



Province of KwaZulu-Natal

Operation Sukuma Sakhe

Community Caregiver Foundation Course

Household Guide



STAND UP AND BUILD

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Glossary

Word/Acronym/Abbreviation	Definition/Explanation
e.g.	For example
Etc	And so on
i.e.	That is
Abstain/Abstinence	Not doing something at all
Access	Get something, usually services; to have the right to use or get something e.g. clinics, social grants
Aggressive	Shouting and sometimes violent behaviour. Quick to anger
Arteries	Blood vessels that carry blood that has oxygen in it from the heart to the rest of the body
Avoid	Stay away from; to not do something, e.g. avoid smoking means not to smoke
Bacteria	Type of germs
CD4 count	A CD4 count is a blood test that shows how well the immune system is working in people who have been diagnosed with human immunodeficiency virus (HIV)
Cell	A cell is the smallest piece of all living things. The human body is made up of millions of different cells
Chronic disease	Illness that will last for the rest of the person's life e.g. high blood pressure, diabetes, HIV infection
Clot	A clot is a clump that forms when blood hardens from a liquid to a solid
Committed	Promise to do as we say
Confidence	To be sure of yourself
Confusion	To be mixed up
Consent	Give permission or allow
Consistently	To do something the same way every single time, e.g. use a condom in the same way every time a person has sex
Contaminated	Polluted; Made dirty
Continuously	All the time
Crisis	A serious situation or emergency

Glossary

Word/Acronym/Abbreviation	Definition/Explanation
Dehydration	When the body does not have as much water and fluids as it should
Deliberately	Doing something on purpose
Demonstrate	To show how
Denial	Don't want to accept the situation or truth
Detect	To find out; to notice
Detectable	Can be picked up or is noticeable, e.g. if the client's viral load is detectable means that the client's viral load is noticeable and can be picked up on a blood test
Disability	When a person cannot do something as one would normally be able to do
Discrimination	To treat someone unfairly because they may look different or they have a certain disease. Sometimes people living with HIV are treated badly by people, e.g. they may not allow those living with HIV to eat with them or work beside them
Encourage	Give some support to someone to do something; to give someone confidence
Ensure	Make sure that something happens or that the person does what they should; e.g. to ensure that a person goes for an HIV test means that you need to make sure that the person goes for the test
Excessive	Too much
Exposed	Uncovered; do something that puts the person at risk e.g. if a client is exposed to HIV, it means that the client is doing something that puts them at risk of getting HIV
Extremely	Very
Faeces	Human waste
Frequently	Something that happens often
Impact	The effect of something
Infected	Become sick with an illness
Infectious	Can be passed from person to person or from animal to person
Informed	You have knowledge about something; when a person is told something
Insecticide	Poison which kills insects
Intercourse	Sexual activity

Glossary

Word/Acronym/Abbreviation	Definition/Explanation
Latex	Type of rubber, used to make condoms and gloves
Maturity	Maturity is based on a number of factors, e.g. a person's experience, how responsible they are, do they show good sense, their age
Mucous	Thick fluid, e.g. from the mouth, nose, vagina
Myths	Something that is not true
Network	A set of connections, e.g. people and services that can help the client
Non-toxic	Safe; not harmful
Nutrients	Nourishing food that helps things, e.g. the body, plants to grow
Opportunity	Have a good chance of being able to do something
Orphans and Vulnerable Children (OVC)	Children without parents or children who have no caregivers
Paralysed	A part of the body no longer works well, e.g. arm, leg, hand, etc.
Pledge	To make a promise
Precautions	Steps taken to protect against possible danger or harm
Prescribed	Instructions on how to do something e.g. how to take medicine
Privacy	Own/personal space where people cannot see and/or hear you; having time and space for yourself
Severe	Very serious
Sexual orientation	Which gender a person prefers to have a sexual relationship with e.g. the opposite gender or the same gender as themselves
Side effects	What a person can suffer from after they take medicines, e.g. vomiting, rash, headache
Vulnerable	Helpless; in a weak position; at risk of something bad happening

Module 1

The Role of the CCG

Module 1

The Role of the CCG

The Household Guide contains important information from the Foundation Course to help you remember the most important points during your visits to households. You should still always go back to the learner guide contained in the Foundation Course to keep it fresh in your mind. The Household Guide will help you to remember to ask your clients important questions, share important information with them and refer them to the correct places, e.g. the clinic for help. You should also not forget to follow up with the household once you have referred a client to the clinic.

All the sections in the Household Guide are colour coded the same as in the learner guide of the Foundation Course so it will be easy to refer to the same colour coded sections if you need more information or to check something.

The Household Guide contains the most important information that you need to have at your fingertips. This information is in the form of screening tools, care pathways, checklists, education tips, and other useful information.

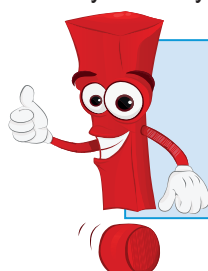
You should remember to use the screening tools for everyone to whom the questions would apply. For example, you need to use the STI Screening Tool for all your sexually active clients and the TB Screening Tool should be used for everyone in the household.

The care pathway pictures will help you remember what to tell the client. Use it when you are with your client. You can show the pictures to the client and explain the steps in the process and what care and support they should be receiving during each of these steps, e.g. the HCT Care Pathway describes the process of HIV Counselling and Testing and tells you what should happen at each of these steps. This will include the care, support, advice, etc. that the client should receive.

Some of the pictures included in the Household Guide can also be used for health education, e.g. you can show the client a picture of a dirty yard and ask them to tell you what they think the problems are in the picture and how this can make the family sick. Then show them the picture of the clean yard and ask them to point out all the factors that make this a clean yard. This will help them understand what needs to be done to keep themselves and their families healthy.

A large part of your work is screening and referral. Use Figure 1 to remind yourself of the steps you need to follow in the household profiling and screening process when you visit the household.

- Introduce yourself to the household and find out about the household members (age, gender, health status, etc.) through the use of the Household Profiling tool. Women and children's needs should be prioritised during the first few household visits. You screen household members using the screening tools in the Household Guide
- Provide education on any issues you have noticed in the household
- Then refer the clients to the service or person that can help them. These may be a clinic, social worker or other organisations in the community
- Do a follow up on actions
- Record all the information on the correct forms and in your diary



Handy Hints

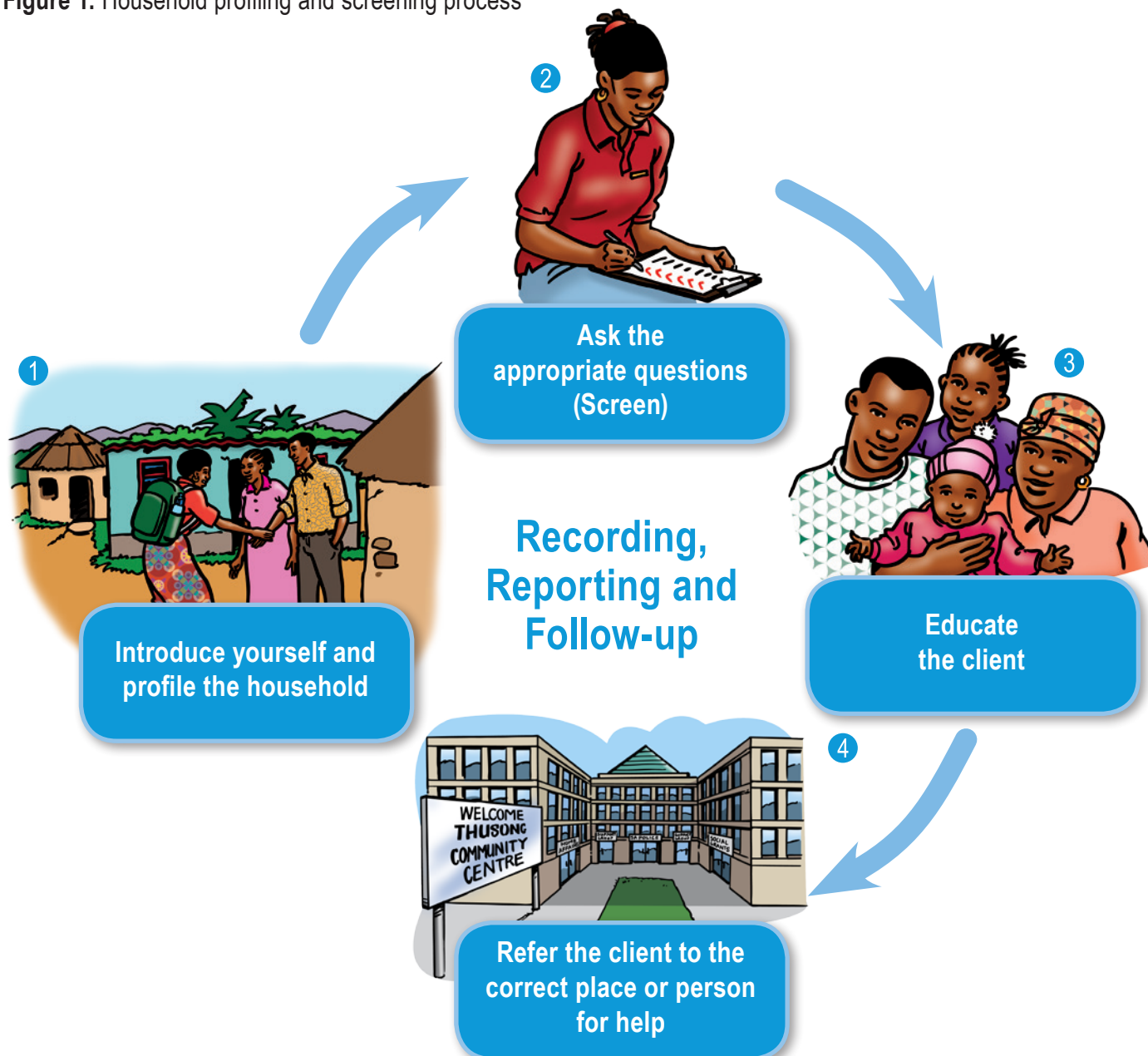
REMEMBER!

Never leave your diary where other people can read it!

Module 1

The Role of the CCG

Figure 1: Household profiling and screening process



It is important for you to plan the visits depending on the needs of the household. For example if there are pregnant women or babies in the household, the visits will have to be more frequent. If the household has a healthy family with no special needs then the visits can be less often.

Module 1

The Role of the CCG

The household is made up of different people such as pregnant women, men, women, older persons, youth and children. Each of these different groups of people in the household will have different needs. There are topics of information that should be discussed with everyone in the household and specific topics of information with the different groups of people living in the household.

Checklist 1 is a tool to help you decide which topic of information to discuss with the different groups of people living in the household. There are also general household needs that apply to everyone living in the household.

How to use Checklist 1?

There are seven groups of people living in a household as shown in column 1 'Clients living in the household':

- General Household
- Pregnant Women
- Men
- Women
- Older Persons
- Youth
- Children

In column 2 you will find the specific topic that should be discussed with the group of people in the household to whom the information applies. The topics under general household will need to be discussed with all household members. For example if a pregnant woman is living in the household, refer to Checklist 1 to see what topics you need to discuss with her. She will fall into two groups:

- General Household and
- Pregnant Women

You will discuss the topics listed as well as the screening and educational tools for both of these groups when you talk to her.

In column 3 are the list of Lesson numbers as a reminder of where the information can be found in the learner guide of the Foundation Course.

In column 4 are the screening and education tools related to the topic of information that you will use to screen, educate and refer clients. Where there is no screening or education tools listed refer to the lesson in the learner guide for information to educate the client.

