people to make a diagnosis of a mental illness (they only sound an alarm) It is only a clinician who can make a diagnosis
6. Session summary



ACTIVITY 5:

FACTORS THAT CONTRIBUTE TO MENTAL ILLNESSES-30 MIN

NOTE: Signs are those that are observable (Objective) e.g. low mood, un-kept, disconnected, restlessness, disturbed behavior, loss of memory, forgetfulness, lack of insight (time, place, name, relatives) disturbance in the flow of thought

NOTE: Symptoms: are those that one feels (Subjective) e.g. abnormal beliefs, abnormal perceptions, hearing voices, suicidal ideas/desire for death

Facilitation steps

1. In groups of 4 ask participants to buzz on what factors may contribute to mental illness
2. The group presents in plenary as the facilitator lists them on a flipchart
3. The facilitator classifies the factors in the format below
 - Biological: genetics, infections, injuries, nutrition
 - Psychological: loss, psychological trauma, neglect, poor inter personal relationships
 - Environmental/social: harmful traditional/cultural practices, dysfunction in the family, discrimination, stigma



ACTIVITY 6:

MYTHS AND MISCONCEPTIONS - 20 MIN

Facilitation steps

1. Ask the participants to brainstorm, in plenary, beliefs in their community about mental illness. List them on a flipchart
2. Facilitator asks participants to group those beliefs that they think are true and those they think are not true.
3. Build consensus on the beliefs, truths, and myths
4. Discuss other myths that the groups may not have included and clarify them

Myth: Mental illness only affects a few people.

Fact:

Mental illness is common. It affects people of all ages, educational and income levels and cultures

Myth: Mental illness is caused by a personal weakness.

Fact:

A mental illness is not a character flaw. It is caused by genetic, biological, social and environmental factors. Seeking and accepting help is a sign of strength.

Myth: People with a mental illness never get better.

Fact:

With the right kind of help, most people do recover and lead healthy, productive and satisfying lives.

Myth: People with a mental illness can “pull themselves out of it”.

Fact:

A mental illness is not caused by personal weakness and is not “cured” by personal strength.

Myth: People with a mental illness are violent.

Fact:

People with a mental illness are no more violent or dangerous than the rest of the population. People with a mental illness are more likely to harm themselves – or to be harmed – than they are to hurt other people.

Myth: People with a mental illness should be kept in hospital.

Fact:

With appropriate treatment and support, people with mental illness can live successfully in the community. In fact, the majority of people with a mental illness live independently in the community.

 **ACTIVITY 7:****ROLE OF CHVSS-20 MIN****Facilitation steps**

1. Ask participants to form groups (number will depend on the participants) and discuss what they think are the roles of s CHVs in supporting mental health activities in the community.

The groups will discuss roles under the groupings below

1. Promotion of mental health;
 2. Identification and linking persons with mental illness to treatment
 3. Advocacy for the rights of the person with mental disorders
 4. Community care and support s
2. Participants present in plenary
 3. Facilitator summarizes the roles

Roles of Community health volunteers in Mental Health

- **Promotion of mental health:** Roles include awareness creation about risk factors, promotion of lifestyles supportive to good mental health
- **Identification and referral:** Household visits, create awareness on signs and symptoms, encourage families to visit health facilities, accompany patients where appropriate and create awareness about the mental health and psychosocial services in the community; Fill the referral form to the facility and referral back from the community.
- **Advocacy:** Create awareness about the rights of persons with mental illness in community forums. Take note of human rights abuses to persons with mental disorders and report to relevant authorities, speak about the needs of people with mental disorders in strategic forums
- **Community Care and support;** Conduct home visits to persons with mental illness and take note of their adherence to medication, side effects, clinic return dates, resumption for functional capacities, family reintegration and acceptance, community acceptance. Support Persons with mental illnesses to regain their jobs, and occupational activities.

ACTIVITY 8

COMMUNITY RE-INTEGRATION-30 MIN

Role play;

Volunteers to act as a man and a wife, who have just received news that their first born son has been a drunkard, chews miraa and has been operating as a tout in town for several years. He has decided to come back home because of his health that is deteriorating each day. As he is seated with his parents discussing about his coming back, his younger brother arrives from the field where he was looking after the cattle. When he realized his brother has come and given attention, he vowed not to allow him in since he wasted his life while drinking.

From this scene,

- Is it common in your community?
- How do you deal with such cases?

Facilitation steps

1. In group discussion, participants discuss how to re-settle a mentally ill person and support him/her to cope
 - i). A 50 year old woman living in village x is recovering from severe depression .She is living with her parents since her husband ran away from her. She has 2 children aged 14 and 20 years. She does not have land or a job. What steps would you take to reintegrate her back to normal life in the community
 - ii). A 34 year old man is living in Garissa recovering from a schizophrenia. He has a wife and 4 children. He burn down his house during one of the acute episodes .His family sold all the livestock to take him to hospital. He has a pending case of destruction of his neighbors' property.
 - iii). A 17 year old girl living in Kibera has been diagnosed with suicidal ideation. She has had 2 cases of abortion .The teachers have refused to accept her back to school. Her mother a 32 year old single mother does not have means of livelihood to support her and her 3 other siblings who are also out of school.
 - iv). A 9 year old boy living in a village in Kilifi has been diagnosed with a mild developmental disorder. Although he is of age he has not joined school yet. The mother who is 27 year old is alcoholic. The father has a small business where he sells charcoal .He is also suffering from depression. They have 2 other children. What would a CHW do to support this family
2. Using the 4 case scenarios, identify the problem, interventions will be developed in the community to address them.

3. Plenary presentations
4. Facilitator summarizes the different activities in the community for the re-integration of persons with mental illness.
 - Encourage people to form support groups
 - Support groups to get registered where appropriate
 - Identify individual needs and make appropriate referrals and linkages
 - Support groups to map our resources within their communities
 - Support group trainings and therapies
 - Lobby for community Participation in Mental Health Care
 - Promote the role of Families in social re-integration
 - Promote anti-stigma campaigns
 - Advocacy for other organizations to meet needs of individuals and families



UNIT 6 INJURIES AND DISABILITIES PREVENTION AND REHABILITATION



Unit 6

INJURIES AND DISABILITIES PREVENTION AND REHABILITATION

Purpose	The purpose of this unit is to equip the community health volunteers with knowledge and skills to enable them to create awareness on the prevention and early management of common injuries and disabilities in the community, for appropriate referral, follow-up and rehabilitation.
Objectives	<p>By the end of the unit, the participants will be able to;</p> <ol style="list-style-type: none">1. Explain what is injuries and disability2. Discuss the common causes and types of injuries and disability3. Describe how to prevent, provide basic treatment and refer injuries4. Differentiate between impairment and disability5. Discussion on appropriate and acceptable language to be used when talking about disability and/or addressing persons with disabilities6. Demystify common myths and misconceptions about disabilities7. Explain how you can support community rehabilitation in your catchment area
Duration:	4hrs
Methodologies	Brain storming, Demonstration, Discussion, Role play, Interactive lecture, Group work
Materials:	Flipchart, markers, Crutches, cotton wool, tape,

Session plan

Time		Topics	Teaching Methods	Materials
4hrs	15min	<ul style="list-style-type: none"> Define injuries and disability 	<ul style="list-style-type: none"> Brain storming Interactive Discussion 	<ul style="list-style-type: none"> Flip chart, markers, Ideas cards
	40 min	<ul style="list-style-type: none"> Discuss the common causes and types of injuries and disability 	<ul style="list-style-type: none"> Interactive Discussion Role play 	<ul style="list-style-type: none"> Flip chart, markers, a stone, broken bottle, match box, old newspaper, a bottle of kerosene
	60 min	<ul style="list-style-type: none"> Describe how to prevent, provide basic treatment and refer injuries 	<ul style="list-style-type: none"> Role play Brain storming 	<ul style="list-style-type: none"> Flip chart, markers, cotton wool, spirit, wooden boards, sufuria, jiko, lessa, blanket
	20 min	<ul style="list-style-type: none"> Differentiate between impairment and disability 	<ul style="list-style-type: none"> Interactive discussion Brain storming Mini lectures 	<ul style="list-style-type: none"> Flip chart, markers, crutches, cotton wool, masking tape, blindfold and white cane
	40 min	<ul style="list-style-type: none"> Discussion on appropriate and acceptable language to be used when talking about disability and/or addressing persons with disabilities. 	<ul style="list-style-type: none"> Brain storming Interactive discussion Mini lectures 	<ul style="list-style-type: none"> Flip chart, markers, charts/pictures
	20 min	<ul style="list-style-type: none"> Demystify common myths and misconceptions about disabilities 	<ul style="list-style-type: none"> Interactive discussion Group work 	<ul style="list-style-type: none"> Flip chart, markers
	45 Mins	<ul style="list-style-type: none"> Explain how you can support community rehabilitation in your catchment area 	<ul style="list-style-type: none"> Interactive discussion Group work 	<ul style="list-style-type: none"> Flip chart, markers,

ACTIVITY 1:

BRAINSTORM ON THE DEFINITION OF INJURIES AND DISABILITY (15 MINS)

Facilitation steps

1. Buzz in twos, ask the participants to define the terms "injuries and disability" and put their ideas on idea cards.
2. Ask the participants to paste their idea cards on a flip charts labeled "injuries and disability"
3. Ask 2 participants to present the ideas in plenary

Facilitation Notes:

What is Injury and disability

Injury is defined as “the physical damage that results when a human body is subjected to excessive force or results in lack of one or more vital elements, such as oxygen. Previously injuries were known as ‘accidents’ depicting that they are beyond our control but nowadays we refer to them as injuries since it is now understood that many factors cause harmful incidents to happen, and many measures can be taken to prevent them.

Disability and impairment

Disability is a physical or mental condition that limits a person's movements, senses, or activities. It is the exclusion of people with impairments due to attitudinal and environmental barriers that limits their full and equal participation in the life of the community and society at large.

Impairment refers to the physical, intellectual, mental and/or sensory characteristics or conditions that limit a person's individual or social functioning, in comparison with someone without these impairments.

ACTIVITY 2:

THE COMMON CAUSES AND TYPES OF INJURIES AND DISABILITY (40 MINS)

Facilitation steps

1. Ask participants to discuss in groups on the common causes and types of injuries and disabilities in the community and list on a flip chart.

Summarize the session with the facilitation notes below.

Facilitation notes:

Causes of Injuries based on a simple classification

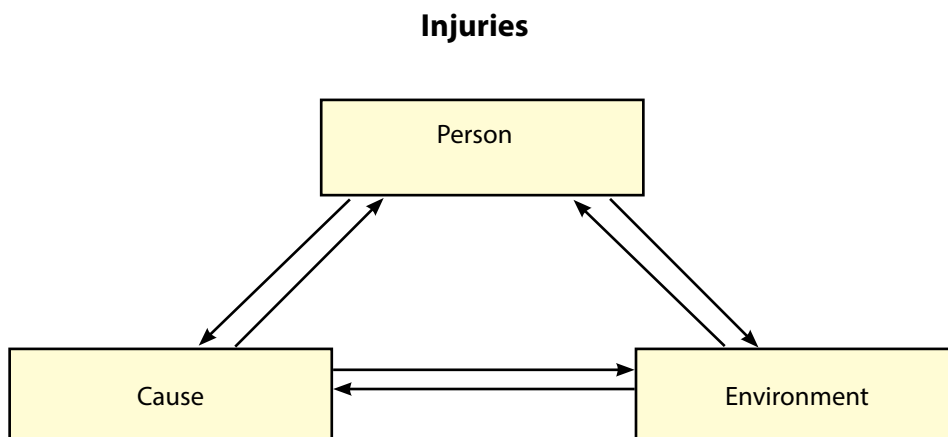
Injuries are categorized as being either “unintentional” or “intentional.”

- I. Unintentional injuries result from unintended or “accidental” incidents such as burns, drowning, choking.
- II. Intentional injuries are caused by one person inflicting harm on another person or to self, such as physical assault, sexual violence and suicide.

Types of injuries

- Falls
- Assault e.g. gunshot wounds, blunt trauma and penetrating injuries
- Road traffic crashes
- Poisoning
- Burns
- Airway obstruction: choking, suffocation, strangulation
- Drowning
- Suicide
- Electrocution
- Animal bites

Injuries can be understood according to the model of diseases. They result from the interaction of three factors: the person, the cause (or agent), and the environment



Analyzing the interactions among the person, the cause, and the environment can help to identify the specific factors that lead to an injury

Person factors

- Lack of awareness of the dangers or hazards
- Lack of concentration
- In children, high physical activity, agility and curiosity
- Mobility problems due to muscle weakness or balance problems e.g. in older persons
- Visual Problems
- Stress and other mental disorders

Cause factors

- Equipment e.g. motor vehicles, farming, house hold
- Driving when drunk
- Speeding
- Physical abuse
- Gender based violence

Environment

- Places and facilities: bodies of water, roads, cliffs, playgrounds, kitchens, bathrooms, open windows, garages, and construction sites.
- Weather conditions: extreme cold or heat.
- Natural disasters: floods, earthquakes, lightening
- Inadequate adult supervision for children, lack of knowledge of child development and safety
- Lack of enough light

Common causes of disabilities

- Disease
- Poverty
- Wars
- Drought/ famine
- Harmful traditional practices
- Household and work place accidents
- Traffic accidents (road, air and water).
- Ageing



ACTIVITY 3:

PREVENTION, PROVISION OF BASIC INJURIES (60 MINS)

Facilitation steps

1. Ask participants to brainstorm on some common injuries that occur at home. List these on a flip chart.
2. Divide the participants into 5 groups to do role plays based on the following themes:
 - i) Fall- A young child climbs up a tall mango tree, slips and falls from it.
 - ii) Poisoning –It is night, 3 young children are warming themselves near a jiko in a cold kitchen with the door closed.
 - iii) Burns- House help leaves a sufuria of boiling hot water on the floor as she picks something from the sitting room. Baby crawls quickly past the sufuria as she follows the house help.
 - iv) Choking and Suffocation- Children are playing outside the house, one child puts a 10/= coin in the mouth and chases others as he runs about.
 - v) Drowning- 3 teenage boys dare each other to swim across a seasonal river. Two reach the other side.
 - vi) Road traffic crashes – A drunkard suddenly crosses the road without checking on traffic.
3. Each group should role play the scene in 5 minutes
4. Discuss in plenary the injuries caused in each scenario and brainstorm on how each case should be managed.