Module 1

The Role of the CCG

Checklist 1: CCG checklist

Clients living in the household	Topics of information to be discussed	Lesson Number	Screening and Education Tools
General Household	The Human Body	2.1	• Parts of the human body
	Healthy Eating	2.2	• Food groups
	Physical Exercise	2.3	• Arm swings
	Personal Hygiene	2.4	
	Safety in the Home	2.5	• An unsafe home and a safe home
	Environmental Hygiene	2.6	• Poor environmental hygiene and good environmental hygiene
	Family Planning	3.1	• Family planning methods
	HIV and AIDS	4.1	• HIV Screening Tool
	HIV Counselling and Testing (HCT)	4.2	• HCT Care Pathway
	Tuberculosis (TB)	4.5	• TB Screening Tool • Sick family and healthy family
	Tuberculosis (TB) Treatment	4.6	
	Stigma and Discrimination	4.12	• Common myths and facts about HIV
	Cholera	4.13	
	Typhoid	4.14	
	Malaria	4.15	
	Rabies	4.16	
	Mental Illness	5.7	
	Domestic Violence	5.8	
	Substance Abuse	5.9	
	Social Grants	6.1	• Criteria for application of social grants for adults and children
	Food Gardens	6.2	
	Identity Documents (IDs)	6.3	• Who qualifies for an ID • Criteria for application of social grants for adults and children
	Home Community-Based Care and Palliative Care	6.4	
	Support Groups	6.8	

Module 1

The Role of the CCG

Clients living in the household	Topics of information to be discussed	Lesson Number	Screening and Education Tools
Pregnant Women	Family Planning	3.1	<ul style="list-style-type: none"> Family planning methods
	Termination of Pregnancy (TOP)	3.2	<ul style="list-style-type: none"> Conditions for having a Termination of Pregnancy
	Antenatal Care (ANC)	3.3	<ul style="list-style-type: none"> Pregnancy Screening Tool Danger signs in pregnancy Schedule of CCG visits to a pregnant woman
	Postnatal Care (PNC)	3.4	<ul style="list-style-type: none"> Danger signs for mother and baby How to latch a baby correctly for successful breastfeeding Positions for breastfeeding How to clean a container for expressed breast milk How to store expressed breast milk How to express breast milk by hand How to clean and sterilise cups bottles and teats How to prepare formula safely How to feed a baby with a cup or with a spoon Schedule of clinic visits for the mother
	Infant and Child Care	3.5	<ul style="list-style-type: none"> Checklist for danger signs in children Caring for the cord Growth Monitoring Chart Malnutrition Screening Tool (MUAC Measurement) Child Health Screening Tool Home remedies for sick children Oral Rehydration Therapy Vaccination schedule Schedule of clinic visits for the baby
	HIV and AIDS	4.1	<ul style="list-style-type: none"> HIV Screening Tool
	Anti-Retroviral (ARV) Therapy	4.3	<ul style="list-style-type: none"> ARV Therapy Care Pathway ARV/TB Adherence Screening Tool How to administer liquid medicine to children
	Prevention of Mother-To-Child Transmission (PMTCT)	4.4	<ul style="list-style-type: none"> PMTCT Care Pathway
	Tuberculosis (TB)	4.5	<ul style="list-style-type: none"> TB Screening Tool Sick family and healthy family
	Sexually Transmitted Infections (STIs)	4.8	<ul style="list-style-type: none"> STI Screening Tool

Module 1

The Role of the CCG

Clients living in the household	Topics of information to be discussed	Lesson Number	Screening and Education Tools
	Opportunistic Infections (OIs)	4.9	
	Prevention of HIV and STIs: The Role of Condoms	4.10	<ul style="list-style-type: none"> • How to use a male condom • How to use a female condom
Men	Family Planning	3.1	<ul style="list-style-type: none"> • Family planning methods
	Termination of Pregnancy (TOP)	3.2	<ul style="list-style-type: none"> • Conditions for having a Termination of Pregnancy
	Anti-Retroviral (ARV) Therapy	4.3	<ul style="list-style-type: none"> • ARV Therapy Care Pathway • ARV Adherence Screening Tool
	Sexually Transmitted Infections (STIs)	4.8	<ul style="list-style-type: none"> • STI Screening Tool
	Opportunistic Infections (OIs)	4.9	
	Prevention of HIV and STIs: The Role of Condoms	4.10	<ul style="list-style-type: none"> • How to use a male condom • How to use a female condom
	Prevention of HIV: The Role of Medical Male Circumcision (MMC)	4.11	
	High Blood Pressure	5.1	
	Diabetes	5.2	
	Cholesterol	5.3	
	Heart Attack	5.4	
	Stroke	5.5	
	Cancers (Breast, Prostate & Testicular)	5.6	<ul style="list-style-type: none"> • Breast and testicular self-examination
Women	Family Planning	3.1	<ul style="list-style-type: none"> • Family planning methods
	Termination of Pregnancy (TOP)	3.2	<ul style="list-style-type: none"> • Conditions for having a Termination of Pregnancy
	Infant and Child Care	3.5	<ul style="list-style-type: none"> • Checklist for danger signs in children • Caring for the cord • Growth Monitoring Chart • Malnutrition Screening Tool (MUAC Measurement) • Child Health Screening Tool • Home remedies for sick children • Oral Rehydration Therapy • Vaccination schedule • Schedule of clinic visits for the baby

Module 1

The Role of the CCG

Clients living in the household	Topics of information to be discussed	Lesson Number	Screening and Education Tools
	Sexually Transmitted Infections (STIs)	4.8	• STI Screening Tool
	Anti-Retroviral (ARV) Therapy	4.3	• ARV Therapy Care Pathway • ARV/TB Adherence Screening Tool
	Opportunistic Infections (OIs)	4.9	
	Prevention of HIV and STIs: The Role of Condoms	4.10	• How to use a male condom • How to use a female condom
	Prevention of HIV: The Role of Medical Male Circumcision (MMC)	4.11	
	High Blood Pressure	5.1	
	Diabetes	5.2	
	Cholesterol	5.3	
	Heart Attack	5.4	
	Stroke	5.5	
	Cancers (Breast & Cervical)	5.6	• Breast self-examination
Older Persons	Anti-Retroviral (ARV) Therapy	4.3	• ARV Care Pathway • ARV/TB Adherence Screening Tool
	Prevention of HIV and STIs: The Role of Condoms	4.10	• How to use a male condom • How to use a female condom
	High Blood Pressure	5.1	
	Diabetes	5.2	
	Cholesterol	5.3	
	Heart Attack	5.4	
	Stroke	5.5	
	Cancers (Breast and Testicular)	5.6	• Breast and testicular self-examination
	Social Grants	6.1	• Criteria for application of social grants for adults and children
	Care of Older Persons	6.5	

Module 1

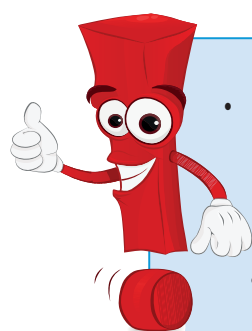
The Role of the CCG

Clients living in the household	Topics of information to be discussed	Lesson Number	Screening and Education Tools
Youth	Family Planning	3.1	<ul style="list-style-type: none"> Family planning methods
	Termination of Pregnancy (TOP)	3.2	<ul style="list-style-type: none"> Conditions for having a Termination of Pregnancy
	Anti-Retroviral (ARVw) Therapy	4.3	<ul style="list-style-type: none"> ARV Therapy Care Pathway ARV/TB Adherence Screening Tool How to administer liquid medicine to children
	Sexually Transmitted Infections (STIs)	4.8	<ul style="list-style-type: none"> STI Screening Tool
	Opportunistic Infections (OIs)	4.9	
	Prevention of HIV and STIs: The Role of Condoms	4.10	<ul style="list-style-type: none"> How to use a male condom How to use a female condom
	Prevention of HIV: The Role of Medical Male Circumcision (MMC)	4.11	
	High Blood Pressure	5.1	
	Diabetes	5.2	
	Cholesterol	5.3	
	Heart Attack	5.4	
	Stroke	5.5	
	Cancers (Breast and Testicular)	5.6	<ul style="list-style-type: none"> Breast and testicular self-examination
	Youth Friendly Services	6.7	
Children	Postnatal Care (PNC)	3.4	<ul style="list-style-type: none"> Danger signs for mother and baby How to latch a baby correctly for successful breastfeeding Positions for breastfeeding How to clean a container for expressed breast milk How to store expressed breast milk How to express breast milk by hand How to clean and sterilise cups bottles and teats How to prepare formula safely How to feed a baby with a cup or with a spoon Schedule of clinic visits for the mother

Module 1

The Role of the CCG

Clients living in the household	Topics of information to be discussed	Lesson Number	Screening and Education Tools
	Infant and Child Care	3.5	<ul style="list-style-type: none"> • Checklist for danger signs in children • Caring for the cord • Growth Monitoring Chart • Malnutrition Screening Tool (MUAC Measurement) • Child Health Screening Tool • Home remedies for sick children • Oral Rehydration Therapy • Vaccination schedule • Schedule of clinic visits for the baby
	Anti-Retroviral (ARV) Therapy	4.3	<ul style="list-style-type: none"> • ARV Therapy Care Pathway • ARV/TB Adherence Screening Tool • How to administer liquid medicine to children
	Tuberculosis (TB) in Children	4.7	
	Child Abuse	5.10	
	Social Grants	6.1	<ul style="list-style-type: none"> • Criteria for application of social grants for adults and children
	Social Services for Children	6.6	



Handy Hints

- Remember when asking questions in one screening tool, make sure that you pick up any information that may require you to use the other screening tools so that you do not miss any possible problems in the household
- It is also important to use your observation and listening skills to look carefully at the client and the environment and listen carefully to what they tell you
- Remember to write down all the information and actions you take in the household as well as the members that you screen and what you found and advised them. This will form part of your records for monitoring and evaluation
- You should make a note of when you need to follow up to make sure that action has been taken
- Most important of all is to be a role model to the community in how you live and act and in this way if you take care of yourself you will also teach them how to take care of themselves

Module 2

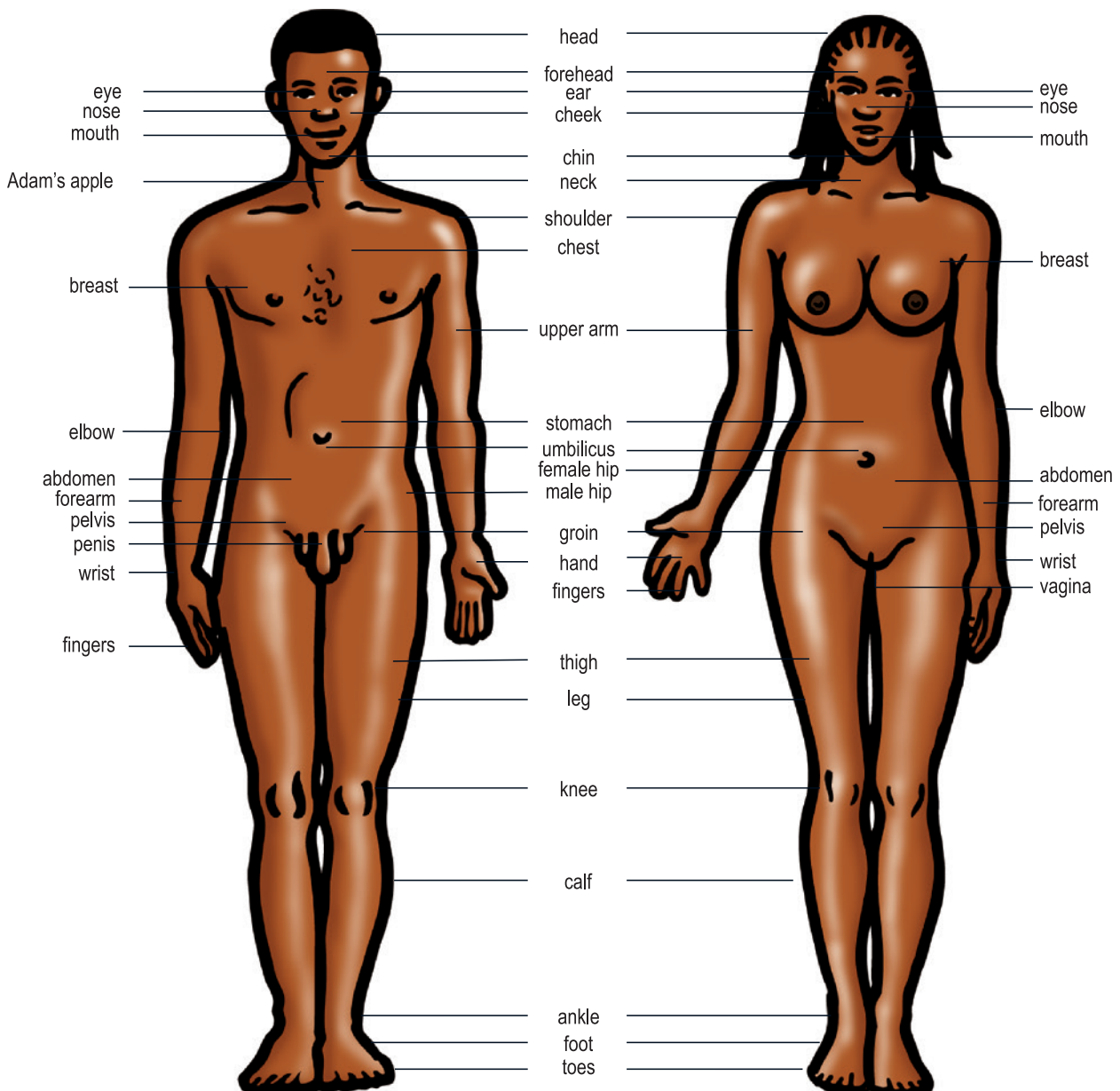
Healthy Living

The Human Body

The human body is made up of different parts: a head, neck, torso (the middle section), two arms and two legs. It is made to stand up straight, walk on two feet, use the arms to carry and lift, and has thumbs and fingers that are able to hold and grab things.

Show your clients the picture of the parts of the human body (see Figure 2) and ask them to show you where on the picture they are feeling pain or to tell you about any other problems they may be having.

Figure 2: Parts of the human body

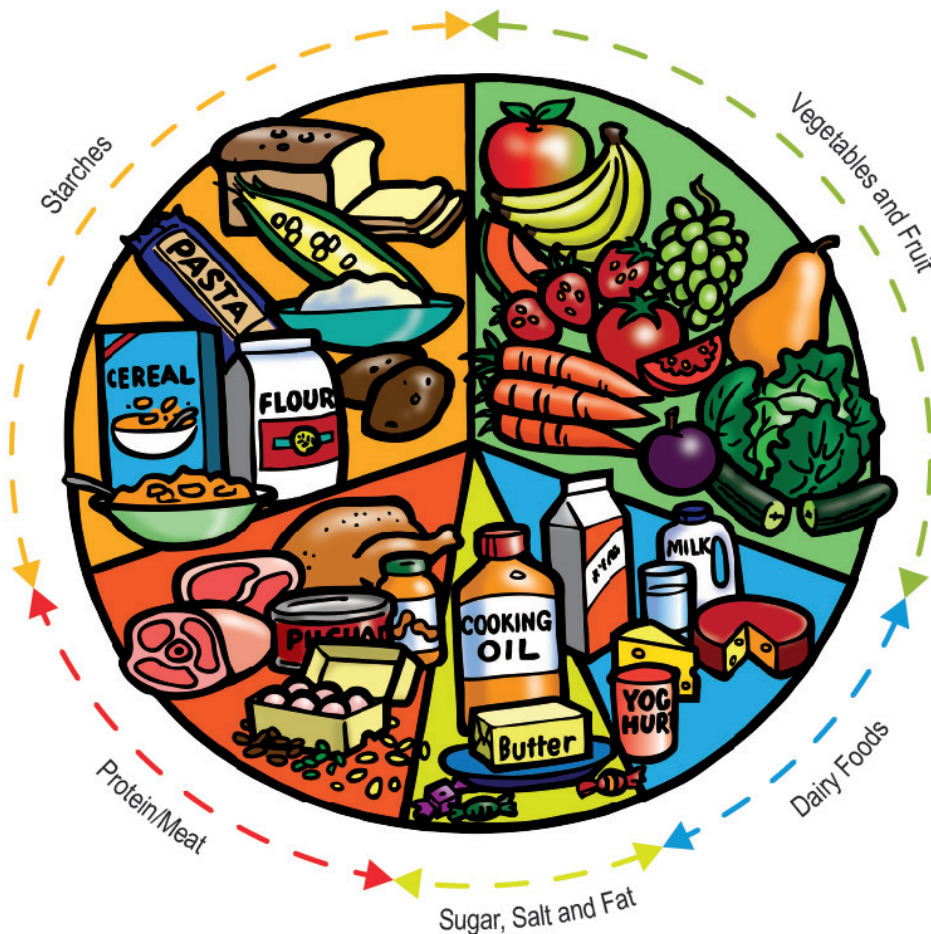


Healthy Eating

Healthy eating means eating the right amounts of foods from all food groups in order to lead a healthy life. Healthy eating should be combined with other parts of healthy living (e.g. exercising, not smoking, not taking drugs) to prevent certain long term illnesses, e.g. high blood pressure, diabetes.

Show your client the picture of the food groups (see Figure 3) and discuss each food group with them and what a healthy portion of each group is, so that they can stay healthy.

Figure 3: Food groups



Starches: have carbohydrates that give the body energy (samp, pasta, rice or bread). They are the main part of the meal and are eaten every day. One portion = 1 slice of bread, OR $\frac{1}{2}$ cup cooked porridge, rice or pasta OR one small potato.

Protein/Meat: help build muscles, bones, teeth and blood (chicken, beef, fish, beans, nuts). Eat small amounts every day. One portion = a piece of meat or fish the same size as the palm of the hand.

Handy Hints



REMEMBER!

A healthy diet is made up of eating the right amount of food from each food group every day.

Vegetables and fruit: have vitamins and minerals that help the body stay healthy (cabbage, peas, carrots, apples, oranges, pineapple and bananas). Eat 5 portions from this group every day. Just one apple, banana, pear or similar-sized fruit is one portion. A slice of pineapple or melon is one portion. Three heaped tablespoons of vegetables is one portion.

Dairy foods: have calcium for strong bones and teeth (milk, yoghurt and cheese). Milk is especially important for young children. There are many people who are lactose intolerant which means that they cannot drink milk as it upsets their stomach. As calcium is important to build strong bones and teeth you need to find other foods rich in calcium like yoghurt and cheese to replace drinking milk. If the other foodstuffs also cause upset stomachs, then calcium supplements should be used to make sure that the body is getting enough calcium.

Sugar, salt and fat: give the body more energy. Most fats are already in the foods that are eaten every day. People need to stay away from foods with too much sugar, fat or salt because they can cause chronic illnesses such as high blood pressure. Eat foods from this group sparingly.

Water: water is very important for the body as it helps the body with all its functions. It is always better to drink safe treated water or milk than other drinks like fizzy cool drinks, coffee or alcohol.

Preparing food safely

To be able to live a long and healthy life, there are certain rules that need to be followed. One of these rules is to know about food safety. Food safety means preparing food in a clean way and cooking it properly:

- Wash hands with soap and clean water before starting to prepare food
- Cook meat, fish and chicken well. Raw or under-cooked meat can still contain germs that the body may not be able to fight and can make a person ill
- Don't eat raw eggs – they contain germs
- Put left-over foods in a fridge as soon as they cool down. If the person does not have a fridge, they should try to cook the right amount of food, so that there is no food left over. Left-over food that has been in the fridge for longer than three days should be thrown away – cooking fresh meals every day or every second day is better
- Store all groceries in a cool, dry place
- Make sure that fruit and vegetables are washed well
- Do not overcook vegetables, as it will kill the goodness in the food
- Use salt sparingly. If a person takes in too much salt, the kidneys may not be able to filter it out and it will stay in the bloodstream. The salt draws water into the blood vessels and this increases the blood pressure



Handy Hints

IMPORTANT!

When we follow a healthy diet:

- we will not get sick easily
- we will be able to do our work
- we will not get tired easily
- we will stay healthier for longer
- we will make sure that we live in a healthy nation

Physical Exercise

Exercising is doing physical activity in order to improve your health. This should be combined with other parts of healthy living (e.g. healthy eating, not smoking, not taking drugs) to prevent certain long term illnesses, e.g. high blood pressure, diabetes. Getting the right amount of exercise can increase your energy and even helps to improve your mood.

You need to talk to your clients about the importance of exercising for 30 minutes three to four times a week to help them stay fit and fight illnesses.

Exercise does not need to be difficult or tiring, it can simply be:

- a walk around the park
- jogging
- playing a sport or other outdoor games
- walking to work
- doing housework
- walking to the shop rather than driving
- walking up stairs rather than taking the lift or escalator

Handy Hints



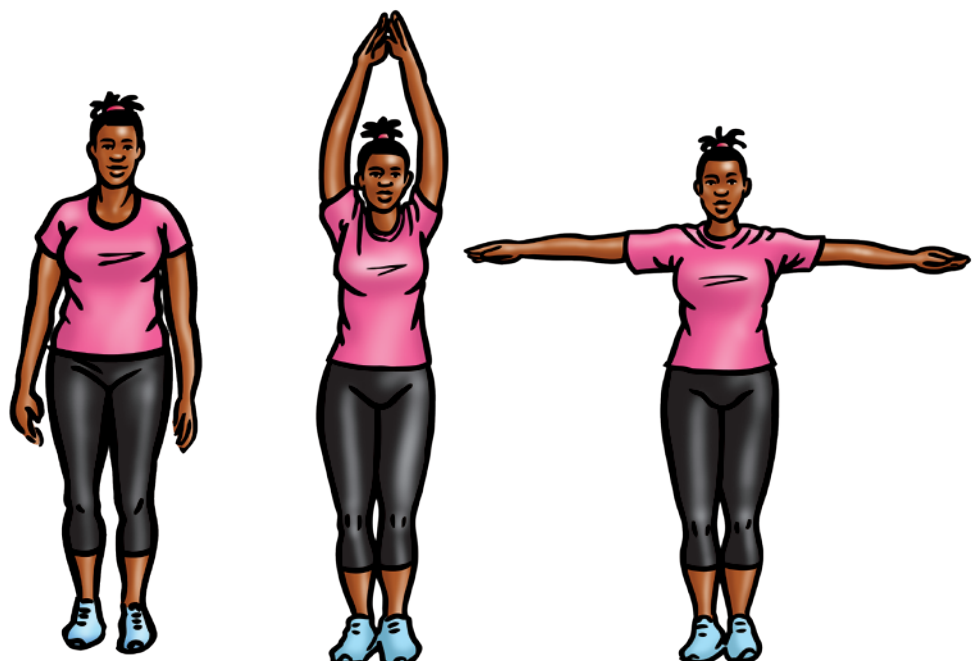
- Exercising for 30 minutes three to four times a week will help the body to stay fit and fight illnesses
- Exercise is good for every part of the body
- Exercising can help you look better

Basic exercises that can be done at home

You should show your clients how to do these exercises. It is also good for you to do these exercises yourself to stay fit and healthy.