Facilitation notes:

Prevention and Management of Injuries

Injury	Prevention	Management
Falls	<ul style="list-style-type: none"> • Remove obstructions that will result to falls e.g rugs, electrical cords • Make the bathroom floor not to be slippery • Safety-proof stairs to prevent child fall • Adequate lighting of inside and outside areas • Make windows safe by putting metal reinforcement • Education of (especially older) people on the risk and prevention of falls 	<ul style="list-style-type: none"> • Make sure there are no serious and obvious injuries- no broken bones, heavy bleeding, seizures, and that the person is conscious • Seek medical treatment if the following symptoms are observed: <ul style="list-style-type: none"> • <i>Unconsciousness- even if it is very brief (concussion)</i> • <i>Becomes very sleepy or is difficult to wake up (concussion)</i> • <i>Walking in an abnormal fashion- off balance, dizzy (concussion)</i> • <i>Difficulty breathing</i> • <i>Clear fluid or bleeding coming from nose, ears or mouth</i>

		<ul style="list-style-type: none"> • <i>Complains of intense or increasing pain</i> • <i>Vomiting</i> • <i>Deep or large wounds</i> • <i>Irritable and oddly moody, nonstop crying</i> • <i>Trouble focusing eyesight, distorted vision</i> • <i>Odd behavior or symptoms</i>
Poisoning	<ul style="list-style-type: none"> • Have child proof containers for medication and hazardous components • Safe storage of hazardous materials • Keep sources of carbon monoxide outside/ in well ventilated rooms eg. Jikos 	<ul style="list-style-type: none"> • Swallowed poison: Take the item away from the person, and have them spit out any remaining substance. Do not make the person vomit • Skin poison: Remove clothes and rinse the skin with lukewarm water for at least 15 minutes • Poisonous fumes: Take the person outside or into fresh air immediately. If the person is not breathing, do cardiopulmonary resuscitation (CPR)
Burns/ Scalds	<ul style="list-style-type: none"> • Blow out candles and other open sources of light when you leave a room • Do not let children play near the stove or help you cook at the stove • Turn pot handles toward the back or center of the stove to avoid hitting it • Avoid smoking in the house • Have the electrical wiring in your home checked by a professional electrician at least once every 10 years • Ensure you buy gas cylinders from authorized dealers and fasten all connections • Don't keep flammables in the houses e. g. Kerosene, 	<ul style="list-style-type: none"> • Run cool water over the burned area, soak it in cool water (not ice water), or cover it with a clean, cold, wet towel. • Cover the burn with a sterile bandage or a clean cloth • Protect the burn from pressure and friction. • Do not apply butter, ice, fluffy cotton dressing, adhesive bandages, cream, oil spray, or any household remedy to a burn • If a burn appears to be severe or you develop signs of infection, take the person to the nearest facility • If the fire is overwhelming kindly keep off
Choking and Suffocation	<ul style="list-style-type: none"> • Keep tiny objects away from the reach of children • Watch your children at meal-time e.g. teach children to chew and swallow their food before talking, laughing, or getting up to move around, give food pieces for the appropriate age • Always place babies to sleep on their backs • Keep plastic bags away from children • Mothers to breastfeed the babies in an upright position 	<ul style="list-style-type: none"> • Take the object out of his mouth only if you can see it • Give up to 5 blows between the shoulder blades with the heel of your hand • Perform thrusts: <ul style="list-style-type: none"> • Stand behind the person and wrap your arms around the waist. • Place your clenched fist just above the person's navel. Grab your fist with your other hand. • Quickly pull inward and upward. • Continue cycles of 5 back blows and 5 abdominal thrusts until the object is coughed up or the person starts to breathe or cough. • Refer to health facility

<p>Drowning</p>	<ul style="list-style-type: none"> • Never leave a child unattended near a water source e.g water in bucket, pool • Keep bathrooms and toilets locked • Fence areas around swimming pools and dams • Learn to swim • Avoid swimming while intoxicated 	<ul style="list-style-type: none"> • Take the person out of the water • Check for Breathing if not breathing start CPR
<p>Road traffic crashes</p>	<ul style="list-style-type: none"> • Wearing of seat belts • Wearing of helmets • Avoid driving when drunk • Avoid entering an overloaded vehicle • Observe rules of crossing roads eg. zebra crossing 	<p>Asses the area for possibility of fire or another road traffic crash</p> <p>Do not move casualties: You may cause further injury</p> <p>Check for breathing: if not breathing perform CPR</p> <p>Stop bleeding by applying pressure on wound</p> <p>Make arrangements to transfer casualties to a health facility</p>

Below are pictures showing management of infant choking



ACTIVITY 4:

ROLE PLAY ON THE DIFFERENCES BETWEEN IMPAIRMENT AND DISABILITY (20 MINS).

Facilitation steps

1. Ask 2 participants to role play the following scenarios:
 - i) A woman with visual loss seeking medical care in a hospital
 - ii) A man walking on crutches upstairs
2. Ask participants to discuss the impairment and disabilities presented in the scenarios.
3. Summarize the discussion using the facilitation notes.

Facilitation notes:

Impairment is a problem in body function or structure. There are many types of impairments, the most common types are physical, visual, hearing, intellectual and multiple.

Disability is the consequence of an impairment that may be physical, cognitive, mental, sensory, emotional, developmental, or some combination of these. A disability may be present from birth, or occur during a person's lifetime.

Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. Thus, disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives. (WHO).

Activity 5:

DISCUSSION ON APPROPRIATE AND ACCEPTABLE LANGUAGE TO BE USED WHEN TALKING ABOUT DISABILITY AND/OR ADDRESSING PERSONS WITH DISABILITIES (40 MINS).

Facilitation steps

1. Brainstorm on different ways in which the community views and handles persons with disability
2. Give the participants idea cards to write the common terms used to refer to persons with disabilities. Place a flip chart with 2 columns entitled "appropriate terms" and "inappropriate terms".
3. Ask the participants to paste their idea cards on the flip chart according to the above description.

There are different ways in which the community views and handles persons with disabilities.

1. Persons with disabilities perceived as dependent and helpless.

This is a traditional way of viewing persons with disabilities as being dependent and helpless. They are seen as:

- Objects of charity
- Having nothing to give, only to receive
- Always poor, needy and fully dependent on charity or welfare for their survival.

2. Persons with disabilities perceived as patients.

This focuses primarily on the medical problems of persons with disabilities and emphasizes medical solutions. It assumes that:

- The problem of disability is due entirely to the individual's condition or impairment.
- People with disabilities are — first and foremost — 'patients'.
- The problem of disability requires a purely medical solution.

3. Persons with disability perceived as a social problem

People with disabilities are viewed as a social burden and the society should do something to alleviate their suffering. It assumes that:

- Disability is best thought of as a social problem.
- The problem is not the person with disabilities or their impairment, but the unequal and discriminatory way they are treated by society.
- The solution lies in removing the barriers that restrict the inclusion and participation of people with disabilities in the social life of the community.

4. Persons with disability are perceived to have no human rights, however:

- All human beings are equal and have rights that should be respected without distinction of any kind.
- People with disabilities are citizens and, as such, have the same rights as those without impairments.
- All actions to support people with disabilities should be 'rights based'; for example, the demand for equal access to services and opportunities as a human right.

Appropriate and inappropriate terms when discussing disability

Inappropriate terms	Appropriate terms
The disabled, the handicapped	People with disabilities
Cripple, physically handicapped or wheelchair bound.	A person with a physical disability/impairment or wheelchair user
Deaf and dumb	A person with hearing and speech impairments
The blind	People who are blind, or partially sighted, or visually impaired people
The deaf	People who are deaf, or hearing-impaired people



ACTIVITY 6:

DEMISTIFYING COMMON MYTHS AND MISCONCEPTIONS ABOUT DISABILITIES (20 MINS)

Facilitation steps

1. Divide participants into 5 groups and ask them to brainstorm on common myths and misconceptions about disabilities in their community. Each group should list their ideas on a flip chart.
2. In plenary, discuss the responses and state whether these ideas are myths, misconceptions or facts?

Common myths about disability

- Myth 1:** People with disabilities are brave and courageous.
- Fact: Adjusting to impairment requires adapting to particular circumstances and lifestyle, not bravery and courage.
- Myth 2:** Wheelchair use is confining; people who use wheelchairs are 'wheelchair-bound'.
- Fact: A wheelchair, like a bicycle or an automobile, is a personal mobility assistive device that enables someone to move around.
- Myth 3:** All persons with hearing disabilities can read lips.
- Fact: Lip-reading skills vary among people and are never entirely reliable.
- Myth 4:** People who are blind acquire a 'sixth sense'.
- Fact: Although most people who are blind develop their remaining senses more fully, they do not have a 'sixth sense'.
- Myth 5:** Most people with disabilities cannot have sexual relationships.
- Fact: Anyone can have a sexual relationship by adapting the sexual activity. People with disabilities can have children naturally or through adoption. People with disabilities, like other people, are sexual beings.

As a community health volunteer, you can help remove barriers by encouraging participation of people with disabilities in your community through:

- using accessible sites for meetings and events
- advocating for a barrier-free environment
- speaking up when negative words or phrases are used about persons with disabilities
- accepting persons with disabilities as individuals with the same needs, feelings and rights as yourself.

ACTIVITY 8:

HOW TO SUPPORT COMMUNITY BASED REHABILITATION IN OUR CATCHMENT AREAS(45 MIN)

Facilitation steps

1. Request one volunteer to read out the following short story;

Edi is an 11 year old boy who was born with a disease that made his head to grow too large for his body. It is so heavy that he cannot lift it by himself. He also has very poor eyesight and is a slow learner. All of his life Edi has lain on the floor or in bed. His parents are quite poor but have bought a television so that Edi can have something to do during the day.

2. Divide the participants in groups of 5 and let them try to answer both of the following questions;

Q1. What can the community members do to help Edi and his family?

Q2. How can the community develop by helping Edi?

3. Summarize Edi's story using the following resource notes

One of the most important principles in Community based rehabilitation is that the community is a resource for people with disability. *The story of Edi shows many different ways that the community can help.*



- The local workman can use his skills to build a special chair for Edi.
- The owner of wood shop can donate the materials for a chair or give a discount.
- The school teacher or a volunteer can give informal education now that Edi can sit up.
- The leader of youth group can arrange for a volunteer to read to Edi every week.
- The neighbor can help with special exercises to give Edi's parents a break from doing them.

Another important principle is that by doing CBR the community learns and develops itself. So the community also benefits.

How has the community developed by helping Edi?

- The community can see that something simple can improve Edi's life and make his parents happy. They can see that people with disability can change and grow.
- The community now has skills to make special equipment for persons with disability. Even though it is unlikely that another child would be born with that disease, the community members now know that special equipment can be used, and have learnt some basic principles.
- Children get to know children with disability and learn that they are not different from themselves. Learning these positive attitudes early will make them more accommodative community members in the future.
- By solving a disability problem, the community is more motivated to solve other problems in the community. Success at solving one problem leads to confidence and motivation to solve others.
- People with disability and their family members are also key community resources. Not only are they experts on the experience of disability (what it is like and what is needed) but they are often experts on how to help.

Summarize using the following resource notes;

Rehabilitation

- Rehabilitation includes all measures aimed at reducing the impact of disability for an individual, enabling him or her to achieve independence, social integration, a better quality of life and self – actualization.
- Rehabilitation should be offered as a process in which all participants are actively and closely involved.

Community Based Rehabilitation (CBR)

- This is a strategy within the general community development for the rehabilitation, equalization of opportunities and social inclusion of all people with disabilities.
- It involves working with people with all forms of impairment, focusing on networking with existing health, education, livelihood and social services so that they include the needs and potentials of persons with disabilities.
- The primary objective of CBR is the improvement of the quality of life of people with disability/ marginalized persons.

Role of CHVs in Community Based Rehabilitation

- Act as local advocates on behalf of people with disabilities and their families with the health services personnel
- Provide liaison and continuity of care in the community on behalf of professionals e.g. Home visits
- Act as directors of community initiatives to remove social and physical barriers that affect exclusion
- Provide a positive role model for service users if they themselves have a disability



- Learn to accept people with disabilities and give them opportunities to join in community life.
- Learn and practice behaviors that prevent disability.
- Find people living with disabilities in the community and initiate them into a community based rehabilitation program
- Work as community based rehabilitation volunteers. They can donate their time to many community based rehabilitation activities, for example helping a disabled person in the home, or visiting schools to help students with disability.
- Help with fund raising e.g. by organizing a community fair to raise money and community awareness.



UNIT 7 ALCOHOL AND DRUG ABUSE



Unit 7

ALCOHOL AND DRUG ABUSE

Purpose To enhance the capacity of Community health volunteers with knowledge and skills to campaign against Alcohol and Drug abuse as well as to monitor, manage and support persons with substance use disorders, their families and community.

Objectives By the end of this unit the Community health volunteer should be able to:

- 1) Define and understand basic concepts of alcohol and drug abuse and identify the types of substances commonly abused at community level
- 2) Understand the signs and symptoms of alcohol and drug abuse.
- 3) Educate the community on prevention and effects of alcohol and drug abuse.
- 4) Identify and refer persons with substance use disorders to the nearest health facility/rehabilitation centre

Duration: 3Hrs 20 Min

Methodologies

- Lecture
- Role play and skits
- Group work and presentation
- Demonstration
- Videos, pictures
- Case studies
- Brainstorming

Materials:

- Flipcharts
- Marker pens
- Writing paper
- Pens
- Visual aids –projector, posters, video clips, documentaries, photos ,publications
- Case studies publications
- Training Manual and curriculum

Session plan:

Overall time	Duration	Topics	Methodology	Materials
3hrs 20 Min	1hr	<ul style="list-style-type: none"> • Definitions of basic concepts • Classification of drugs 	Discussion Demonstration Brainstorming	Flip chart Visual Aids
	30 min	<ul style="list-style-type: none"> • Signs and symptoms of alcohol and drug abuse 	Group work Discussion	Visual Aids
	30 min	Factors that contribute to mental illnesses	<ul style="list-style-type: none"> • Buzzing • Discussion • Case Scenarios 	<ul style="list-style-type: none"> • Visual Aids • Videos • Script • photos
	1hr 20 Mins	<ul style="list-style-type: none"> • Factors and Effects of alcohol and drug abuse 	Group work Discussion Brainstorm	Flip chart Visual Aids
	30 Min	<ul style="list-style-type: none"> • CHVs role 	Brainstorming Group work	Flip charts



ACTIVITY 1:

DEFINITIONS OF BASIC CONCEPTS-30 MINS

Facilitation steps

1. In groups, the facilitator asks the participants to define, in their own terms, drugs, drug use and abuse, tolerance, addiction, dependency and withdrawal
2. The facilitator summarizes and clarifies the terms.

Drug:

Any chemical substance, natural or man-made, that changes a person’s mental state and that may be used repeatedly by a person for that effect.

The term ‘drug’ includes legal and illegal substances such as alcohol, caffeine, tobacco, petrol, heroin, steroids, marijuana (Commonwealth Department of Human Services and Health 1994:7).

Drug use:

This term means taking drugs. The term does not necessarily mean that the drug taking is harmful or ongoing.

Tolerance: Physiological state in which increased dose is needed to produce a specific effect

Drug abuse: This term is often used to describe drug use that causes harm. The problem with using this term is that it can create negative feelings or attitudes toward the user and is not a recommended term to use

Addiction: Addiction to a drug means that the person:

- Has a strong desire or compulsion to use the drug (cannot think about anything else)
- Finds it difficult to control the drug using behaviour
- Is uncomfortable or distressed if the drug taking is prevented or stops (withdrawal symptoms)
- Keeps using the drug, even when it is causing problem

Dependency:

Drug dependence occurs when a drug becomes central to a person's thoughts, emotions and activities. Using the drug takes on a higher priority than many other things in life and the person may neglect other responsibilities.

Being dependent makes it hard for people to stop or even cut down on the drug.

Withdrawal

When a person stops taking the drug, he or she may experience certain unpleasant physical and mental effects. This group of effects is referred to as 'withdrawal symptoms'. They are different for each drug.



ACTIVITY 2:

CLASSIFICATION OF DRUGS-30 MINS

Facilitation steps

1. Ask the participants to name the various types of drugs they know
2. Facilitator summarizes the discussion

Types of drugs

i. Stimulants

- What is stimulation?
- How do you feel when you are stimulated?
- Do you have stimulants in your community?
- Note their contribution on a flip chart.
- Summarize by the following facts.

Increase the activity of the central nervous system which speed up the functioning of the brain, and are often used for leisure, but also with the objective of remaining alert or increasing courage.

E.g. Tobacco, Cocaine, Miraa, Shisha (emerging menace)

ii. **Depressants**

Ask the participant volunteer to act as a depressed person.

How can you help a depressed person?

Summarize with the following key notes

Decrease the activity of the central nervous system. They reduce tension and cheer up a depressed mood.

Many are used as sedatives and tranquilizers.

E.g. – Alcohol, Heroine, morphine, bhang,

iii. **Hallucinogens**

- Ask a volunteer to demonstrate how people hallucinate.
- Are they common in your community?
- What causes hallucinations?

Cause pronounced alteration of perception.

It is the state of fantasy or illusion, being lost in the world of dreams

E.g. cannabis and hashish

iv. **Steroids**

- What are steroids?
- Are they commonly used in your community?

Foster the formation of living tissue, increases muscular mass. They are used as body building substances especially by athletes and body builders

 **ACTIVITY 3:****SIGNS AND SYMPTOMS OF ALCOHOL AND DRUG ABUSE 30 MINS****Facilitation steps**

1. In groups, participants to list the Signs and symptoms of alcohol and drug abuse
2. Group presentations
3. Facilitators summarizes

Signs and Symptoms of Drug and Substance Abuse;

- Unhealthy appearance, indifference to hygiene or marked deterioration in physical hygiene and grooming
- Poor physical co-ordination, slurred or incoherent speech
- Blood shot eyes or red eyes, dilated pupils, drooping eyelids
- Burnt or stained thumb nails or finger tips, burnt holes on clothing
- Injection marks as evidence of using needles
- Unexplained skin rash
- Watering eyes and nose (itching eyes)
- Dark circles under the eyes and a blank facial expression
- Memory lapses or blackouts, short attention span, difficulty in concentration
- Sexual problems which include lack of , function and promiscuity
- Insomnia (lack of sleep), moodiness, fatigue, restlessness, shakes, agitation,, nausea, vomiting, sweating, hallucinations and convulsions
- Suicidal behavior
- Migraine headache
- Increased absenteeism or tardiness (slow in arrival), lethargy (lack of energy)
- Inattentiveness, lack of concentration, loss of interest
- Increased job related accidents.
- Quarrelsome
- Chronic dishonesty (Lying, stealing, trouble with law enforcers)



ACTIVITY 4:

FACTORS CONTRIBUTING TO ALCOHOL AND DRUG ABUSE- 1HR 20 MINS

Facilitation steps

1. In groups, discuss the factors that contribute to alcohol and drug abuse
2. Group presentations
3. Facilitators summary

i) Individual factors

- **Control of Anxiety.** (Anxiety is a mental mechanism that compels us to cater for our most basic needs: Food, shelter, and love.
- Control of emotions
- Dismiss fear.
- Evade boredom.
- Stress - occurs when there is an imbalance between, the demands of life and our inability to cope with them.
- Too much workload.
- Low achievement.
- Overbearing spouses.
- Sheer Curiosity.
- Lack of Education or information about effects of drugs
- Looking for pleasure, (feeling good, great happy. Drugs will temporarily give happiness but
- Lack of Purpose in Life. Purpose gives direction, or something to live for. If you have no purpose in life you are called a Shifting shadow“(You follow anything that moves)”this will lead to everlasting pain.
- **Peer/Social Pressure.** , Reduces him/her to mediocrity, affects his/her spirituality, controls the way he/she dresses, his/her manners,. It is like a magnet that attracts with powerful strength. It attracts you to drugs and you will certainly not say no”.

Social/peer pressure is the worst enemy of human beings. It urges them to do what they do not want to do.

ii). Family factors.

Role play 1: Ask Volunteers to demonstrate a drunkard, smoking father who advises his children to be good in school and never smoke or drink.

- Are there such people in your community?
- What should the community members do to solve this?

Role play 2; Volunteers to demonstrate different types of leadership styles

- Authoritarian/Autocratic/dictatorial styles breed rebellion. (2 mins each)

Laissez Faire Style – Children grow without direction – This leads to carefree lifestyle

Ask;

- What did you see?
- Which style is the best?

(a) Poor child upbringing.

Adults usually disapprove drug consumption among teens. Hypocrisy is in many parents, teachers, and opinion leaders because they take drugs when teens are watching (do as I say and not as I do rule).

(b) Parenting styles.

(c) Marital conflicts and breakdown

- Is the life of the children predictable? Do they feel protected?
- Is there family support when needed?

(d) Loss of a significant one.

(e) Overprotection by family. Assumption that everyone else may be wrong except my own

(F) Family rules - roles-fixed, rigid

(g) Ambitious and over expecting parents

(i) Genetic reasons- Some people have a greater genetic predisposition than others to be victims of alcoholic beverages i.e.It runs in some families

iii). Societal factors

a) Information resulting from of media, Music, Internet e.t.c.

b) Culture. Many cultural activities are associated with drugs e.g. marriage, harvest, funeral e.t.c.

(c) Availability/Accessibility-Lax laws resulting in ability to reduce supply.

(d) Socio economic and cultural changes which fosters:- Loneliness, isolation, depression and anxiety

iv). Work place factors

Role play; Volunteer to demonstrate a mother with several things to do at home who is quarreled by her drunkard husband.

- What should CHVs do to solve this problem?
- What should the communities do?

(a) Stress. This is due to work overload and poor time management.

(b) Frustration.

Failure to grow professionally, get recognition or promotion.

(c) Entropy – Same workstation, same duties, same people, no new challenges.

(d) Conflicts. People have conflict within themselves; they transfer the same to others.

(e) Work structure and policies**ACTIVITY 5:****EFFECTS OF ALCOHOL AND DRUG ABUSE -20 MINS****Facilitation steps**

1. Brainstorm and List in Plenary the effects of alcohol and drug abuse to;-Individual, Family, And Community
2. Facilitators Key points

Role play: Volunteers to demonstrate various behaviours as a result of drug abuse

- What should CHVs do to solve this?
- Community measures

(a) Individual

- Personal neglect
- Lack of self-respect
- Immorality
- Poor performance at any task
- Poor health
- Accidents
- Very emotional
- Absenteeism from work or school
- Addiction could lead to suicidal thoughts
- Poor self esteem
- Death

(b) Family

- Bad role model to the other family members
- Depression to the other family members
- Domestic violence especially husband abusing wife and children
- Abuse to the parents and siblings when children abuse drugs
- Insecurity at home
- Broken marriages and families
- Accidents and loss of family property
- Embarrassment to the family/stigma
- Poverty - very expensive to treat drug illnesses

(c) Community

- National poverty due to poor productivity and poor use of money
- Insecurity (drug abusers are rapists, incest, violent robbers, carjackers etc)
- Accidents on the roads, in place of work etc
- Drug abuse promotes spread of HIV/AIDS especially among IDUs, alcohol abusers
- Poor culture spread to the youth
- Strikes in schools
- Political unrest (post-election violence)



ACTIVITY 6:

SPECIFIC HEALTH AND SOCIAL EFFECTS OF DRUGS-35 MINS

- Participants to brainstorm the effects of Alcohol-
- Facilitator to summarize with the following key words

(a) **ALCOHOL**

It causes:-

- Brain and nerve damage
- Impaired visual ability – don't see clearly.
- Altered sense of time and space
- Not able to walk straight - hence staggering
- Loss of pain perception – drunkards realize they were injured after sobering up
- Unclear hearing- that's why people shout when they are drunk because they cannot hear well.
- Slow reaction time – making one vulnerable to accidents
- To the liver – Enlargement, hardening, Cancer (cirrhosis) and liver failure
- To the heart, causes enlargement, damages the valves, causes high blood pressure and heart failure
- To the stomach – cause ulcers, stomach cancer and other gastrointestinal tract cancers (e.g. mouth, throat, duodenum, intestines)
- Causes poor re-absorption of water causing dehydration, frequent passing out of urine, leads to early death
- In reproductive organs, it causes - poor quality sperm or ova (deformed or lacking important parts like tail or nucleus), lack of sexual arousal in the long term (impotence or frigidity)

(b) **TOBACCO**

- Ask participants if tobacco smoking is a problem in their community?
- What are the contributing factors?
- How can CHVs control use of tobacco products?
- What are the effects of tobacco smoke in the body?

Facilitator to summarize using the following key notes

Tobacco contains some 4700 ingredients. Out of these, 400 are known to be very harmful to human life and health by way of causing cancer.

(i) Mouth

- Smokers experience dulling of their taste buds,

- Irritation in the mouth,
- Gum diseases,
- Bad breath and numbness,
- Staining of teeth and even falling off,
- Increases chances of cancer of the mouth.

(ii) Throat

Tobacco causes cancer of throat. It irritates the membranes of the throat causing it to become sore.

(iv) Heart

Tobacco increases heart rate and blood pressure, which increases a person's risk of heart attack and stroke

(vi) Liver

Smoking causes liver to harden

(vii) Lungs

Smoking progressively limits the amount of air flow into and out of the lungs. Tar and other constituents cause lung cancer

(viii) Reproductive system

Smoking reduces sex drive and increases risk of impotence in men. In women, there is increased risk of cervical cancer, increased risk of miscarriage and pregnancy complication.