1. Arm Swings (see Figure 4)
2. Leg Swings
3. Leg Stretches

Figure 4: Arm swings



Personal Hygiene

Personal hygiene is cleaning and caring for our bodies. It also includes simple steps to prevent the spread of germs, e.g. washing hands with soap and water; blocking your mouth and nose with a tissue when you cough and sneeze.

This is very important because it helps to stop us from getting sick. We can protect ourselves from getting sick by:

- Cleaning and airing the house often (Airing the house means opening the doors and windows). It is also very important to clean the toilet and drain
- Clothing should be washed often and the bed sheets at least twice a month to stop bad smells
- Stop smoking inside the building. The smoke will affect even those family members who do not smoke. Also, smoking can cause fires
- Wash hands with soap and water before preparing food
- A person should block their nose and mouth with their hand, a tissue or a handkerchief when coughing or sneezing. Remember to throw the tissue into the bin once done. Wash hands with soap after coughing or sneezing
- Store poisons, matches, paraffin and medicines out of the reach of children
- A person should wash their body every day with soap especially after doing hard work to get rid of sweat and bad smells
- Brushing teeth every day and after each meal is important. If they do not have a toothbrush and toothpaste, they can rub their teeth with salt and baking soda
- Keep hair and nails clean
- Wash hands with soap and clean water after going to the toilet to prevent sickness
- Wash hands with soap and clean water before eating to prevent sickness



Handy Hints

Good personal hygiene is important so that people do not catch illnesses easily.





Safety in the Home

Safety in the home means making and keeping the home safe so that accidents and injuries can be prevented from happening. A lot of accidents happen at home. Some dangers are easy to see like toys lying on the floor. Others are not so easy to see such as a slippery floor. Most accidents that happen in the home can be prevented by taking proper care.

Show the picture of an unsafe home (see Figure 5) to the client and ask them to point out what makes this home unsafe.



Figure 5: An unsafe home

	A man is smoking on the couch with ash falling on the floor. He seems to have fallen asleep and may set the couch on fire
	The plug point on the wall seems to be letting off sparks which may cause a fire, and so is the adaptor on the table
	There is an open fire inside the house which is in reach of the child playing on the floor. There is a pot of steaming food cooking on the fire. The child could pull off the pot and burn himself /herself or cause the house to catch fire
	The lit candle is close to the curtains which could catch alight. An open candle can also fall over and cause a fire

Now show the picture of a safe home (see Figure 6) to your clients and point out the following:

- Poison stored out of the reach of children
- Electrical wiring is correct and not making sparks
- The cooking stove is out of the reach of children
- Windows and the door are open for good ventilation
- There is no open cooking fire within reach of the baby
- The man who is smoking is using an ashtray and not putting ash on the floor where the child is playing

Figure 6: A safe home

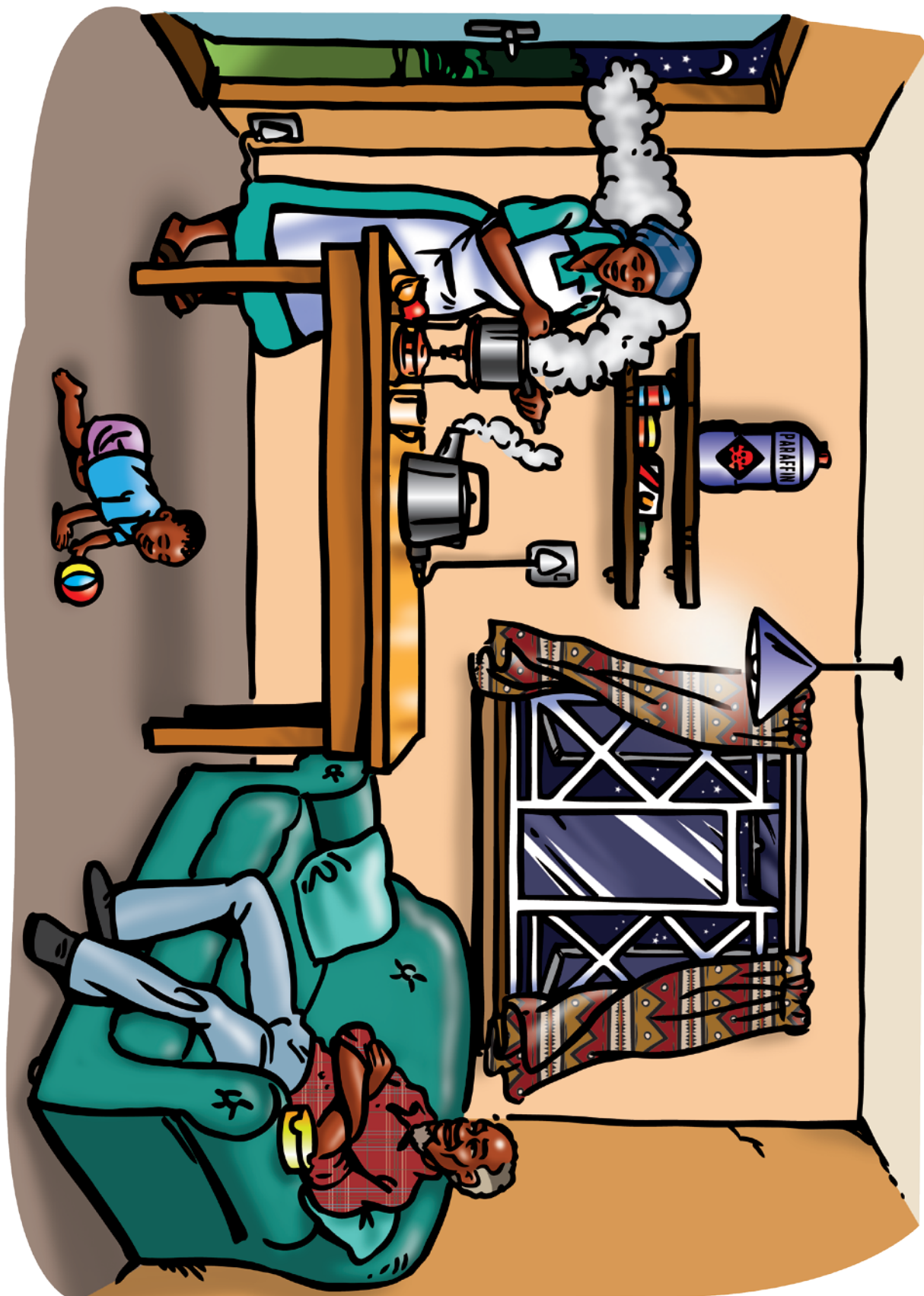


Table 1: Do's and Don'ts for safety in the home

Do's	Don'ts
Always open windows during the day	Don't leave an open fire unattended, especially with small children around
Clean the house very well	Don't smoke in the house or throw used cigarette ends on the floor
Safely seal and secure electric wiring, and seal unused electric plug sockets	Don't put stoves on a low table or on the floor where children can reach the hot plates or hot pots
Use clean safe water to drink and to wash clothing and food	Don't put chairs and step-stools close to the stove where children could climb on them
Put knives, forks, scissors, and other sharp tools in a drawer and out of the reach of children	Don't have pot handles on the stove turned outward or placed on front stove plate where children can reach them
Store glass objects and things with sharp blades out of children's reach	Don't leave toilet and bathroom doors open
Keep children and babies away from open fires	Don't put the stove or open fire close to curtains or furniture covered with material
Make sure electrical cords are not hanging low so that children can grab and pull things down onto them	
Put paraffin, cleaning materials and other poisonous materials where children cannot reach them	

Environmental Hygiene

Environmental hygiene is the steps that are taken to keep the places we live, work and play safe and healthy. This includes how rubbish is gotten rid of and making sure that there is clean water supplies. A clean and healthy environment is an important part of keeping the community healthy.



Handy Hints





To make water safe:

- Collect fresh water every day
- Pour water through a clean cloth
- Do one of the following:
 - Pour 1 teaspoon of bleach into 20 to 25 litres of water. Mix well and wait at least 30 minutes
 - or
 - Boil the water. Let it bubble for one minute to make it clean and safe
- Safe water can easily get dirty. Store the safe water in a clean closed container
- To use the safe water:
 - Use a clean cup each time to scoop water from the container
 - or
 - Pour water from the container when you need it

Show your clients the picture of poor environmental hygiene (see Figure 7) and ask them to point out things that could cause illness.



Figure 7: Poor environmental hygiene

	A man is defecating outside on the ground where children are playing. This could cause the spread of disease and worms
	There is an open drain around the water source which runs onto the ground causing mud and encouraging animals to drink there and spread disease
	The rubbish is lying on the ground. This attracts flies and other insects and can cause bacteria to spread and cause disease
	Animals are freely walking around. This means their faeces will be in the same area as the children are playing

Use the picture of the good environmental hygiene (see Figure 8) to show them how they can solve any problems they might have in their environment:

- Animals are enclosed in kraals
- There is no rubbish lying on the ground. It is in the rubbish bin which has a closed lid
- There are proper toilets
- The water is now being collected in a bucket from the tap and the tap is not running onto the ground
- Vegetables are growing in the clean garden
- The houses are in good repair



Figure 8: Good environmental hygiene

Module 3

Maternal Child and Women's Health

Module 3

Maternal Child and Women's Health

3

Lesson 3.1

Family Planning

Family Planning

Benefits of family planning

- Prevents unwanted pregnancies and pregnancies that are dangerous for the mother and the baby
- Allows the mother to make sure that there is enough time between pregnancies so that her body recovers
- Allows mother to plan for pregnancy especially if mother has any disease
- Allows the family to plan so that they have enough money for food, clothing and education for all their children
- Reduces teenage pregnancy because a young girl's body is not mature enough to handle pregnancy and giving birth
- More and better opportunities for jobs, education and healthcare in communities that encourage and use family planning

Family planning methods available:

- Pills
- Injections
- Condoms
- IUCD (Loop)
- Sterilisation



Handy Hints

You should encourage your clients to speak to the healthcare workers at the clinic so that they can find out about which family planning method would suit them best.

Module 3

Maternal Child and Women's Health

Lesson 3.2

Termination of Pregnancy (TOP)

Termination of Pregnancy (TOP)

South Africa has passed a law that allows all women, including those that are HIV-positive to have a safe termination of pregnancy (TOP). This means if a woman finds out she is pregnant, she may ask for the pregnancy to be ended free of charge before it is time for the baby to be born. The woman needs to give informed consent. If her clinic does not perform TOP, they must refer her to the nearest clinic that does.

Refer to Table 2 so that you can help your client understand when she will qualify for a Termination of Pregnancy.

Table 2: Conditions for having a TOP

How far pregnant is she?	When she qualifies for a TOP?	Who can give informed consent?
Up to 12 weeks	On request of a pregnant woman (the woman must ask for a TOP)	Informed consent from the pregnant woman
13 to 20 weeks	<ul style="list-style-type: none"> • If having the baby could harm the woman's body or affect her mental state • If she cannot afford to have the baby because she does not have enough money or if having the baby would affect her relationships with her family and community • If the baby is not growing normally • If the pregnancy is a result of rape or incest (sex between close relatives) 	Informed consent from the pregnant woman
After 20 weeks	If the pregnancy would: <ul style="list-style-type: none"> • be dangerous to the woman's life • affect the normal growth of the baby • cause a risk of the baby being hurt 	Informed consent from the pregnant woman in consultation with two Medical Practitioners OR a Medical Practitioner AND a Midwife



Handy Hints

Informed consent means the nurse has explained the procedure and all the risks involved and the woman has signed that she wants to have the procedure done.