(c) BHANG

1. Is bhang common in our communities?
2. What can we do to stop this vice?
3. What are its effects?

Facilitator to summarize with the following key notes

- Deformed babies
- False confidence
- Spontaneous laughter
- Short memory loss
- Confusion of past, present and future
- Hallucinations and paranoid feelings

- Poor quality sperm in men
- Painful periods in women
- Loss of sexual drive

NB: Effects of bhang are felt many years after stopping its use.

(d) MIRAA

1. Brainstorm on how many types of miraa exist in the community?
2. Do you have miraa in your community?
3. Is it a problem?
4. How can we solve problem of miraa chewing?

Facilitator to summarize with the following key notes

- Memory loss (brain crash or amnesia), personality disorders, depression
- Mouth sores and ulcers, tongue, lip which predisposes an individual to HIV/AIDS
- Oral cancer
- Nerve damage leading to numbness
- Hallucinations – disorganized, paranoid
- Excessive irritability
- Chronic constipation - slow passage of food through the stomach and intestines
- Impotence in men and frigidity in women-lowering of happiness during sex

(e) INHALANTS

- Dizziness, vomiting and tremors
- First phase of euphoria and hallucinations.
- Slurred speech
- Irregular heartbeat
- Violent behavior
- Damage to soft tissue in nose and mouth resulting in loss of ability to smell
- Loss of appetite

(f) SHISHA

This is an emerging drug which is a flavored form of tobacco that is made to appear less harmful than other types of tobacco. It is usually smoked using a shared pipe hence it can lead to transmission of communicable diseases such as TB. In some instances other drugs such as heroine, cocaine and bang are added to this mixture. A puff of shisha is equivalent to smoking 20 cigarettes.



ACTIVITY 7:

ROLE OF THE CHV-30 MINS

Facilitation steps

1. In groups discuss and List the Roles of CHV
2. Group presentation
3. Facilitator's summary

- Prevention of Alcohol and Drug Abuse; awareness creation and Education,
- identification and referral of persons with Alcohol and Drug Abuse disorders
- Linking individuals with Alcohol and Drug Abuse disorders and their families to the other relevant services
- Support re-integration of persons with Alcohol and Drug Abuse disorders



UNIT 8 ORAL HEALTH



Unit 8

ORAL HEALTH

Purpose

The purpose of this unit is to equip the community health volunteers with knowledge and skills for promotion of oral health care and prevention of common oral diseases. This will enable them to foster public awareness on the importance of good oral health and establish the relationship between oral health and general health.

Objectives

By the end of this unit, each community health volunteer should be able to:

1. Understand importance of oral health
2. Establish relationship between oral health and general health
3. Identify the common oral diseases and conditions
4. Demonstrate good oral health practices
5. List the causes, prevention and treatment methods of oral health diseases
6. Refer cases of oral diseases for management to the nearest health facility
7. Build partnerships with stakeholders for oral health care promotion and disease prevention

Duration:

3 hours 40min

SESSION PLAN

Time		Topics	Teaching methodology	Materials
3 hours 40 min	30 min	Explanation of Oral health in relation to general health care	Plenary Discussion • Group work • Picture illustrations • Brainstorming	• Pictures • Flip charts/pens • Mouth Models
	30 min	Identification of common oral diseases Causes, Signs and prevention of common oral diseases	Plenary Discussion • Group work • Use of pictures • Role play • Experience sharing	• Pictures • Flip charts/pens • Mouth Models
	90 min	Identification of common oral conditions Causes, signs prevention and treatment of conditions	• Discussion • Group work • Demonstrations • Mini lecture	• Flip charts • Pictures • Tooth brushes • Tooth paste
	70 min	General prevention:Oral health screening and referral	• Discussion • Group work and • Role play	• Mouth Models



ACTIVITY 1:

EXPLAIN ORAL HEALTH (30 MIN)

Facilitation steps

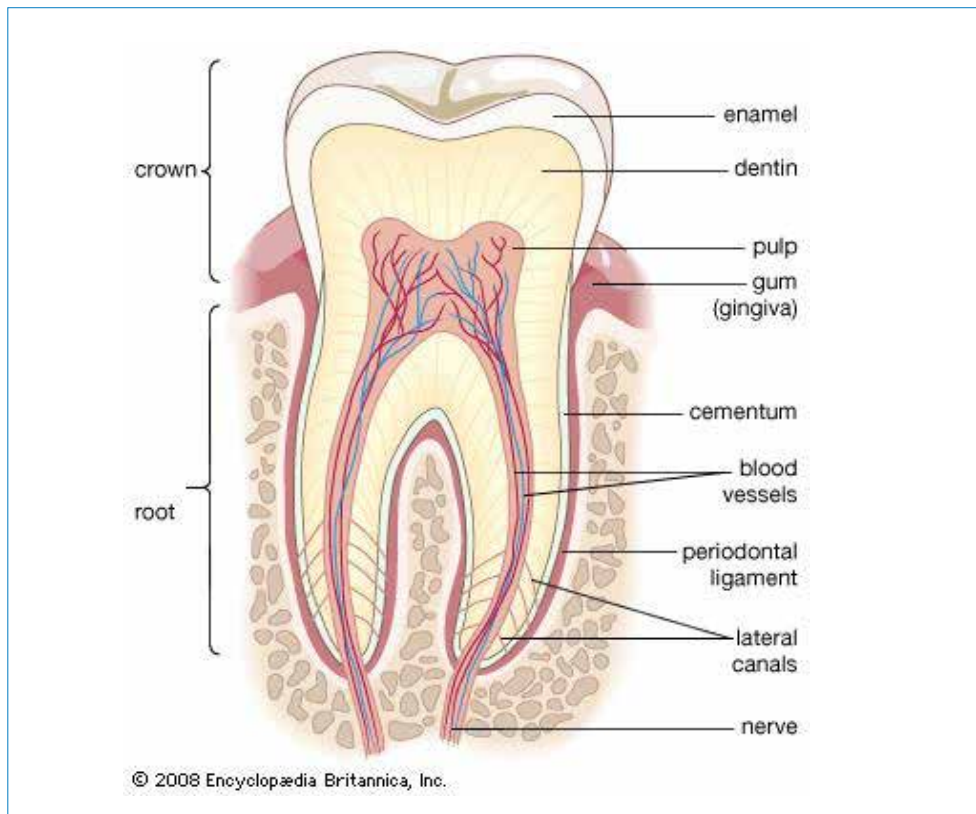
1. Ask the participants to brainstorm on what is the importance of teeth and oral health.
2. Divide the participants into groups and ask them to draw a tooth and name the parts and present in plenary
3. Compare with the structure below and show it to them or draw for them to see

Parts of a tooth

Below are the parts of a tooth

- Crown (above the gum)
- Enamel
- Dentine
- Pulp
- Root (in the gum)
- Nerves
- Ligaments
- Jaw bone

TOOTH STRUCTURE



- **Sets of teeth**

These are:

- Milk & Permanent

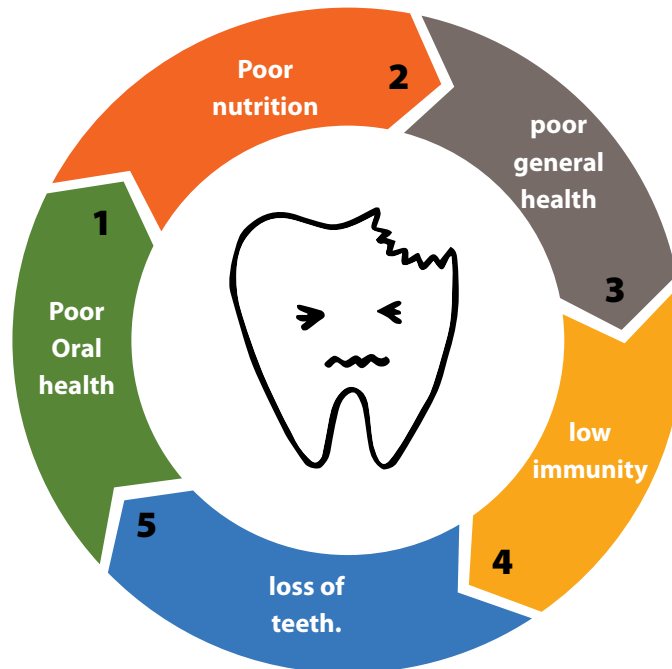
- **Types of teeth**

- Incisors
- Canines
- Premolars
- Molars

- **Importance of teeth**

1. Appearance
 - To Look Good
 - To Look Happy
 - To Look Beautiful: boost self esteem
 - To Have a good Smile

2. For speaking properly
3. Milk teeth guide permanent teeth into correct positions
4. Milk teeth provide the right space for permanent teeth.
5. Chewing



Oral Health

- Oral health describes the absence of disease and optimal functioning of the mouth and its tissues, in a manner which preserves the highest level of self esteem.
- It describes a standard of health for oral and related tissues which enable an individual to eat, speak and socialize without active disease, discomfort or embarrassment and which contribute to an individuals' well-being.
- These include the teeth, the gums, the tongue and other tissues in the mouth.
- The health of the teeth and gums is related to the health of the whole person, just as the well being of a person relates to the health of the entire community.
- Basic care of the teeth and gums - both preventive and curative - should be part of the "know-how" of all primary healthcare workers.

While dental disease is decreasing in richer countries, it is on the increase in most poor countries. One reason for this is that people are eating fewer traditional (unrefined) foods and more pre-packaged, commercial foods often softened by refined sugars

 **ACTIVITY 2:****IDENTIFICATION OF ORAL DISEASES (30 MIN)****Role play**

1. Get a volunteer from the class to act as someone with pain in the mouth. This person should walk around the class showing signs of acute tooth pain (animatedly) and asking for help complaining he cannot sleep.
2. Ask the participants the following questions
 - What did you see?
 - What did you hear?
 - Does it happen in your community?
 - Why does it happen?
 - What can we do?

Common oral Diseases and Conditions

Diseases

1. Tooth Decay
2. Gum Disease
3. Oral Cancer.

Conditions

1. Crowding
2. Brown Teeth (Fluorosis)
3. Toothlessness
4. Dental Trauma
5. Cleft lip/cleft palate.



ACTIVITY 3:

LEARNING ABOUT TOOTH DECAY (20 MIN)

1. Ask the participants: What is tooth Decay or Cavities? Allow brainstorming responses
2. Ask them to buzz on what could be the causes of tooth decay
3. Let them share experiences on how they handle their children when they ask for sweets and soda. How about adults behavior on taking sweet things
4. What should they CHVs do to prevent the decay
5. Compare their answers with the notes below.



- This is the destruction of a tooth Structure that involves the outer and sometimes inner parts of a tooth.
- It occurs when food containing sugars and starch are left on a tooth surface for a long time
- Bacteria that live in the mouth digest these sugars turning them into acids which dissolve a tooth, creating holes or cavities.
- Bacteria + Sugary foods and saliva = Plaque (White Film) that produce acids that dissolve a tooth creating holes or cavities.
- When cavities start there's no pain

- **Foods that cause Tooth Decay.**

These are generally sugary foods and drinks.

Examples

Biscuits, Sodas, Cakes, Sweets, Chocolates, Ice Cream,

How do you know you have tooth decay?

- Sensitivity to hot or cold foods or drinks
- Discolored spots on a tooth, white or black
- Hole in a tooth
- Pain
- Swelling
- Bad breath

How do you prevent tooth decay?

- Brushing your teeth at least twice a day after eating, morning and evening.
- Use dental floss to clean between teeth and hard to reach places with a tooth brush.
- Eat nutritious and a balanced diet.
- Limit snacks and sticky foods and if eaten brush your teeth immediately
- Visit your Dentist or any other dental professional twice a year even if your teeth have no problems or pain.
- In case of pain or a problem, have it treated.



ACTIVITY 4:

LEARNING ABOUT GUM DISEASE (20MIN)

What is Gum Disease or Gingivitis?

- This is an irritation of gums or gum caused by Plaque/Tatar which comes from food remains and bacteria in the mouth.
- How do you know you have a gum disease?

- By;
- Having bleeding gums/gum.
 - Red gum/gums.
 - Swollen gum/gums.
 - Pus oozing from gum/gums.
 - Gum/ gums moving away downward or upward.
 - Misalignment of teeth.
 - Bad breath.
 - Pain on gum/gums.
- If gum diseases is not treated this leads to:
 - Shaking of teeth.
 - Shifting of teeth.
 - Eventually tooth loss.

- How do you prevent gum disease?

- By;
- Brushing your teeth at least twice a day, after breakfast and supper.
 - Having a regular check-up by your dentist.

Have your teeth professionally cleaned by a dentist at least once per year.



ACTIVITY 5:

LEARNING ABOUT ORAL CANCER. (20 MIN)

Role play

Zawadi was introduced to smoking and drinking by his father at young age. Now he is a chain smoker and his mouth has a bad stench from a wound on lips. Everybody avoids him. A CHV was concerned about his situation.

1. Ask the participants to volunteer and play the parts of the community in the story, the victim and the CHV.
2. Ask the participants whether they see such families in their community
3. What does the community do about the situation
4. What is the role of the CHV

Signs and symptoms

Skin lesion, lump or ulcer that does not resolve in 14 days:

- Located on the tongue, lip, or other mouth areas.
- Usually small.
- often pale colored, but may be dark or discolored
- Early sign may be a white patch or a red patch on the soft tissues of the mouth.
- Usually painless initially
- May develop a burning sensation or pain when tumor is advanced.

Additional symptoms that may be associated with the disease:

- Tongue problems
- Difficulty in swallowing
- Mouth sores, pain and parasthesia are late symptoms
- The following are key risk factors that are associated with oral cancers:



Oral Cancer

Oral cancer is part of a group of cancers called head and neck cancers. It is any cancerous growth located in the oral cavity.

Most oral cancers begin on the tongue in the floor of the mouth.

- Smoking and other tobacco use are associated with about 75 per cent of oral cancer cases caused by the irritation of the mucous membranes of the mouth from smoke and heat of cigarettes, cigars and pipes.
- Alcohol use is another high risk activity associated with oral cancer. There is known to be a very strong synergistic effect on oral cancer risk when a person is both a heavy smoker and drinker.
- Infection with the human papilloma virus (type 16) is a known risk factor and independent causative factor of oral cancer

ACTIVITY 6:

UNDERSTANDING TOOTHLESSNESS (10 MIN)



Facilitation steps

Show the above picture to the participants and ask them what they feel about it .

1. Ask the participants to brainstorm on what can cause one to be toothless
2. Let them share experiences of being toothless or having a family member who is toothless
3. How can we manage such persons with a condition of tooth loss.



Loss of some teeth results in partial loss while loss of all teeth results in complete loss. For people, the relevance and functionality of teeth can easily be taken for granted, but a closer examination of their considerable significance will demonstrate how they are actually very important.

Among other things, teeth serve to;

- Support the lips and cheeks, providing for fuller, more aesthetically pleasing appearance.
- Along with the tongue and the lips, allow for proper pronunciation of various sounds.
- Cut, grind and otherwise chew food.

The cause of tooth loss can be multifaceted. Tooth loss result from tooth decay, gum disease or accidents. The predominant cause of tooth loss in adults is periodontal (gum) disease. When you think of your teeth, think of your gums. Gums are important in holding each tooth in place.



ACTIVITY 7:

LEARNING ABOUT DENTAL FLUOROSIS (BROWNING OF TEETH) (20 MIN)

1. Let the participants observe each other's teeth. Allow them to buzz in twos on the meaning of dental fluorosis.
2. Let the participants debate on whether the presence of fluoride in tooth paste does affect the teeth
3. What can the CHV do when faced with a community member with fluorosis



- It's important to note that fluoride is a mineral good for the body and repairs or heals tooth decay. However high levels of it can be harmful to both teeth and bones.
- Dental fluorosis is a health condition caused by a person taking too much fluoride during tooth development. This condition mainly occurs during development of teeth when children are in the mother's womb. Critical period of exposure is between 1 and 4 years.
- In its mild form, fluorosis appears as tiny white streaks or specks that are often unnoticeable.
- The spots and stains left by fluorosis are permanent. They may darken over time. In its most severe form, which is also called mottling of dental enamel; it is characterized by black or brown stains as well as cracking or pitting of teeth.
- The severity depends on the amount of fluoride exposure, the age of the child and individual response.

NB: Where there is excessive fluoride in the environment especially in drinking water, causing dental or skeletal fluorosis de-fluoridation measures to remove the excess are recommended. Also note that fluorides have a proven caries reducing effect especially on smooth surfaces if administered properly delivery ways can be:

1. Salt
2. Water,
3. Toothpaste,
4. Fluoride mouth rinse
5. Topical application of solutions or varnishes



Management of fluorosis

1. De-fluoridation of available drinking water in small communities
2. In cases where fluorosis is endemic identify alternative water supply for drinking water. The CHW and CHV to teach the community.
3. Develop appropriate education programmes. The CHV can advise the community members living high fluoride areas to supervise children's brushing of teeth so that they don't swallow/ingest tooth paste with fluoride. CHV to advise them swallowing increases risk of developing fluorosis
4. For those who can afford, appropriate restoration of affected teeth can be done cosmetically by a dentist e.g. tooth bleaching.

ACTIVITY 8:

LEARNING ABOUT DENTAL TRAUMA. (20 MIN)

Role Play

Macho had an accident while on bodaboda. He was heavily bleeding from his mouth and two teeth were strewn on the road; facilitator to get several volunteers to play-out the various parts of the story. One volunteer can put black tape on the tooth to pose as if he lost the tooth to create an image for learning.

1. What did you see and have you ever heard such an accident
2. Have you heard about such cases
3. Has it happened in your community
4. When did it happen and why
5. What does your community do in response
6. What is your role as a CHV



Dental Trauma

Dental trauma is an injury to the teeth, gums, and jaw bones. The most common dental trauma is a broken or displaced tooth. Traumatic dental injuries often occur in accidents or sports-related injuries. Chipped teeth account for the majority of all dental injuries. Dislodged or knocked-out teeth are examples of less frequent, but more severe injuries.



Trauma

Prevention and management of trauma

- CHV to Advise the community members to wear protective gear e.g mouth guard, reflector jackets when riding or engaging in contact sports like boxing ,hockey
- CHV to teach community on importance of Safety belts and helmets to avoid impact on the head especially on matatu and bodaboda
- CHV to refer the victims to the nearest health facility

ACTIVITY 9;

LEARNING ABOUT CLEFT LIP AND PALATE (20MIN)



Facilitation Steps

1. Walk around with the above picture ask the participants to identify the condition shown above
1. Ask the participants on the presence of children with cleft palate in the community
2. Ask them how many types of clefts are existing
3. Engage the participants on what are the probable causes of cleft
4. How can we handle such cases as CHVs
5. Demystify the myths and misconceptions around the condition

These are birth defects that affect either the upper lip alone or upper lip and the roof of the mouth (Palate).

Causes, incidence and risk factors

- Genetic passed down from one or both parents, drugs viruses or other toxins can cause these defects.
- Cleft lip or palate may occur along with other syndromes or birth defects.

A cleft lip and palate can:

- Affect the appearance of the face
- Lead to problems with feeding and speech
- Lead to ear infections

Risk factors include a family history of cleft lip or palate and other birth defects.

Key features of clefts

- A child may have one or more birth defects
- A cleft lip may be just a small notch in the lip
- It may be a complete split in the lip that goes all the way to the base of the nose.
- A cleft palate can be on one or both sides of roof of the mouth. It may go the full length of the palate.
- Other symptoms include:
 - Change in the nose shape
 - Poorly aligned teeth

Problems that may be present because of cleft lip or palate:

- Failure to gain weight
- Feeding problems - flow of milk through nasal passages during feeding
- Poor growth
- Repeated ear infections
- Speech difficulties

Prevention and Management of Cleft Palate

The CHV should refer such children to the health facility for immediate action because the outcome after surgery in a child is better than in adulthood.

Surgery to close the cleft lip and palate is done preferably when the child is between 6 weeks and 9 months.

Cleft palate is usually closed within the first year of life so that the child's speech develops normally.

A prosthetic device is temporarily used to close the palate so that the baby can feed and grow until surgery is done.

ACTIVITY 10:

LEARNING ON TEETH CROWDING (20 MIN)



Print the above picture and show it to the participants. Ask them to identify the condition.

Ask them the following questions to create dialogue to relate the condition in their own setting:

1. Have you seen/heard this condition in your community?
2. Why does this condition happen in the community, what are the probable causes?
3. What does your community do in response to the condition
4. What can the CHV do to help the situation

Some causes of Tooth Crowding

- Habits; (Thumb sucking, nail Biting etc)
- Hereditary e.g. Smaller Jaws and Big Teeth
- Early loss of milk teeth

Prevention

CHV to teach families or household on changing habits that can lead to tooth crowding

Correction of crowded teeth

- Braces are used
- It's advisable to see your dentist



ACTIVITY 11:

BRAINSTORM ON PREVENTION ORAL PROBLEMS (10 MIN)

Facilitation Steps

1. Brainstorm on prevention oral problems
1. Ask the participants to share the last visit to see the dentist. Let them ventilate on how painful the ordeal was.
2. Take them through the thought of what could have happened if they prevented the tooth ache
3. How can we prevent oral diseases? Ask them to brainstorm and share the key points below

- Cleaning teeth
- Chewing gum
- Dental check up
- Eating well



ACTIVITY 12:

CLEANING TEETH (30 MIN)

Facilitation Steps

1. Facilitator to trigger shame and disgust for cue to action Make it interesting as facilitator
2. Ask the participants to face each other and try to smell their neighbours mouth.
3. Let them share their personal experiences as far as brushing teeth is concerned.
4. Ask participants whether they teach their own children on how to brush teeth and is it cultural for their community to clean teeth daily
5. Get several volunteers to demonstrate how to brush teeth and compare with the steps below. After taking them through the steps have one CHV demonstrate the correct way of brushing teeth



Brushing Teeth/Oral Cavity

- **How to clean your teeth properly and effectively**
 - Wash your hands before you wash your teeth.
 - Proper and effective tooth brushing should take at least 3 minutes.
 - Use a soft bristled toothbrush.
 - Use short gentle strokes.
 - Pay attention to the gum line and hard to reach areas such as surfaces of back teeth, fillings and braces.
- **Concentrate on each section of each tooth as follows**



- Clean the outer surface of your upper teeth left to right then lower teeth.
- Clean inner surface of upper teeth then lower.
- Clean chewing surfaces.
- Brush your tongue too.
- Rinse your mouth with clean water.
- Wash your toothbrush.
- **What are common tooth brushing mistakes?**
 - Not using the right brush size! Too big or too small
 - A toothbrush should be comfortable to use.
 - Not picking the right bristled brush. A hard bristled brush will hurt your gums and hence discourages effective tooth brushing.
 - Brushing too often or too hard
Excessive brushing could expose the root of the tooth and also hurt gums.

Not brushing often enough plaque will build up and risk gum inflammation and tooth decay

Facilitation Steps

1. Ask the Participants what types of brushes do they need, when should you replace
 - **What type of toothbrush do you need?**
 - Soft or medium Bristled
 - Maybe a commercial toothbrush or a chew stick (Mswaki)
 - **How often should you replace your brush?**
 - When your toothbrush shows wear and tear or at least after 3 mon



ACTIVITY 13:

LEARNING ABOUT CHEWING GUM (20 MIN)

Facilitation Steps

1. Provide a few ball gums or chewing gums to the participants.
2. Chew one and trigger dialogue on the following questions
3. Ask the members whether its right to chew gum and whether it has any benefit

You love to chew gum because it tastes great and freshens your breath, but DID YOU KNOW there may be additional benefits to chewing gum such as:

- Oral health
- Weight management
- Increased alertness, focus and concentration
- Stress relief

Chewing Gum Helps Improve Oral Health

Chewing sugar free gum can impact oral health in many ways:

- Stimulates flow of saliva in the mouth
- Cleans teeth between brushings
- Relieves dry mouth discomfort
- Neutralizes plaque acids that form in the mouth after eating fermentable carbohydrates
- Helps re-mineralize enamel to strengthen teeth
- Helps reduce plaque
- Helps reduce the risk of dental caries
- Helps whiten teeth by reducing and preventing stains

Chewing sugar-free gum after eating is clinically proven to be an important part of good oral health. It stimulates saliva flow in the mouth, which in turn helps fight cavities, puts a stop to plaque formation, rebuilds tooth enamel and washes away food particles.



ACTIVITY 14:

REVIEW OF LESSONS LEARNT (10 MIN)

1. Ask the plenary at what time do you brush your teeth and how many times and for how long
2. If you were to brush once which time is better before breakfast or after supper. trigger debate as a facilitator and advice?
 1. Divide participants into groups to identify the basic oral hygiene care practices and roles of CHV in oral health
 2. The groups present their findings to the rest of the class
 3. Record responses, clarify and give a summary of the basic oral hygiene practices



You need strong teeth to eat different kinds of foods. Different kinds of foods are important for health. To have strong teeth and healthy gums you need to:

1. Eat only good healthy foods –Traditional food is usually good food. Sweet foods especially the ones bought from the stores, made of refined sugars are not good for teeth.
2. Clean your teeth everyday (at least twice a day): morning after breakfast and at night before bed. If you do not clean properly the food that is left on your teeth as well as the gums near them may be a source of dental problems.
3. If you see a cavity starting in your mouth or feel a tooth hurting, get help right away. A dental professional knows how to manage the problem.
4. To make your gums stronger and able to fight infection:
 - Eat ore fresh fruits and green leafy vegetables and fewer soft sticky foods from the store
 - Even if your gums are sore and they bleed you must still clean the teeth beside them. If more food collects on the teeth, the gum infection will only get worse. Get a soft brush and use it gently.
 - Painful gums that bleed at slightest touch need special treatment. A dental professional can explain what is happening and what needs to be done.