Module 3

Maternal Child and Women's Health

Lesson 3.3

Antenatal Care (ANC)

Antenatal Care (ANC)

It is very important that a pregnant woman receives good care and support during the pregnancy and in order for this to happen it is also important that a woman knows as soon as possible that she is pregnant. This means that she should go to the clinic as soon as she shows any of the signs of pregnancy.

The pregnancy screening tool allows you to ask some questions which will help decide if a woman is showing any of the signs and may be pregnant. Based on her answers to these questions, make sure that she is referred to the clinic for a pregnancy test. You need to follow up with her to make sure that she has gone to the clinic.

When talking to the client you would say something like 'I will now ask you a few questions to see if you need to be referred to the clinic for a pregnancy test'.

Antenatal clinic visits

Your client should go to the clinic as soon as she has any of the signs of pregnancy. It is important to present at the clinic before 14 weeks (3 months) so that the mother gives both herself and her baby the best care and protection during pregnancy.

She should go the clinic for regular check-ups at least 5 times during her pregnancy. Figure 9 explains when the times are that she should go to the clinic.

Figure 9: Clinic visits that the pregnant client needs to make

Clinic visits
1. Before 3 months (14 weeks)
2. 4 – 5 months (20 – 24 weeks)
3. 6 – 7 months (26 – 32 weeks)
4. 7 – 8 months (34 – 36 weeks)
5. 9 months (40 weeks)



Handy Hints

Make sure your pregnant clients register for antenatal care before 14 weeks of pregnancy.

Module 3

Maternal Child and Women's Health

Lesson 3.3

Antenatal Care (ANC)

Danger signs in pregnancy

When you are visiting a pregnant client, there are some danger signs that you should look out for. If your client has any of the signs as shown in Checklist 2, they should go to the clinic as soon as possible. You will need to follow up with the client to make sure that she has gone to the clinic.

Checklist 2: Danger signs in pregnancy

Client not gaining weight
Is the woman looking pale and are her gums, inner eyelids and tongue whitish in colour
Vomiting a lot causing dehydration. Dehydration is when the body does not have as much water and fluids as it should
Putting on too much weight which can cause high blood pressure
Unusual swelling of hands, face or legs
Severe (bad) headaches
Seizures (fits)
Weakness, dizziness, fainting
High fever
Coughing a lot
Sores, warts or blisters on or near the vagina
Burning when passing urine
Woman tired and out of breath
Baby not moving
Bleeding from the vagina
Are there labour pains?
Has the water broken early?
If so, what colour is the water (e.g. yellow or green)?



Handy Hints

Educate your client and her family on what the danger signs of pregnancy are. She must be taken to the clinic as soon as possible if she shows any of these danger signs. Follow up with her to make sure that she has gone to the clinic.

Module 3

Maternal Child and Women's Health

Lesson 3.3

Antenatal Care (ANC)

Schedule of CCG visits to a pregnant woman

What should the CCG do when visiting a household where a pregnant woman lives?

It is very important that at every visit the CCG checks that the woman has taken action on the advice of the previous visit.

Table 3: Schedule of CCG visits to a pregnant woman

1st visit	2nd visit	3rd visit	4th visit
Before 3 months	Between 4 and 5 months	Between 6 and 7 months	Between 7 and 8 months
Educate on: <ul style="list-style-type: none"> • Importance of booking early for ANC • Healthy eating in pregnancy • Exercise during pregnancy • Not drinking alcohol and not smoking • Importance of going to the clinic regularly • The right documents to take to the clinic • Getting vaccinated (immunised) for Tetanus • Taking vitamins and folic acid • Testing for HIV if she has not yet tested • How to stay HIV-negative if she is HIV-negative • How an HIV-positive woman can stop the virus from being passed onto the baby, including using a condom every time she has sex • Getting a CD4 cell count test if she is HIV-positive • Starting the right ARV therapy, based on her CD4 cell count test result • Explain the importance of being tested for TB and refer her for a test if necessary 	<ul style="list-style-type: none"> • Make sure she has visited the clinic and is following any advice that the healthcare workers at the clinic have given her 	<ul style="list-style-type: none"> • Make sure she has visited the clinic and is following any advice that the healthcare workers at the clinic have given her 	<ul style="list-style-type: none"> • Make sure she has visited the clinic and is following any advice that the healthcare workers at the clinic have given her

Module 3

Maternal Child and Women's Health

Lesson 3.3

Antenatal Care (ANC)

1st visit	2nd visit	3rd visit	4th visit
Before 3 months	Between 4 and 5 months	Between 6 and 7 months	Between 7 and 8 months
<ul style="list-style-type: none"> • Talk to her about anyone in her home having TB and if necessary, refer her to the clinic for follow up treatment • Discuss the importance of being tested for STIs and refer her to the clinic if necessary 			
<ul style="list-style-type: none"> • Explain the use of anti-retroviral (ARV) treatment, the importance of taking the ARVs as prescribed by the doctor during labour and birth and adherence counselling* 	<p>Educate on:</p> <ul style="list-style-type: none"> • Healthy eating in pregnancy • Exercise during pregnancy • Not drinking alcohol and not smoking • Exclusive breastfeeding • Other feeding options, should the mother be unable to breastfeed • Importance of HIV testing for the mother and the baby • The family must know what danger signs to look out for during the pregnancy, e.g. bleeding, baby not moving • Disclosure of status if HIV-positive 	<p>Educate on:</p> <ul style="list-style-type: none"> • Healthy eating in pregnancy • Exercise during pregnancy • Not drinking alcohol and not smoking • The family must know what danger signs to look out for during the pregnancy, e.g. bleeding, baby not moving • Exclusive breastfeeding • Other feeding options, should the mother be unable to breastfeed • Being ready for the birth (where to deliver, what to take with her to the hospital, who will look after the other children she may have) • Birth registration and the documents she will need • Importance of HIV testing for the mother and the baby • Talk to her about why the vaccinations for the baby are important 	<p>Educate on:</p> <ul style="list-style-type: none"> • Healthy eating in pregnancy • Exercise during pregnancy • Not drinking alcohol and not smoking • Exclusive breastfeeding • Other feeding options, should the mother be unable to breastfeed • Being ready for the birth (where to deliver, what to take with her to the hospital) • Birth registration and the documents she will need • Importance of HIV testing for the mother and the baby
<ul style="list-style-type: none"> • The importance of exclusive breastfeeding, as well as other feeding options should the mother be unable to exclusively breastfeed 	<ul style="list-style-type: none"> • Encourage the mother to take vitamins and her folic acid tablets 	<ul style="list-style-type: none"> • Discuss transport arrangements for when the labour begins 	<ul style="list-style-type: none"> • Encourage HIV-negative mothers to retest

Module 3

Maternal Child and Women's Health

Lesson 3.3

Antenatal Care (ANC)

1st visit	2nd visit	3rd visit	4th visit
Before 3 months	Between 4 and 5 months	Between 6 and 7 months	Between 7 and 8 months
<ul style="list-style-type: none"> Explain the importance of telling her traditional healer that she is pregnant so that she will not receive any medicines from him that would be dangerous for her or the baby. The woman should also show the healthcare worker at the clinic any traditional medicines she may be taking 	<ul style="list-style-type: none"> Check if blood pressure and urine was tested and ask her to go back if it was not tested 	<ul style="list-style-type: none"> Check if blood pressure and urine was tested and ask her to go back if it was not tested 	<ul style="list-style-type: none"> Check if HIV-positive mothers have been started on ARVs and if they have had a CD4 cell count test done
<ul style="list-style-type: none"> If she is HIV-positive, explain the importance of her having her baby in a hospital, rather than at home 	<ul style="list-style-type: none"> Check if she had an HIV test when she went to the clinic and if she went back for the results. If she has not gone back, talk to her about the importance of knowing her HIV status for herself and her baby 		<ul style="list-style-type: none"> Talk to her about getting her partner to test for HIV, if he has not done so already
	<ul style="list-style-type: none"> Check if she was tested for STIs 		<ul style="list-style-type: none"> Discuss the importance of being checked for STIs for herself and her partner
	<ul style="list-style-type: none"> Ask her if she has made an appointment for her next ANC visit 		<ul style="list-style-type: none"> Make an arrangement to see the mother and her baby on the first day after she and the baby are discharged from the hospital
	<ul style="list-style-type: none"> Refer her to a support group if HIV-positive 		



Handy Hints

TAKE NOTE!

Adherence counselling is counselling by a healthcare worker that helps the client to continue taking their medicines as prescribed by the doctor.

Module 3

Maternal Child and Women's Health

Lesson 3.4

Postnatal Care (PNC)

Postnatal Care (PNC)

Postnatal care is the care that is given to a mother for the first six weeks after the baby is born. There are some important things to look out for to ensure that the mother and baby stay healthy after the birth. You should visit the new mother at least four times in the first six months after delivery because the most problems that occur with mothers and babies happen in the first six months after birth.

Refer to Checklist 3 to see what you should check on for the mother and baby during your postnatal care visits.

Checklist 3: Checks during postnatal care

Mother	Baby
Ask about bleeding, amount and colour of blood	Watch for danger signs and tell the mother what danger signs to look out for: <ul style="list-style-type: none"> • Diarrhoea and vomiting • High fever • Change in skin colour (greyish, yellow, blue or darker than before) • Not responding. This means that the baby does not move when touched or picked up. The baby does not turn the head to try and find the breast • Swelling of the head
Ask about pain	
Ask if she has a fever	
Ask about the breasts and if they are filling with milk. If not, check if the mother is latching the baby properly	
Educate the mother on the importance of personal hygiene	
Is the mother moving her legs, if she is in bed; or getting up to walk around?	Check how the mother is feeding the baby
Does she feel like eating? Is she eating a healthy diet?	Teach and make sure the mother is able to bathe the baby
If she is HIV-positive check if she is taking her ARVs exactly as prescribed by the healthcare workers	Check how the mother is caring for the cord
If she is HIV-positive and not on ARVs, refer her for a TB test	Check <i>Road-to-Health Booklet</i> for vaccinations and weight
If she is HIV-negative, encourage her to retest for HIV	Check BCG site for infection
Refer for PAP smear test	Remind the mother to take the baby for an HIV test at 6 weeks if she is HIV-positive
Discuss family planning	Make sure that the mother is giving the baby the ARVs exactly as prescribed by the healthcare workers if the baby is HIV-positive
Check if the mother has gone for clinic check-ups	Make sure the baby is being given co-trimoxazole as prescribed if the baby is HIV-negative and the mother is HIV-positive
	Check if the mother is taking the baby to the clinic for the check-ups

Module 3

Maternal Child and Women's Health

Lesson 3.4

Postnatal Care (PNC)

To make sure that the mother gets the care and support she needs to stay healthy after the baby is born, refer to Table 4: Schedule of clinic visits for the mother.

You should use this table to let her know what services she should expect from the clinic.