Roles of CHV

1. Identification of oral conditions and disease
2. Referral of community members with any oral disease or condition
3. Health education and promotion on oral health
4. Advice community on importance of check ups



UNIT 9 PRIMARY EYE CARE



Unit 9

PRIMARY EYE CARE

Purpose The purpose of this unit is to equip the community health volunteers with basic skills and knowledge so that they can identify a normal eye and an eye problem and take appropriate action

Objectives By the end of the unit, the participants will be able to;

- Describe a normal eye
- Discuss the effects poor vision and blindness on the individual and the community
- Understand how to take visual Acuity and conduct basic eye examination
- Discuss how to take appropriate action and referral for an eye problem
- Provide first aid for eye injury
- Demonstrate how to instill Tetracycline eye ointment in newborn eyes
- Discuss key messages on eye health
- Understand the role of community health volunteers in eye care

Duration: 3 hours 20 min

Methodologies Brain storming, Demonstration, Discussion, Role play, Interactive lecture, Group work

Materials: Blind folds, flip charts, Primary Eye Care posters, Rehabilitation poster, Tetracycline Eye Ointment (TEO), cotton wool, gloves, clean water, Visual Acuity (VA) chart, masking tape, manila paper, community referral form, white cane

SESSION PLAN

Time		Content	Teaching Methods	Methods of evaluation
3 hrs 20 mins	20 min	<ul style="list-style-type: none"> Describe a normal eye 	<ul style="list-style-type: none"> Brain storming Group work Mini lectures 	<ul style="list-style-type: none"> Ask a participant to describe a normal eye
	15min	<ul style="list-style-type: none"> Discuss the effects poor vision and blindness on the individual and the community 	<ul style="list-style-type: none"> Blind fold exercise Interactive discussion 	
	45 min	<ul style="list-style-type: none"> Understand how to take visual Acuity and conduct basic eye examination 	<ul style="list-style-type: none"> Interactive discussion Demonstration Group work 	<ul style="list-style-type: none"> Ask a participant to assess the facilitators vision
	40 min	<ul style="list-style-type: none"> Providing first aid for eye injury 	<ul style="list-style-type: none"> Demonstration Group work 	<ul style="list-style-type: none"> Ask a participants to demonstrate how to make a cone or shield and a patch Ask a participant to demonstrate how to irrigate an eye
	15 min	<ul style="list-style-type: none"> Discuss how to take appropriate action and referral for an eye problem 	<ul style="list-style-type: none"> Interactive lecture Question and answers Demonstration 	<ul style="list-style-type: none"> Ask a participant to demonstrate how to fill the referral form
	15 min	<ul style="list-style-type: none"> Demonstrate how to instill Tetracycline eye ointment in newborn eyes 	<ul style="list-style-type: none"> Demonstration Group work Brainstorming 	<ul style="list-style-type: none"> Participant to demonstrate how to wipe eyes and instill TEO
	15 min	<ul style="list-style-type: none"> Rehabilitation for the blind persons 	<ul style="list-style-type: none"> Interactive discussion Demonstration Group work 	<ul style="list-style-type: none"> Participant to demonstrate how to guide a blind person
	20 min	<ul style="list-style-type: none"> Discuss key messages on eye health 	<ul style="list-style-type: none"> Interactive discussion Question and Answers 	<ul style="list-style-type: none"> Participants to name some health promotions activities for eye care
	15 min	<ul style="list-style-type: none"> Understand the role of community health volunteers in eye care 	<ul style="list-style-type: none"> Interactive discussion Question and Answers Mini lecture 	

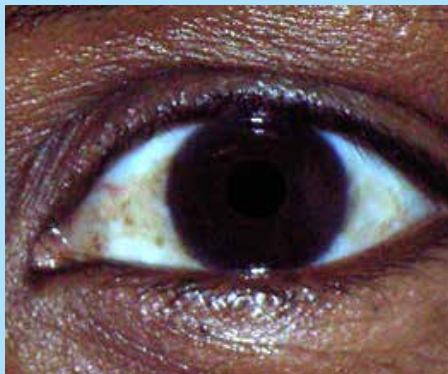
ACTIVITY 1:

DESCRIBING A NORMAL EYE-20 MINS

Facilitation Steps

1. Ask the participants to describe what is their understanding of a normal eye and the facilitator records responses, clarifies and gives a summary.
2. The facilitator will divide participants into groups and ask them to draw the eye and mount the flip charts on the wall and discuss the drawings
3. The facilitator will summarize the session with a mini lecture

Some of the parts of the eye can be seen by looking at a person's face like in the picture below while others can only be seen with the help of some special instruments and equipments



The eyelids should open and close properly

- no lumps on the lids
- lashes should not turn in

The colored part of the eye should be smooth and shiny.

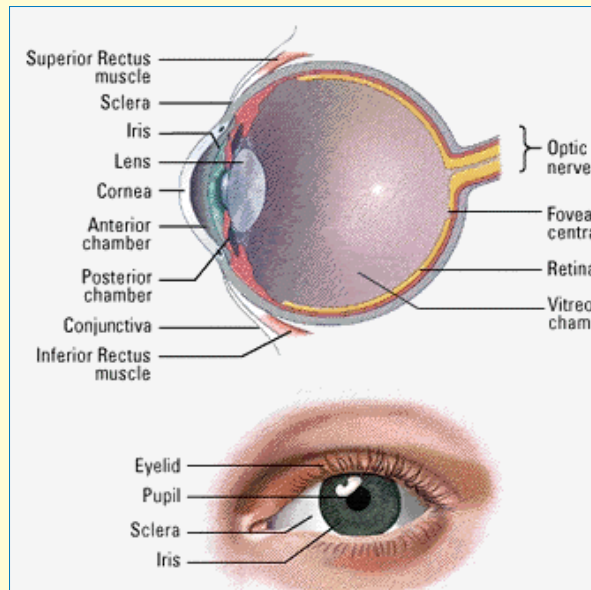
It should have no white marks or blood vessels.

The white of the eye should be white, except for a few blood vessels. It should not be red.



Major parts of the Eye

- Pupil
- Cornea
- Eye lids
- Eye lashes
- Conjunctiva
- Retina



ACTIVITY 2:

Effects of Poor Vision And Blindness On The Individual And The Community-15 Mins

Facilitation Steps

1. Blindfold exercise –Blindfold all the participants and let them walk from out in the garden to find their chairs in the meeting venue
2. Ask the participants
 - What are the lessons from the blindfold exercise?
 - What are ways in which blindness and poor vision affect a person's life?
 - How does a blind person affect their family and community?
3. Let participants indicate if there are blind people within their communities and what should be done about it.

To summarize this, tell the participants that the unit is aimed at

- Reducing unnecessary blindness in their communities and support those incurably blind.
- Reaffirm their role is to identify all blind people and send to the eye care worker within their area to either be treated or rehabilitated.



- Poor vision or blindness can affect the way a person lives their life: they may not be able to take care of themselves; they cannot do activities to help around the house or to make money. Socially they may be excluded in daily community activities e.g. don't go to the farm.
- People who are incurably blind need rehabilitation services to help them to live well, - identify the nearest referral centre for rehabilitation in the area
- Blind people need to be referred to an eye care provider to check if anything can be done to restore their sight
- Blind person's needs to be part of the community

ACTIVITY 3:

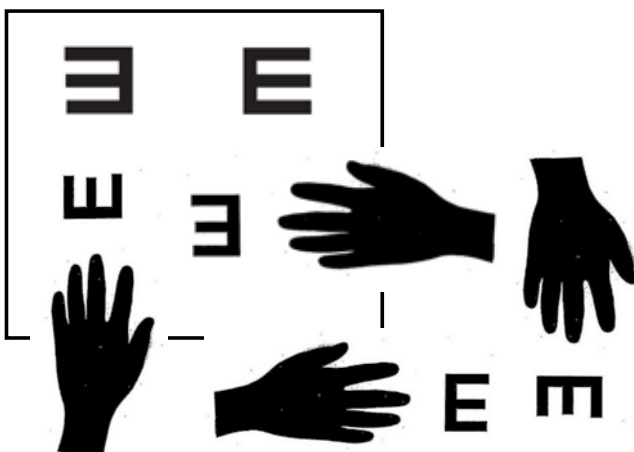
Demonstration and practice on measuring eye sight (Vision Acuity) and basic eye examination-45 Mins

Facilitation Steps

1. Facilitator introduces the VA chart and how to use it to take vision
2. Divide the participants into groups and practice using VA charts
3. Facilitator summarizes the session

Use the chart for vision screening (tumbling E of 6/60 and 6/12 size)

- Find a space where there is good light (not too dark, bright or looking into the sun)
- Stand next to the person and explain to the person how to use their hand to show you the direction of the E



- Ask the person: Please use the palm of your hand to cover your left eye and show me the direction of the Es I am pointing to
- Stand 6 meters away. Hold the chart for vision screening (tumbling E of 6/60 and 6/12 size)
- Point to an E and ask the person to show you the direction of the big E and of the little Es.
- **Now ask the person Please use the palm of your hand to cover your right eye and show me the direction of the Es I am pointing to**

Make a decision about what to do

- If a person cannot see the big E or the fingers you are holding up they have a big problem.
If they cannot see the small E they have a smaller problem
- It does not matter if you cannot measure vision, you can make a referral decision based on what the person says:
 - o The person needs non-urgent referral if the decrease in vision has been gradual, or if one eye sees worse than the other
 - o The person needs to be referred immediately if vision has become suddenly worse



ACTIVITY 4:

PROVIDING FIRST AID FOR EYE INJURY-40 MINS

Facilitation Steps

1. The facilitator Demonstrate to the group on how to provide first aid using irrigation, padding and protection
2. Divide the participants into 3 groups and practice how to provide first aid
- 3.; Hand each group a role play on vision, pain and injury. Remind them to ask the questions on the record form. Help them with their scripts if needed to make sure they have asked all the questions

1a = Script (Vision)

Catherine, a 45 years old lady cannot read her bible from normal distance and has to put it further away for the writings to be clear. The CHV's name is James.

CHV: Catherine, welcome, how can I help you?

Patient: Thank you, I have noticed that I have problem in reading my bible as lused to do before.

CHV: Since when?

Patient: about six months

CHV: Did the problem start suddenly or over time

Patient: over time, but now I can no longer see at all, but I see far.

CHV: Do you have any other problems

Patient: Yes I have pain on my back

CHV: Have you used any medication

Patient: Yes, I used breast milk but has not helped

CHV: Okay we shall see what to do

1b. Script (Diabetes) for vision loss

A diabetic patient for 5 years comes to the clinic with itching eyes.

CHV: Exchange pleasantries and ask what to do for the client/patient?

Patient: My eyes are itching

CHV: Since when

Patient: one week

CHV: Have you put any medicines

Patient: No

CHV: Is there pain

Patient: No

CHV: Is there history of Injury

Patient: No

CHV: Is there loss of vision

Patient: A little

CHV: Do you have any chronic condition?

Patient: Yes, I have diabetes

CHV: For how long have you known?

Patient: Five years

CHV: Have you ever gone for an eye check

Patient: No, why do I need to go while I can still see very well

2. Script (Pain)

The patient walks in bending and holding their head, maybe even tied firmly with a cloth.

CHV: Exchange pleasantries, and then ask what the problem is

Patient: My eyes and head hurt really badly

CHV: Since when

Patient: Last night

CHV: How did it start?

Patient: I just woke up in the night with the pain

CHV: Have you used any medications

Patient: No.

3. Script (Injury)

A patient comes to the clinic with an injury

CHV: Exchange pleasantries and ask how (s) he can help

Patient: I was pricked by a thorn in the eye

CHV: When did it happen?

Patient: Three days ago

CHV: why have you not come to the clinic earlier?

Patient: I did not have money and I was waiting for a market day so that I can get transport.

CHV: Have you put any medications in the eye

Patient: Yes, my neighbor brought for me an eye cream which he was given at the hospital when he went to seek eye treatment.

CHV: Can I see the medication

Patient: Here it is - produces TEO

CHV: Okey we shall discuss this later

- 4 Participants to use the decision making chart to decide on the action to take for the patient in the role plays-

Ask questions to find out about an eye problem

Look at the person as they come closer and pick up on any signs which may include:

- age (generally referral is more urgent for children, their eyes are still developing; older people are more at risk of developing blinding eye diseases)
- how the person moves around, do they need someone to lead them (this can give you an idea how well they see)
- obvious injury / pain behavior: body language, facial expression, behavior, like holding their eye
- Pain? If pain is so severe that it makes it difficult per the person to do normal activities - refer immediately
- Injury? If injury, do first aid and if it is a severe injury or vision is worse refer immediately
- Vision? If the vision has become bad suddenly – refer immediately

If vision has gradually become worse at distance or near refer non-urgently.

You can use a chart or your fingers to measure vision to check

- Systemic conditions? If a person has diabetes, they need an eye check at least once every year.



Pictures of eye injuries in the eye and eye lid

Ask the participants

1. Does this happen in the community?
2. Which chemicals are commonly used at the community?
3. How does the community tackle this?
4. Have you ever experienced any problem in your eye?
5. Have you seen someone with eye injury at the community – stick or thorn prick etc?
 - Demonstrate how to wash or rinse the eyes after a chemical injury
 - Demonstrate 3 options for removal of foreign body
 - What other techniques do the participants know of for removing something small from the eye?



What entered the eye	Action
<p>A chemical</p> <p>There is likely to be:</p> <ul style="list-style-type: none"> - severe pain - redness of the white of eye 	<ul style="list-style-type: none"> - This is an emergency - Immediately start to rinse or wash the eye. <p>Use preferably clean water.</p> <p>(Pour the water from the nose outwards so that none of the liquid runs out from one eye into the other. Change from one eye to the other alternately).</p> <p>Do this for 10 - 15 minutes.</p> <ul style="list-style-type: none"> - Refer if vision is bad after rinsing
<p>Something quite big, like a stick or thorn</p>	<ul style="list-style-type: none"> - Refer urgently - Do not touch the eye to examine or to clean the eye - Do not remove anything that is stuck in the eye - Do not put any drops or ointment in the eye - Do not pad the eye - Refer for tetanus toxoid injection, oral antibiotic and oral analgesic
<p>Very small particle like dust</p>	<ul style="list-style-type: none"> - Rinse eye(s) 2 minutes or until it is washed out, or open eye in a cup of water - Use cold clean water or water that has been boiled - If you see something like a speck of sand or wood that is lying on top of the white of the eye, use the corner of a clean cloth to remove - Refer - If you cannot remove it / the person still says they can feel something in their eye - Refer if vision is reduced

ACTIVITY 5:

How to take appropriate action and referral for an eye problem-15 Mins

Facilitation Steps

1. The facilitator will make two columns on a flip chart, one headed eye problems and the other what the community do about the problem
2. The facilitator asks the group, what eye problems are commonly found in the community and what is done about these problems

3. The facilitator shows the Ask, Assess, Action, and Advice diagram and discuss how it is relevant to the problems in the community
4. The facilitator discusses the importance of classifying an eye condition to enable one to make the correct decision and take action e.g. referral (urgent or non urgent) or perhaps to only provide advice / reassurance
5. The facilitator summarizes the topic by telling the participants that using the flow chart will help in decision making.

Facilitators Notes

- **ASK:** The right questions to find out about an eye problem
- **ASSESS** Measure sight (first right then left eye).
If you cannot measure sight ask a person how they see
Examine how the eyes look (black and white parts)
- **ACTION:** Depending on the history, OR the vision OR how the eyes look, decide on What to action to take: is referral needed? Is it necessary for immediate referral or non- urgent referral?
- **ADVICE:** If people are referred give them advice about the referral, or what they need to do to keep their eyes healthy and/or prevent further problems



ACTIVITY 6:

How to wipe the eyes of a new born baby and to instill Tetracycline eye ointment-15 Mins

Facilitation Steps

1. Facilitator demonstrates how to wipe the eyes of a new born baby and instill TEO
2. The facilitator divides the participants into pairs and asks them to practice how to wipe the eyes of a new born baby and instill TEO
 - Give cotton wool and practice on each other.
 - Demonstrate how to instill drops
 - Give artificial tears and practice on each other
 - Demonstrate how to instill ointment.
 - Give tetracycline eye ointment and practice on each other
3. The facilitator asks the participants
 1. What is the importance of prenatal screening and treatment for STIs?
 2. What is the importance of prophylactic wiping and instilling of ointment?
 3. How do you keep the medication sterile?



- Prevent diseases from the birth canal getting into a baby's eyes. These can cause serious infection and even blindness
- Use a clean cotton wool or cloth for wiping each eye.
- Immediately after birth, wipe the baby's eyes from inside to outside lid.
- Hold the lids apart and put 1% tetracycline ointment under the lower lid as soon as possible after birth but within 72 hours (3 days).
- Keep medication sterile:
 - o Do not touch the tip of the tube / bottle with anything.
 - o Do not let the tip of the tube touch the eye
 - o Put on the cover after use.
 - o Store in a cool place if possible.
 - o Throw away the bottle / tube one month after opening. (confirm with Pharmacist)



Activity 7

REHABILITATION FOR THE BLIND PERSONS - (15MIN)

Step1; Facilitator asks the participants to brainstorm on how to rehabilitate and guide a blindperson

Step 2; Facilitator divides class in to pairs to practice coming up to a blind person and asking if they would like to come with you like to the market, to visit a friend or even to the farm and leading them

Step 3; Facilitator ask participants

- o Which activities can a blind person do?
- o Discuss the ways a blind person can be helped.
- o Discuss the rehabilitative services for adults and children that are available.

ACTIVITY 8

DISCUSS KEY MESSAGES ON EYE HEALTH PROMOTION-15 MINS

Facilitator asks the participants to identify

- Ask the relationship between the eyes and immunization for measles or vitamin A supplementation
- Ask the usefulness of doing an yearly eye check by people over 40 years or diabetic persons



Eye health promotion

CHVs can make sure that they teach people in the community to have both the knowledge and skills to

Promote early eye health service seeking behavior.

- Yearly eye check up for persons suffering from diabetes to avoid blindness.
- Yearly eye check up for all persons over 40 years of age.
- Know the closest place where a specialist eye care worker can be seen.
- Do not delay seeking eye treatment :
 - o Anyone with an eye problem should seek help as soon as possible from someone who has been trained to provide eye care.
 - o Using a traditional medicine or a medicine that has not prescribed may lead to a delay in treatment and a worse outcome

Rehabilitation.

- Identify people who are blind or have poor eye sight and make sure they have seen a specialized eye care provider to check if their sight can be improved
- People who are blind or have poor eye sight can receive training to most of their skills and of remaining sight
- Help people who are blind or have poor sight to be included in society

Prevention of eye problems

- Wash face and eyes every day
- Protect eyes from injuries
 - o Support strategies to prevent eye injuries common to the area.
 - o Observe safety precautions to prevent work, sports and home accidents.
 - o Rinsing eyes for chemical burns.

Eye health promotion for children

- Divide participants into groups and let them to brainstorm on a promotion or prevention message for children and record on a flipchart
- Follow with a class discussion of how to integrate with midwives MCH services, school services, environmental and sanitation services to provide eye health care to children



Flies in the face, mouth and eyes

Ask the participants

1. What do you see in the picture?
2. Have you seen children with such dirty faces in your community?
3. What is the health implication of a dirty face?
4. What can be done about it?

Summarize the discussion and tell the participants that children's eyes are still growing and therefore it is very important to take care of them.



Preventive measures for children eyes

- Immunization and Vitamin A supplementation children also helps to protect the eyes
- Instilling tetracycline eye ointment protects babies' eyes from getting infected in the eyes if the mother had a sexually transmitted infection in pregnancy.
- To prevent spread of eye disease, wash the face regularly and do not share cloths to wipe faces
- Immediate/ Urgent referral is required if:
 - o A young baby has swollen eyes with pus
 - o A baby or child who have;

- White appearance on the black part of the eye
- One eye is bigger than the other or both eyes are bigger than usual
- Eyes do not look straight ahead (crossed eyes)
 - * Poor vision and have to fold the face to see what the teacher has written on the blackboard or have to sit in front of the class to see
 - * Eye injury
- For school children: poor performance, screwing up eyes to see the board / copy from others
- To prevent eye injuries: identify things that cause eye injuries in the community (e.g. put sharp objects out of the reach of children, counsel against dangerous games)



ACTIVITY 9:

ROLE OF CHV IN EYE CARE- (15MIN)

Case scenario

Paul is a CHV at CHU 1. There is a blind old man in his community. The old man started having the problem over 4 years ago and now he cannot walk without the help of his grandson who has had to stop going to school in order to lead him around. The old man says it is normal to go blind in old age just like it happened to his ancestors.

Paul met him at his HH when he had gone to register them as part of his CHU. He counseled the old man to know that there are eye care services for cohort 5 and can benefit from the services at the nearby eye clinic where there is a specialized eye care worker. The old man decided to heed the advice and visited the clinic where he was told his condition can be treated by a simple operation but he needed to pay a small fee. He was operated a few days later and was able to see afterwards. He was so happy with the help Paul had given him and his grandson could also go to school now that his grandpa did not need a guide to walk around.

Ask the participants:

1. What is wrong with the old man?
2. Is it a common occurrence in their community?
3. What should they do about it?
4. Where is the nearest health facility where eye care worker is?



CHV are in the very best position to help individuals, households and communities to:

- Realize that everyone, even older people, has a right to sight
- Include people who are blind or have very poor eye sight in society and help them live a full life
- Help people who are blind or with very poor eye sight
 - o e.g. keep a register for blind persons,
 - o make sure they have been referred to specialist eye care to see if anything can be done
 - o get access to rehabilitation services
- Provide first aid for injuries
- Recognize when people have conditions that indicate they need referral to specialized eye care services for further help.
 - o e.g. history of severe pain or injury, poor vision and white appearance of the eye;
 - o get support to go for referral (know where to go, how to get there, have a referral note);
 - o Follow up of the client after referral to get feedback



UNIT 10 CHRONIC RESPIRATORY DISEASES



Unit 10

CHRONIC RESPIRATORY DISEASES

Purpose The purpose of this unit is to equip the community health volunteers with knowledge and skills to enable them to create awareness, identify and assist in treatment, referral and follow up of common chronic respiratory diseases.

Objectives By the end of this unit, the community health volunteer should be able to;

1. Define and give examples of chronic respiratory diseases
2. List the common signs and symptoms of asthma.
3. Explain the causes and triggers of asthma
4. Highlight the prevention, management and follow up of asthma

Duration: 1 hours

Methodologies Buzzing, brainstorming, discussions, lectures, demonstrations, question and answers

Materials:

- Flipcharts
- Marker pens
- Writing paper
- Pens

Unit Session Plan

Duration	Topics	Methodology	Materials
15 minutes	Definition and examples of Chronic Respiratory Diseases	<ul style="list-style-type: none"> • Brainstorming • Mini lecture 	<ul style="list-style-type: none"> • Flip chart • Marker pens • Writing papers • pens
15 minutes	Signs and symptoms of asthma	<ul style="list-style-type: none"> • Interactive discussion • Mini-lecture 	<ul style="list-style-type: none"> • Flip chart • Marker pens • Writing papers pens
15 minutes	Causes and triggers of asthma	<ul style="list-style-type: none"> • Interactive discussion • Mini-lecture 	<ul style="list-style-type: none"> • Flip chart • Marker pens • Writing papers • pens
15 Minutes	prevention, management and follow up of asthma	<ul style="list-style-type: none"> • Brainstorming • Interactive discussion • Mini-lecture 	<ul style="list-style-type: none"> • Flip chart • Marker pens • Writing papers • pens



ACTIVITY 1:

DEFINING CHRONIC RESPIRATORY DISEASES- 15 MINUTES

Facilitation Steps

1. Ask the participants to give commonly used local names of common respiratory diseases.
2. Ask participants to share their experiences with respiratory diseases in their communities
3. Record responses on the flip chart, clarify and give a summary of the common respiratory diseases

Summarize the steps in activity 1 with the following key points;

Explanation:

Chronic respiratory diseases are diseases of the airways and other structures of the lung that are characterised by poor air flow in the lungs and shortness of breath that worsens over time. The most common include asthma and chronic obstructive airway disease.

Asthma is a long standing disease characterised by recurrent attacks of breathlessness, tightness of the chest and wheezing, which varies in severity and frequency from person to person.

ACTIVITY 2:

SIGNS AND SYMPTOMS OF ASTHMA-15 MINUTES

Facilitation Steps

1. Lead an interactive session where the participants discuss the signs and symptoms of asthma
2. Record responses on the flip chart, clarify and give a summary of the different signs and symptoms of asthma.

Summarize the steps in activity 2 with the following key points;



Signs and symptoms of an asthmatic attack

An asthma attack may include coughing, chest tightness, wheezing, breathlessness and trouble breathing.

The attack happens in your body's airways, which are the pipes that carry air to your lungs. As the air moves through your lungs, the airways become smaller, like the branches of a tree are smaller than the tree trunk. During an asthma attack, the sides of the airways in your lungs swell and the airways shrink. Less air gets in and out of your lungs, and mucous that your body makes clogs up the airways even more.

ACTIVITY 3:

CAUSES AND TRIGGERS OF ASTHMA-15 MINUTES

Facilitation Steps

1. Initiate an interactive discussion in which the participants will outline the causes and triggers of asthma
2. Give a mini lecture on the causes and triggers that may lead to an asthmatic attack.

Summarize the steps in activity 3 with the following key points;

The real causes of asthma are not completely understood. However, the strongest risk factors for developing asthma are a combination of genetic and environmental exposure to inhaled substances and particles that may provoke allergic reactions or irritate the airways such as:

- indoor allergens (for example house dust mites in bedding, carpets and stuffed furniture, pollution and pet dander)

- outdoor allergens (such as pollens and moulds)
- tobacco smoke
- chemical irritants in the workplace
- polluted air

Other triggers of asthmatic attacks may include being in a cold environment, extreme emotional arousal such as anger or fear, and extreme physical activity.



ACTIVITY 4:

PREVENTION, MANAGEMENT AND FOLLOW UP OF ASTHMA-15 MINUTES

Facilitation Steps

1. Allow about 5 participants to share on their experience of handling an asthmatic attack.
2. Lead a brainstorming session on how an asthmatic attack should be managed
3. Provide an interactive lecture on the principles of prevention and management of asthma while demonstrating how to manage an asthmatic attack by asking one of the participants to volunteer and act as a patient with an asthmatic attack.
4. Highlight the benefits of strict drug adherence and the process of withdrawing asthmatic drugs

Summarize the steps in activity 4 with the following key points;

Principles of preventing asthma attack

Asthma can be prevented by knowing the early warning signs of an asthma attack, staying away from things that cause an attack, and following your doctor's advice.