Table 4: Schedule of clinic visits for the mother

Six hours after delivery	Within six days	Six weeks after delivery	Six months after delivery
The mother and the baby should not be discharged before six hours after delivery	Visit the clinic within six days of delivery	Visit the clinic within six weeks after delivery	Visit the clinic within six months after delivery
Examinations that the mother will have			
You should be examined for: <ul style="list-style-type: none"> Blood loss Pain Blood pressure Pulse rate Tears in your vagina 	You should be examined for: <ul style="list-style-type: none"> Blood pressure Signs of infection Pain on caesarean (section) wound Tenderness in the womb area Breast complications Vaginal discharge Any infections in your urine 	You should be examined for: <ul style="list-style-type: none"> Low iron levels Blood pressure Signs of infection Wounds and tears experienced during childbirth Breasts complications 	
Support and Counselling			
Counselling on family planning methods	Receive counselling on family planning methods and you should be provided with the family planning method of your choice	You should continue to eat healthy foods; you can ask the nurse for more information on healthy eating	You should continue to eat healthy foods; you can ask the nurse for more information on healthy eating
Support on the feeding option you have chosen	Receive further support on the feeding option that you have chosen	Counselling on family planning methods and how to practice safer sex	Counselling on family planning methods and how to practice safer sex
Counselling on how to care for yourself after delivery	Given information on healthy eating	Receive cervical cancer screening	Receive support to introduce solid foods for the baby
If you are HIV-positive, guidance on how to give ARVs to your baby	Guidance on how to keep your baby well if your baby has diarrhoea	You will receive HCT, if you were HIV-negative when you were last tested for HIV	Ask to be screened for cervical cancer if you have not yet been screened
	If you are HIV-positive and not on ARVs, you will be given a CD4 cell count test	If you are HIV-positive and not on ARVs, you will be screened for TB	You must ask for HCT, if you have not had a repeat HIV test

Module 3

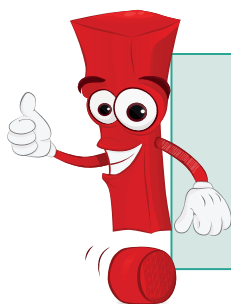
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Lesson 3.4

Postnatal Care (PNC)

Six hours after delivery	Within six days	Six weeks after delivery	Six months after delivery
		If you are HIV positive, not on ARVs and you do not have TB, you will be given TB prevention medication (IPT)	Ask for a CD4 cell count test if you are HIV-positive and not had the CD4 cell count test
			Ask for TB screening if you have not yet been screened
			You will receive information on welfare grants that are available to mothers and caregivers



Handy Hints

IMPORTANT!

The baby must be taken to the clinic if any of the danger signs are noticed or if the mother is worried about the baby. Follow up with the mother to make sure that she has taken the baby to the clinic.

How to latch a baby correctly for successful breastfeeding?

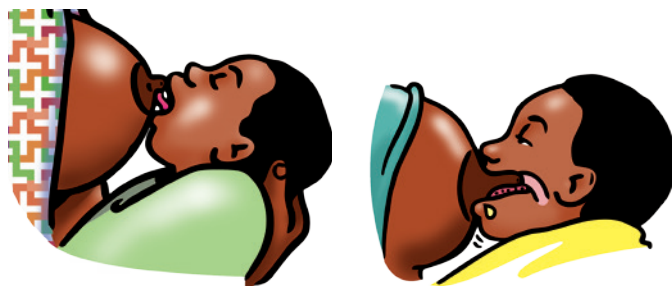
It is important for the baby to latch onto the breast correctly. Correct latching allows the baby to get enough milk during breastfeeding. This will help make sure that the baby grows strong and healthy. Also correct latching helps the baby not to get too tired while drinking.

Some mothers may need help with this. After checking the baby's weight gain on the *Road-to-Health Booklet* and talking to the mother, ask if you can see how the baby latches. If there is a problem then use Figures 10 and 11 to help you explain how to latch the baby correctly.

Good attachment

- The baby's chin touches the breast
- The mouth is wide open
- The lips are curled outwards
- More of the areola (darker area around the nipple) is seen above the baby's mouth and less below
- This shows that the baby is reaching with their tongue under the nipple to press out the milk
- The baby is taking slow deep sucks
- Suckling should be comfortable and without pain

Figure 10: Good attachment for breastfeeding



Poor attachment

- The baby's chin does not touch the breast
- The baby's mouth is not wide open and the lower lip is not turned outwards
- The baby has not taken the mother's full nipple in their mouth but only the tip of the nipple

Figure 11: Poor attachment for breastfeeding



Positions for breastfeeding

There are several positions a mother can use for breastfeeding. The mother should try them all until a position is found that suits the mother and the baby.

Figure 12: Positions for breastfeeding



Process for cleaning containers, expressing and storing breast milk

If the mother wants to only feed her baby breast milk but she cannot be with the baby all the time, she can express and store the breast milk and ask somebody else to feed the baby for her. It is important that this is done correctly so that the baby does not become sick.

a. How to clean a container for expressed breast milk?

Step 1

Explain to the mother that a cup, jug or jar with a wide mouth is needed. Explain that it is important to use a clean container to store the expressed milk so that the baby does not get sick from any germs in the container.

Step 2

Wash the cup in soap and clean water and rinse off all the soap.

Step 3

Pour boiling water into the container and leave it for a few minutes, then empty the container out. The boiling water will kill most of the germs.

Express milk into the empty container.



b. How to store breast milk?

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Lesson 3.4

Postnatal Care (PNC)

The breast milk may be kept out of the fridge for 6 – 8 hours but if stored in the back of the fridge will last for 8 days. Remember to store the breast milk in a clean container with a tight lid.



c. How to express breast milk by hand?

Step 1

The woman must always wash her hands before expressing milk. The woman should sit or stand comfortably, with the container near her breast.

Step 2

The woman should put her thumb on her breast between the nipple and areola, and her forefinger on the breast, opposite the thumb. Support the breast with the other fingers.

The woman should feel for small lumps on the edge of the areola with her forefinger and thumb.

Step 3

Press the breast behind the nipple and areola between the fingers and thumb. Press on the larger ducts beneath the areola. Sometimes when there is milk in the breast it is possible to feel the ducts. They are like pods, or peanuts. If the woman can feel them, she should press on them.

Step 4

Press and release, press and release. This should not hurt – if it hurts, the technique is wrong. At first no milk may come, but after pressing a few times milk starts to drip out.

Express one breast for at least 3 – 5 minutes until the flow slows; then express the other side; and then repeat both sides.

How to clean and safely sterilise bottles and teats?

If a mother is breastfeeding and cannot be with the baby all the time or if she is going to feed her baby formula she may need to use a bottle and teat to feed the baby. It is very important that these bottles and teats are cleaned properly to avoid the baby getting sick.



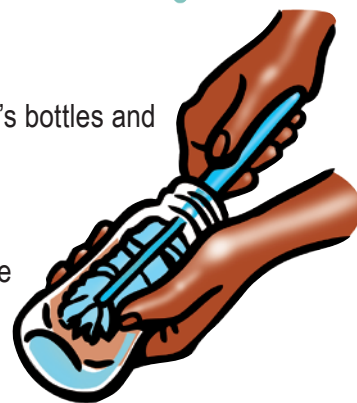
Cleaning feeding bottles and teats

Step 1

The caregiver should always wash their hands in soapy water before cleaning the baby's bottles and teats.

Step 2

Bottles and teats are more difficult to clean than cups. A bottle and teat needs to be rinsed immediately after use with cold water, and then scrubbed inside with a bottle brush and hot soapy water. Rinse the soap off well. After washing the bottle and teat, it needs to be sterilised at least once a day.



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Maternal Child and Women's Health

Lesson 3.4

Postnatal Care (PNC)

Step 3

Boiling washed bottles and teats is one of the ways to sterilise them.

To do this:

Put the bottles into a pot of boiling water and let it boil for about 10 minutes. Do this at least once a day. It is best to do it at the end of the day.

And

Put the teats into a bowl and cover them with boiling water. Teats need to be turned inside out and scrubbed using salt or something rough. Let them stand for ten minutes.

How to prepare formula safely?

Step 1

The caregiver should always wash their hands with soap and water before preparing the baby's formula.

Step 2

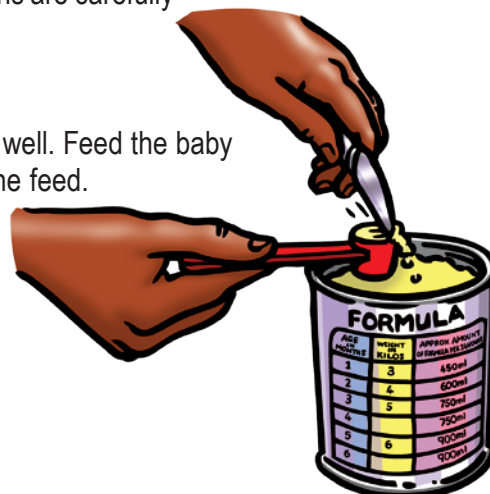
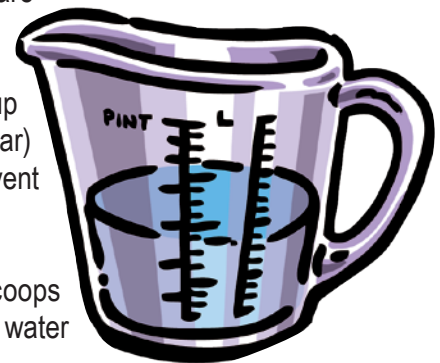
Always use a marked cup or glass to measure water and the scoop provided to measure the formula powder. It is important that the mother or caregiver reads the guide on the formula tin to find out how much water and powder to use. The mother or caregiver must strictly follow these instructions or ask her healthcare worker to show her how to prepare the baby's formula feed.

Bring water to the boil, pour the required amount of water into the measuring cup and let the water cool. Keep the water covered with a saucer (small plate or similar) while it cools and do not leave it to cool for more than 30 minutes. This will prevent the water from standing for too long and becoming contaminated with germs.

Measure the formula powder with the scoop provided and make sure that the scoops are level. Remember to follow the instructions on the container to see how much water and formula to use. It is very important that these instructions are carefully followed.

Step 3

Add the required scoops into the cup of cooled water. Stir well. Feed the baby using the cup and throw away any formula leftover from the feed.



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Lesson 3.4

Postnatal Care (PNC)

Once the baby has finished feeding, wash the cup and the utensils well.

Before feeding the baby, the caregiver should test the temperature of the milk by dropping a 'drop' on their forearm to make sure it is not too hot.

How to feed a baby with a cup?

To feed expressed breast milk by cup, the mother should:

Step 1

The mother/caregiver should always wash their hands with soap and water before feeding the baby.

Step 2

Wrap the baby in a blanket to prevent the baby's hands from knocking the cup and hold the baby closely.

Support the baby's head and sit the baby upright or semi-upright in her lap.

Step 3

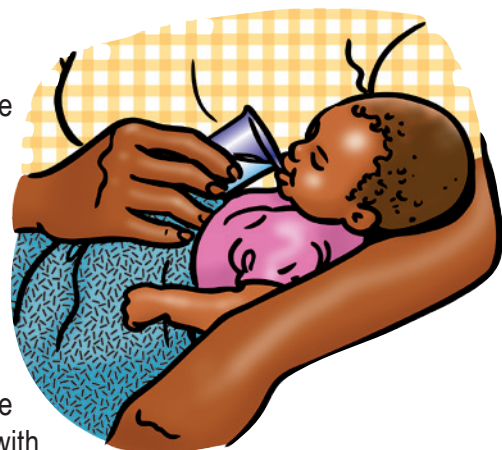
Hold the small cup to the baby's lips; the baby might start trying to suck.

Step 4

Hold the rim of the cup to the baby's upper lip and tip it slightly so that the milk just reaches the baby's mouth; the baby will then start lapping the milk with the tongue. Tip the cup so that the milk just reaches the baby's lips and allows the baby to take the milk.

Keep the cup tilted and let the baby control the pace at which the milk is taken.

Keep the cup tilted so that the milk just reaches the baby's mouth; let the baby control the pace at which the milk is taken.



How to feed a baby with a spoon?

Spoon feeding is used when the baby is very small and has a low birth weight, or has breathing difficulties.

Step 1

The mother/caregiver should always wash their hands with soap and water before feeding the baby.

Step 2

Allow the baby to sip the milk from the spoon or very small amounts can be put into the baby's mouth using a spoon. It is important not to pour the milk from the spoon into the baby's mouth.