Principles of managing asthma

- Your aims during an asthma attack are to ease the breathing and if necessary get medical help.
- You need to keep the patient calm and reassure them
- Follow the person's asthma plan if possible. This includes finding out if the person has an individualized asthma action plan from a health care provider. If so, follow its directions for giving asthma medication and seeking medical help for an acute asthma attack.
- If the person doesn't have an asthma plan, sit them upright comfortably and loosen tight clothing.
- If the person has asthma medication, such as an inhaler, assist in using it. It should relieve the attack within a few minutes.
- Encourage the patient to breathe slowly and deeply.
- Encourage the casualty to sit in a position that they find most comfortable. Do not lie the casualty down.
- Monitor the patient and if the situation worsens seek immediate medical attention

**Note:**

- Do not mistake drowsiness as a sign of improvement; it could mean asthma is worsening.
- Do not assume the person's asthma is improving if you no longer hear wheezing.

Follow Up

Ensure the patient adheres to the prescribed medication

ROLE OF CHVs

1. Creating awareness on chronic respiratory diseases to the community members
2. Conducting regular home visits so as to identify cases of chronic respiratory diseases in the community.
3. Making referrals to patients with chronic respiratory diseases and act as linkages between the patients and the health facilities
4. Conducting follow up visits to patients with chronic respiratory diseases so as to monitor their drug adherence and update their data records on the same.





UNIT II

Community Based Palliative Care



Unit 11

Community Based Palliative Care

Purpose

The purpose of this unit is to equip Community Health Volunteers with the appropriate knowledge, skills and attitude that will enable them to provide compassionate care to the communities they serve. The CHV will also be able to identify persons within the community who are in need of palliative care and link them to appropriate care.

Objectives

By the end of this unit, the Community Health Volunteer (CHVs) should be able to:

1. Define the basic concepts and principals of palliative care
2. Describe who needs palliative care
3. Discuss common myths regarding palliative/hospice care
4. Support patients in their homes with basic interventions
5. Identify, refer and link palliative patients to appropriate services

Duration:

4 hours

Methodologies

Lecture, Group work, Role play, Case studies, Brain storming

Materials:

- Pen
- Marker pens
- Writing papers
- Audio visual
- Training manual and curriculum

Unit Session Plan

Duration		Topics	Methodology	Materials
3 hours	60 min	Definition, concepts and principals of palliative care	Buzzing, discussions	Flip Charts Markers, pens
	30 min	Who needs palliative care	Buzzing/ discussions	Flip Charts Markers, pens
	30 min	Discuss common myths regarding palliative/ hospice care	Buzzing/ discussions	Flip Charts Markers, pens
	30 min	How can you support patients in their homes with basic palliative care interventions	Role Play	
	30 min	How can you Identify, refer and link palliative patients to appropriate services	Buzzing/ brain storming/ discussions	Flip Charts Markers, pens. Videos, photos

**ACTIVITY 1:****DEFINING AND PRINCIPALS OF PALLIATIVE CARE- 60 MINUTES****Facilitation Steps**

1. Ask participants in groups of 3-4 to discuss the terms palliative care/ hospice care and end of life care
2. Ask the participants to present this in a plenary and paste their answers on the wall
3. Past the definitions of these terms on a wall/ or power point
4. Have a short discussion on the definitions and the points noted below.

Definition of terms**What is Palliative Care?**

Palliative care is an approach which improves the quality of life of patients and their families facing life-threatening illness, through the prevention, assessment and treatment of pain and other physical, psychosocial and spiritual problems (WHO 2012). It starts when a diagnosis is made and continues throughout the entire course of the disease.



Palliative care therefore:

- Provides relief from pain and other distressing symptoms;
- Affirms life and regards dying as a normal process;
- Intends neither to hasten nor postpone death;
- Integrates the psychological and spiritual aspects of patient care;
- Offers a support system to help patients live as actively as possible until death;
- Offers a support system to help the family cope during the patient's illness and in their own bereavement;
- Uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
- Will enhance quality of life, and may also positively influence the course of illness

Pediatric Palliative Care

Palliative care for children is the active total care of the child's body, mind and spirit, and also involves giving support to the family. It begins when illness is diagnosed, and continues regardless of whether or not a child receives treatment directed at the disease. Health providers must evaluate and alleviate a child's physical, psychological, and social distress. Effective palliative care requires a broad multidisciplinary approach that includes the family and makes use of available community resources; it can be successfully implemented even if resources are limited. It can be provided in tertiary care facilities, in community health centres and even in children's homes (WHO 1998).

Why is Palliative care Important

Palliative care is an essential component of a comprehensive package of care for people living a life threatening/ life limiting or terminal illness because of the variety of symptoms they can experience, such as pain, diarrhoea, cough, shortness of breath, nausea, weakness, fatigue, fever, and confusion.

Palliative care is an important means of relieving symptoms that result in undue suffering and frequent visits to the hospital or clinic. Lack of palliative care results in untreated symptoms that hamper an individual's ability to continue his or her activities of daily life. At the community level, lack of palliative care places an unnecessary burden on hospital or clinic resources.

Principles of palliative care

Deciding who is to provide palliative care

CHVs can provide the prescribed medications and other physical and psychological support that may be needed and ensure that the patient is comfortable. Medical attention from health facility workers (home visits to support the patient and to assist the caregiver) should be available as needed. Families and friends should be provided support even after the death of the patient. Bereavement counselling is an opportunity to support the loss of affected loved ones and to consider future plans.

Deciding where palliative care can be provided

Palliative care should be part of a comprehensive care and support package, which can be provided in hospitals and clinics or at home by CHVs and relatives. In many settings, patients with chronic illnesses prefer to receive care at home.

Hospice care

This is care given to people in the final phase of a terminal illness and focuses on comfort and quality of life, rather than cure. The goal is to enable patients to be comfortable and free of pain, so that they live each day as fully as possible. The philosophy of hospice is to provide support for the patient's emotional, social, and spiritual needs as well as medical symptoms as part of treating the whole person, using a multidisciplinary team approach, including the services of a nurse, doctor, social worker and clergy in providing care.

End of Life care

End of Life Care is defined as care that helps those with advanced, progressive, incurable illness to live as well as possible until they die.

Both Hospice and End of Life Care are part of palliative care.



ACTIVITY 2:

WHO NEEDS PALLIATIVE CARE? - 30 MINUTES

Facilitation Steps

1. Ask participants in groups of 3-4 to discuss the type of patients that would benefit from palliative care
2. Ask the participants to present this in a plenary and paste their answers on the wall
3. Past a list of diseases that can benefit from palliative care on the wall / power point
4. Have a short discussion on patients that can benefit from palliative care

Who needs palliative care?

Palliative care is appropriate at any stage for both adults and children living with a life limiting/ life threatening or terminal illnesses and can be provided together with curative treatment. It is not designed to replace treatment; rather it complements the treatment received. Patients with uncontrolled symptoms; moderate-to-severe distress related to their diagnosis and treatment, serious physical and psychosocial conditions; concerns about their course of disease and/or their treatment options should receive palliative care.

Examples of patients requiring palliative care:

- Cancer
- Advanced and complicated diabetes
- Hypertension
- Heart and lung diseases,
- HIV/AIDS
- Tuberculosis
- Neurological diseases

Children with these disease and congenital diseases will also benefit from palliative care.


ACTIVITY 3:

WHAT ARE THE COMMON MYTHS REGARDING PALLIATIVE/ HOSPICE CARE - 30 MINUTES

Facilitation Steps

1. Ask participants in groups of 3-4 to discuss any myths/ misconception they may have about palliative care
2. Ask the participants to present this in a plenary and paste their answers on the wall
3. Past a list of common myths/ misconceptions about palliative care on the wall / power point
4. Have a short discussion on common myths/ misconceptions about palliative care

Common myths/ misconceptions about palliative care

Myth	Fact
1. Palliative care hastens death	Palliative care does not hasten death. It provides comfort and the best quality of life from diagnosis of an advanced illness until end of life.
2. Palliative care is only for people dying of cancer	Palliative care can benefit patients and their families from the time of diagnosis of any illness that may shorten life.
3. People in palliative care who stop eating die of starvation	People with advanced illnesses don't experience hunger or thirst as healthy people do. People who stop eating die of their illness, not starvation
4. Palliative care is only provided in a hospital.	Palliative care can be provided wherever the patient lives – home, long-term care facility, hospice or hospital.
5. We need to protect children from being exposed to death and dying.	Allowing children to talk about death and dying can help them develop health attitudes that can benefit them as adults. Like adults, children also need time to say goodbye to people who are important to them
6. Pain is a part of dying.	Pain is not always a part of dying. If pain is experienced near end of life, there are many ways it can be alleviated.
7. Taking pain medications in palliative care leads to addiction	Keeping people comfortable often requires increased doses of pain medication. This is a result of tolerance to medication as the body adjusts, not addiction
8. Morphine is administered to hasten death	Appropriate doses of morphine keep patients comfortable but do not hasten death.

9. Palliative care means my doctor has given up and there is no hope for me	Palliative care ensures the best quality of life for those who have been diagnosed with an advanced illness. Hope becomes less about cure and more about living life as fully as possible.
10. I've let my family member down because he/she didn't die at home	Sometimes the needs of the patient exceed what can be provided at home despite best efforts. Ensuring that the best care is delivered, regardless of setting, is not a failure



ACTIVITY 4:

HOW CAN YOU SUPPORT PATIENTS IN THEIR HOMES WITH BASIC PALLIATIVE CARE INTERVENTIONS? - 30 MINUTES

Facilitation Steps Role play

Njeri is a patient with a wound as a result of her diabetes condition. She is living with her granddaughter aged 12. Njeri is in pain and her wound has a bad smell. She has not been taking her medications for her diabetes. You have gone to visit Njeri.

1. What will you say to Njeri?
2. What will you do to assist her?

Community Health Volunteers can play a vital role in supporting patients requiring palliative care. They may provide most of the care for the patients at home.

Volunteers are included in hospice and palliative care teams with the aim of assisting health-care professionals to provide the optimal quality of life for patients and families. Volunteers can help identify those who need palliative care and provide some basic care and work closely with health workers in palliative care.

The following are key roles of the CHV in palliative care:

- Teach patients in self administration of pain medications and other drugs;
- Help clean a patient's wound
- Feed a patient
- Turn a patient who is bed-ridden to prevent sores
- Bath a patient
- Talk to the patient
- Reassure the patient and their family that they will be there for them
- In case the patient dies, support the family in bereavement.

 **ACTIVITY 5 :****HOW CAN YOU IDENTIFY, REFER AND LINK PALLIATIVE PATIENTS TO APPROPRIATE SERVICES - 30 MINUTES****Facilitation Steps**

1. Ask participants in groups of 3-4 to discuss they can identify, link and refer patients to appropriate services.
2. Ask the participants to present this in a plenary and paste their answers on the wall.
3. Have a short discussion on how can they Identify, refer and link palliative patients to appropriate services

Volunteers often provide a link between health-care institutions and patients. Incorporating volunteers in a palliative care team brings in a dimension of community support and community expertise. With the appropriate training and support, volunteers can provide direct service to patients and families, help with administrative tasks, or even work as counsellors. They can also take on several other roles, such as raising awareness, providing health education, generating funds, helping with rehabilitation, or even delivering some types of medical care.

REFERENCES:

1. Government of Kenya (2012). Community health volunteers (CHVs): Non-communicable Diseases Manual. Nairobi, Ministry of Public Health and Sanitation.
2. The Kenya National Diabetes Educator's Manual.
3. National Clinical Guidelines for Management of Diabetes Mellitus
4. Government of Kenya (2012). Community health volunteers (CHVs): Non-communicable Diseases Manual. Nairobi, Ministry of Public Health and Sanitation.
5. Government of Kenya (2014). Kenya National Guidelines for the Management of Epilepsy: A Practical Guide for Healthcare Workers. Nairobi, Ministry of Health.
6. http://www.dentaltraumaguide.org/Permanent_Avulsion_Description.aspx
7. WHO information series on school health document 11
8. www.google.com/search?q=teeth+crowding&
9. Republic of Kenya (2011). Guidelines for asthma management in Kenya. Ministry of Public Health and Sanitation
10. St John's Ambulance (2012). Asthma. St John's Ambulance. Last accessed on 27th June 2014 from www.sja.org.uk/sja/first-aid-advice/breathing-problems/asthma.aspx
11. WHO (2007). Global surveillance, prevention and control of chronic respiratory diseases: A comprehensive Approach. Geneva, WHO. Last accessed on 27th June 2014 from www.who.int/respiratory/publications/global-surveillance/en/
12. Fact sheets on HIV/AIDS for nurses and midwives. WHO/EIP/OSD/2000.5.
13. AIDS Palliative Care. UNAIDS Technical Update, October 2000.
14. Cancer pain relief, 2nd Edition. WHO, 1996.
15. Symptom relief in terminal illness. WHO, 1998.
16. Caring for carers, managing stress in those who care for PLWHA. UNAIDS case study, 2000.
17. AIDS Home Care Handbook. WHO/GPA/IDS/HCS/P3.2.
18. Home-based and long-term care, annotated bibliography. WHO/HSC/LTH/99.1.
19. Home-based long-term care. WHO TRS 898. WHO 2000.
20. Suggested essential WHO drug list for palliative care: consultation on HIV patients with cancer: December 2000.
21. Clinical AIDS Care Guidelines for Resource-poor Settings, MSF, Belgium-Luxembourg, March 2001.
22. Confronting AIDS: Public Priorities in a Global Epidemic. Oxford University Press for the World Bank, 1997

Notes

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