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Maternal Child and Women's Health

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Lesson 3.5

Infant and Child Care

Infant and Child Care

When visiting households where there are children under 5 years of age, you need to make sure that the mother is taking the children to the clinic for all check-ups to monitor their growth and development; as well as to get all the vaccinations. New mothers may also need lots of support and guidance on how to care for their new babies.

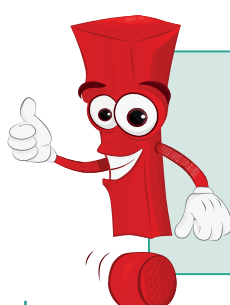
Also, you will need to refer the mother to the clinic as soon as possible if the child is not feeling well. You should follow up with the mother to make sure that she has taken the child to the clinic. Use Checklist 4 to look out for danger signs in babies.

Checklist 4: Danger signs in babies

Danger signs in babies

If answer is in any of the coloured blocks refer mother to the clinic

	Y=Yes	N=No
1. Does the baby have a healthy cry?	Y	N
2. Is the baby breathing very fast or very slowly?	Y	N
3. Does the baby's skin have a yellowish colour?	Y	N
4. Has the baby been suckling and swallowing feeds well?	Y	N
5. Has the baby had any seizures (fits)?	Y	N
6. Does the baby feel hot or very cold when you touch the skin?	Y	N
7. Has the baby had a wet nappy today?	Y	N
8. Is there any discharge coming from the baby's eyes, or are the eyes swollen?	Y	N
9. Is the skin around the cord red and swollen?	Y	N
10. Has the baby had a dirty nappy today? Was the stool very hard or was it diarrhoea?	Y	N
11. Is the baby having difficulty in passing stools? (Does the baby cry a lot when trying to pass stools?)	Y	N



Handy Hints

IMPORTANT!

The baby must be taken to the clinic if any of the danger signs are noticed or if the mother is worried about the baby.

Module 3

Maternal Child and Women's Health

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Lesson 3.5

Infant and Child Care

Care of the mother and baby 6 hours after delivery to 6 months after delivery

The care of the mother and baby for the first six months after the baby is born is very important. Table 5, which is the schedule of clinic visits for the baby. It also shows what services and care the baby should get.

Table 5: Schedule of clinic visits for the baby

Six hours after delivery	Within six days	Six weeks after delivery	Six months after delivery
<p>The mother and the baby should not be discharged before six hours after delivery</p> <p>The mother will receive education on feeding options</p> <ul style="list-style-type: none"> • Exclusive breastfeeding • Formula feed 	Take the baby to the clinic for a six day check-up	Take the baby to the clinic for the six week check-up	Take the baby to the clinic for the six month check-up
Examinations that the baby will have			
<p>The baby should receive:</p> <ul style="list-style-type: none"> • BCG vaccine • Polio vaccine • If mother is HIV-positive – the baby will receive ARVs and the mother will be given instructions on how to give the ARVs to the baby 	<p>The baby should be examined for:</p> <ul style="list-style-type: none"> • Jaundice (baby's skin looks yellow) • Poor weight gain • Infection of the umbilical site (belly button) • Not passing stool • Diarrhoea • Poor feeding • Decreased sleepiness • Is the baby developing normally? 	<p>The baby should be examined for:</p> <ul style="list-style-type: none"> • Jaundice (baby's skin looks yellow) • Poor weight gain • Infection of the umbilical site (belly button) • Not passing stool • Diarrhoea • Poor feeding • Decreased sleepiness • Is the baby developing normally? 	<p>The baby should be examined for:</p> <ul style="list-style-type: none"> • Weight • Bowel movements • Nutrition • Is the baby developing normally?

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Maternal Child and Women's Health

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Lesson 3.5

Infant and Child Care

Six hours after delivery	Within six days	Six weeks after delivery	Six months after delivery
Care and Support			
<p>If an HIV-positive mother chooses to breastfeed then she must decide how long she plans to breastfeed (at least 6 months)</p> <p>Once she has decided how long she will breastfeed, then the baby will be given ARV medicine for the whole time she is breastfeeding</p> <p>The baby will continue to be given ARVs for one month after the mother stops breastfeeding</p> <p>The baby will then need to have another HIV PCR test</p>	<p>The healthcare provider should discuss the importance of vaccinating the baby and the <i>Road-to-Health Booklet</i> with the mother</p> <p>Reinforce the mother's choice of feeding option</p>	<p>The baby should receive six-week vaccines and this must be written down in the <i>Road-to-Health Booklet</i></p> <p>Reinforce the mother's choice of feeding option</p>	<p>The healthcare providers will write down all the vaccines the baby has received in the <i>Road-to-Health Booklet</i>, including the vaccines the baby received at the 10 and 14 week clinic visits</p> <p>Reinforce the mother's choice of feeding option</p>
	<p>The mother will be informed that she must bring the baby back to the clinic for a check-up and vaccines when the baby is six weeks old</p>	<p>If the mother is HIV-positive, she should be given further support on how to give ARVs to the baby</p>	<p>Further support and guidance on ways to prevent the baby from becoming dehydrated, for babies with diarrhoea</p>
	<p>If the baby is on ARVs, the baby will be weighed and the medicines will be adjusted according to the baby's weight</p>	<p>If the mother is HIV-positive, the baby will be started on medicine to prevent getting infections</p>	<p>The mother will be informed that she needs to bring the baby back for a check-up and other vaccines when the baby is nine months old</p>
		<p>If the mother is HIV-positive:</p> <ul style="list-style-type: none"> • The baby must have an HIV PCR test to check if the baby has HIV • The mother will be informed that she must go back to the clinic four weeks later for the results of the baby's HIV PCR test • If the baby is HIV-positive, she must ensure that the baby is started on ARVs immediately • If the baby is HIV-negative, the mother must ensure that the baby has another HIV test at 18 months 	

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Maternal Child and Women's Health

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Lesson 3.5

Infant and Child Care

Six hours after delivery	Within six days	Six weeks after delivery	Six months after delivery
		The mother will be informed that the baby will need to be brought back for a check-up and other vaccines, when the baby is 10 weeks old	



Handy Hints

IMPORTANT TIPS ON BATHING A BABY!

- Keep the room warm, babies get cold easily
- Water should be warm to the touch, but not too hot
- Don't put the baby into a bath of water until the cord falls off. This will help prevent infection
- NEVER leave a baby alone in the bath – even for a few seconds. A baby can drown in just a little bit of water
- Don't forget to check the BCG vaccination site. Do not put anything on the site
- Babies wriggle around, be careful they don't fall



Caring for the cord

The cord area on a baby is like having a sore and can easily become infected if it is not looked after properly.

- Clean around the cord with cotton wool balls and spirits every time the nappy is changed
- Check for any swelling or redness
- Don't cover the cord as it will heal and dry faster if it is left outside of the clothes
- Don't remove the cord. Let it fall off by itself

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Maternal Child and Women's Health

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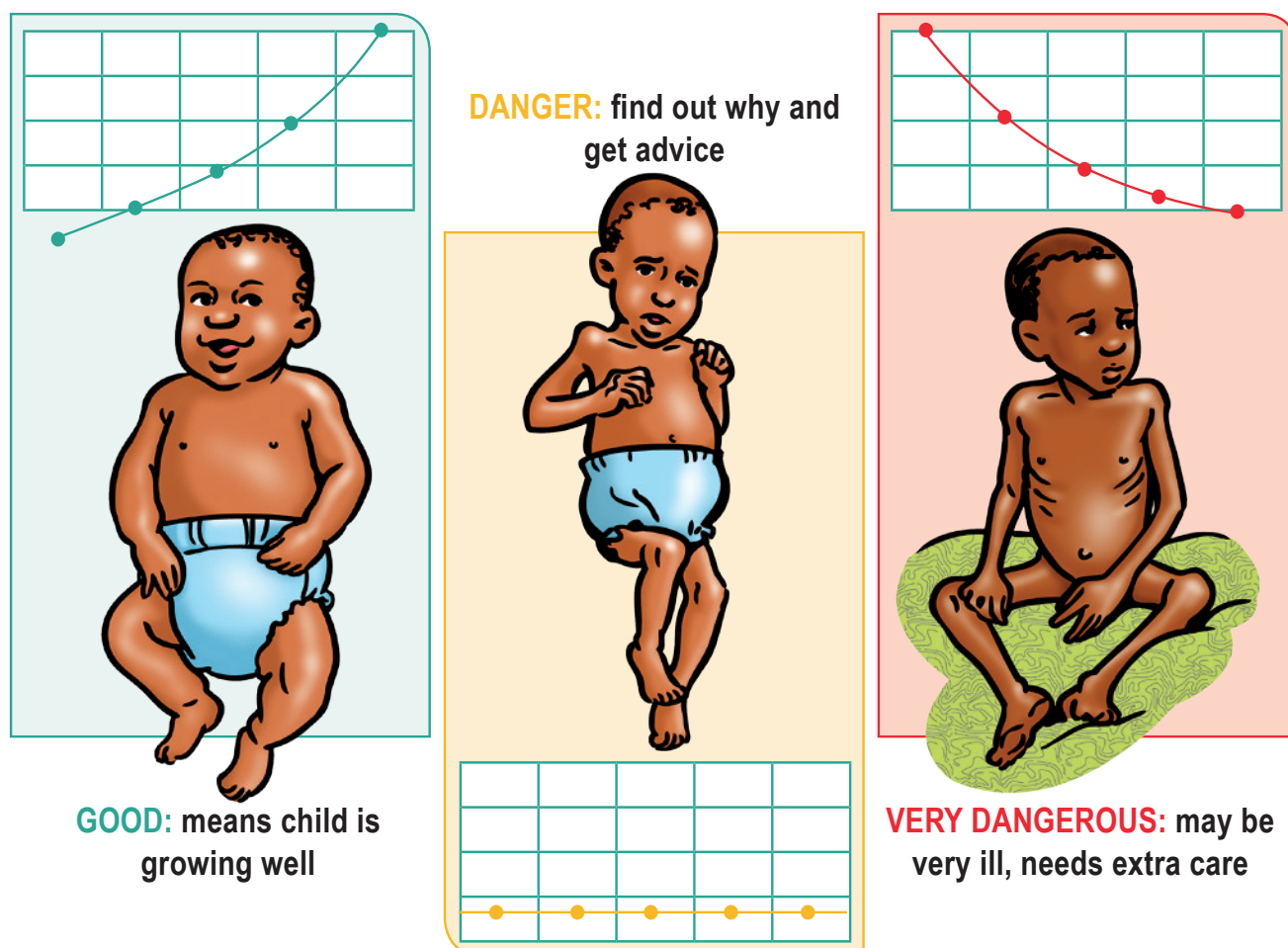
Infant and Child Care

Growth Monitoring

Growth monitoring is used to check if a child is growing well. *The Road-to-Health Booklet* is used to mark the weight to see if a child is growing well and according to what is expected.

Figure 13: Growth Monitoring Chart can be used to help explain to the mother whether or not the baby is growing well and according to how the baby is expected to grow.

Figure 13: Growth Monitoring Chart



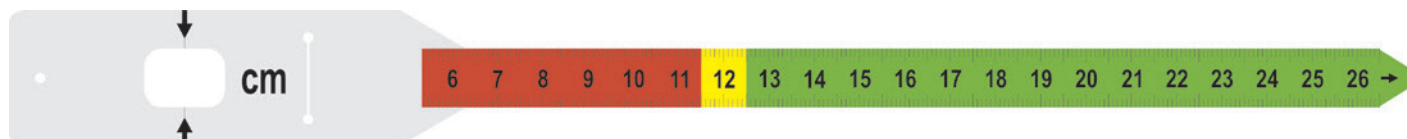
How can you help make sure

that the child is growing well?

- Recognise the signs of malnutrition (using Figure 14: The Malnutrition Screening Tool and Figure 15: How to use the Malnutrition Screening Tool) and refer children who may be suffering from malnutrition to the clinic
- Visit the home regularly to check on how the child is doing
- Educate the family on cooking and eating a healthy diet

Malnutrition Screening Tool (The MUAC Measurement)

Figure 14: Malnutrition Screening Tool [Mid Upper Arm Circumference Measurement (MUAC)]



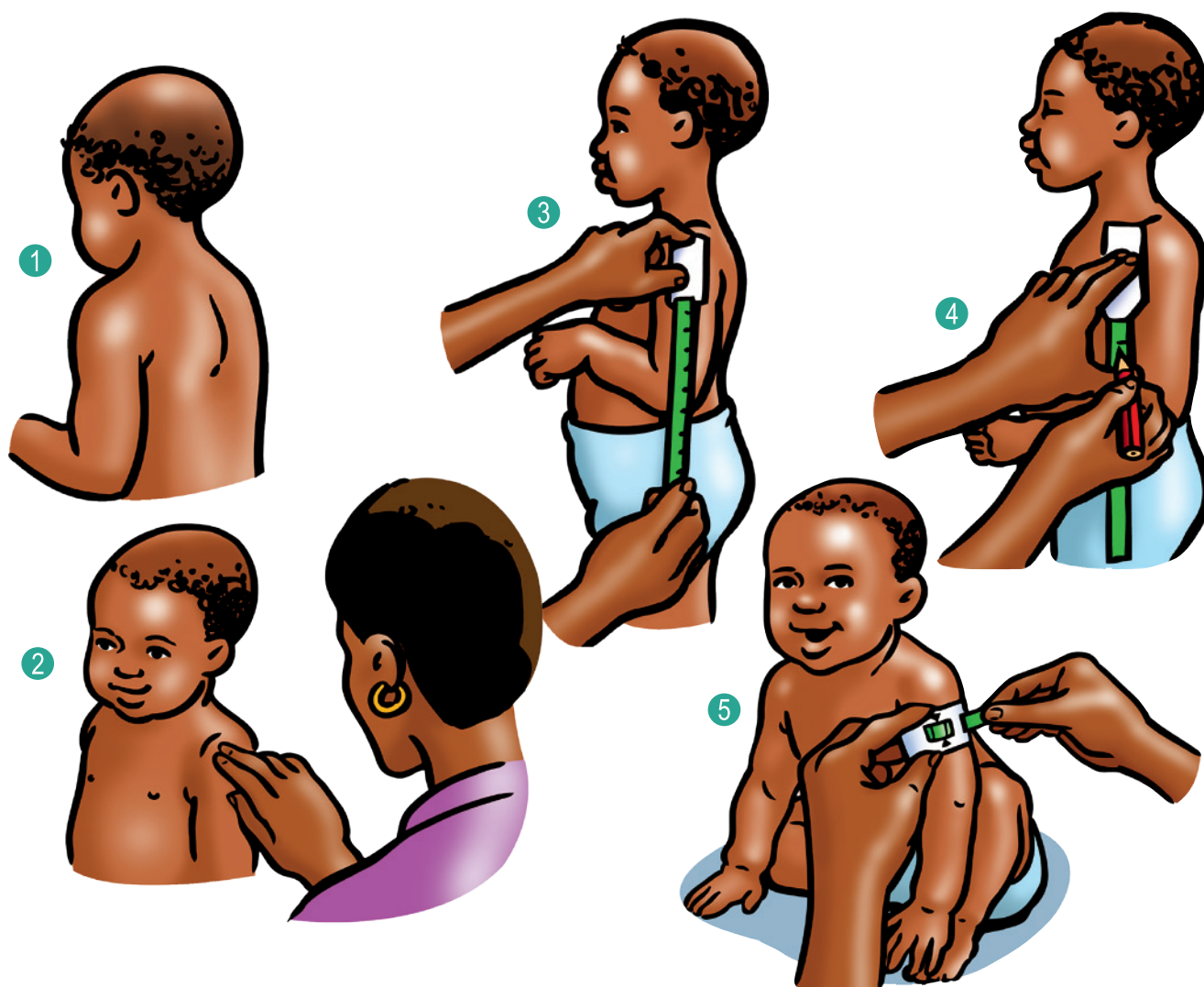
Step 1

Ask the mother how old her child is. If the child is between six months and five years, ask her permission to do a quick, safe and pain-free test on the child to see if the child is malnourished.

Step 2

Find the middle point of the child's upper left arm; this is between their shoulder and elbow.

Figure 15: How to use the Malnutrition Screening Tool



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Maternal Child and Women's Health

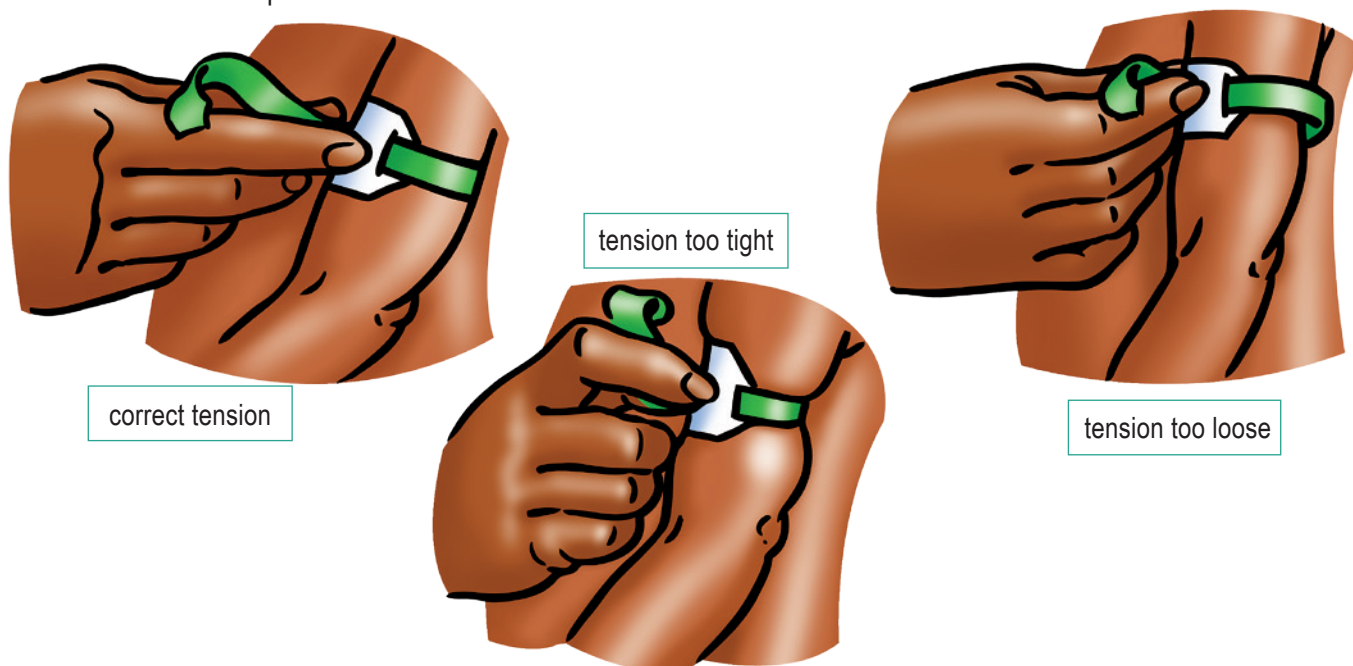
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Infant and Child Care

Step 3

Ask the child to relax their arm and let it hang at the side of their body. Then take the coloured plastic strip and place it around the mid upper left arm of the child.

Make sure that the strip is fitted properly around the arm. Do not pull the strip too tight to cause the skin to pull together, or too loose that the strip falls down.



Step 4

Holding the white part of the strip on the child's arm, thread the narrow coloured strip through the small window around the child's arm until the strip fits the child's arm closely.

Step 5

Look at the colour that the two arrows are pointing to. The arrows will show red, yellow or green.

If it is green, the child is healthy.

If it is yellow, it means that the child is at risk of malnutrition.

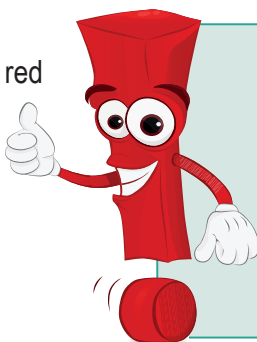
If it is red, it means that the child is malnourished.

Step 6

Repeat steps four and five twice to make sure that the result is the same each time.

Step 7

If the child's result is either yellow or red after completing the tests, make sure the mother takes the child to the clinic as soon as possible, as the child is at risk of malnutrition or already malnourished.



Handy Hints

IMPORTANT!

If the malnutrition screening test results show that the child is healthy and you are not sure, always recommend that the mother or caregiver takes the child to a clinic for a healthcare worker to do a full test. Follow up with the mother to make sure that she has taken the child to the clinic.

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Lesson 3.5

Infant and Child Care

The Child Health Screening Tool

The Child Health Screening Tool will help you to check on the health of the child.

Figure 16: Child Health Screening Tool

Child Health Screening Tool

Note to the CCG:

Please read the instructions for each question in this Child Health Screening Tool and screen all children between the ages of six weeks and five years

- Refer the mother/caregiver to the clinic with the child as soon as possible. Remind her to take the *Road-to-Health Booklet* with her
 - Record the location of the household and the reason for the referral
 - Return to the household within 2 weeks to follow-up and ensure that the child has been taken to the clinic.
- Continue to follow up every two weeks until you confirm that the child was taken to the clinic



Handy Hints

Ask the mother/caregiver the following questions for all children in the household between 6 weeks and 5 years of age.

1. What is the **child's age**? Years Months

2. Vaccinations:

Ask to see the **Road-to-Health Booklet** and check which vaccinations the child has had.

Are all the child's vaccinations up to date?

Yes

No

ACTION: Remind the mother why childhood vaccinations are important and encourage her to take the child as soon as possible for any missing vaccinations.

3. Malnutrition:

Measure the mid-upper arm circumference of the child. (See activity on measuring mid-upper arm circumference in the section on malnutrition.)

What colour is the zone in the window of the measurement tape?

Green

Yellow

Red

ACTION: If the mid-upper arm circumference of the child falls in the yellow or red zone, tell the mother that she must take the child to the clinic immediately.

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Maternal Child and Women's Health

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Lesson 3.5

Infant and Child Care

4. Other illnesses & danger signs

Is the mother worried the child may not be WELL for ANY REASON?

Yes



ACTION: If the mother is worried about the child FOR ANY REASON she should take the child to the clinic as soon as possible.

No



Has the child had any of the following signs of illness?



ACTION: If the child has had any of these signs of illness encourage the mother to take the child to the clinic to be checked as soon as possible.

- Not able to drink or breastfeed ☐
- Baby does not have a healthy cry ☐
- The skin around the cord is red and swollen ☐
- Vomiting everything ☐
- Convulsions (seizure or fits) ☐
- Cough or difficulty breathing ☐
- Fast breathing or very slow breathing ☐
- Chest pulled in (child's ribs pull in as child breathes in) ☐
- Lethargic (tired) or unconscious ☐
- Skin has a yellowish colour ☐
- Diarrhoea ☐
- Fever or very cold to the touch ☐
- Did not have a wet nappy today ☐
- Did not pass a stool today ☐
- Stiff neck ☐
- Rash ☐
- Ear problem, pain or discharge ☐
- Eye infection/runny or red eyes ☐

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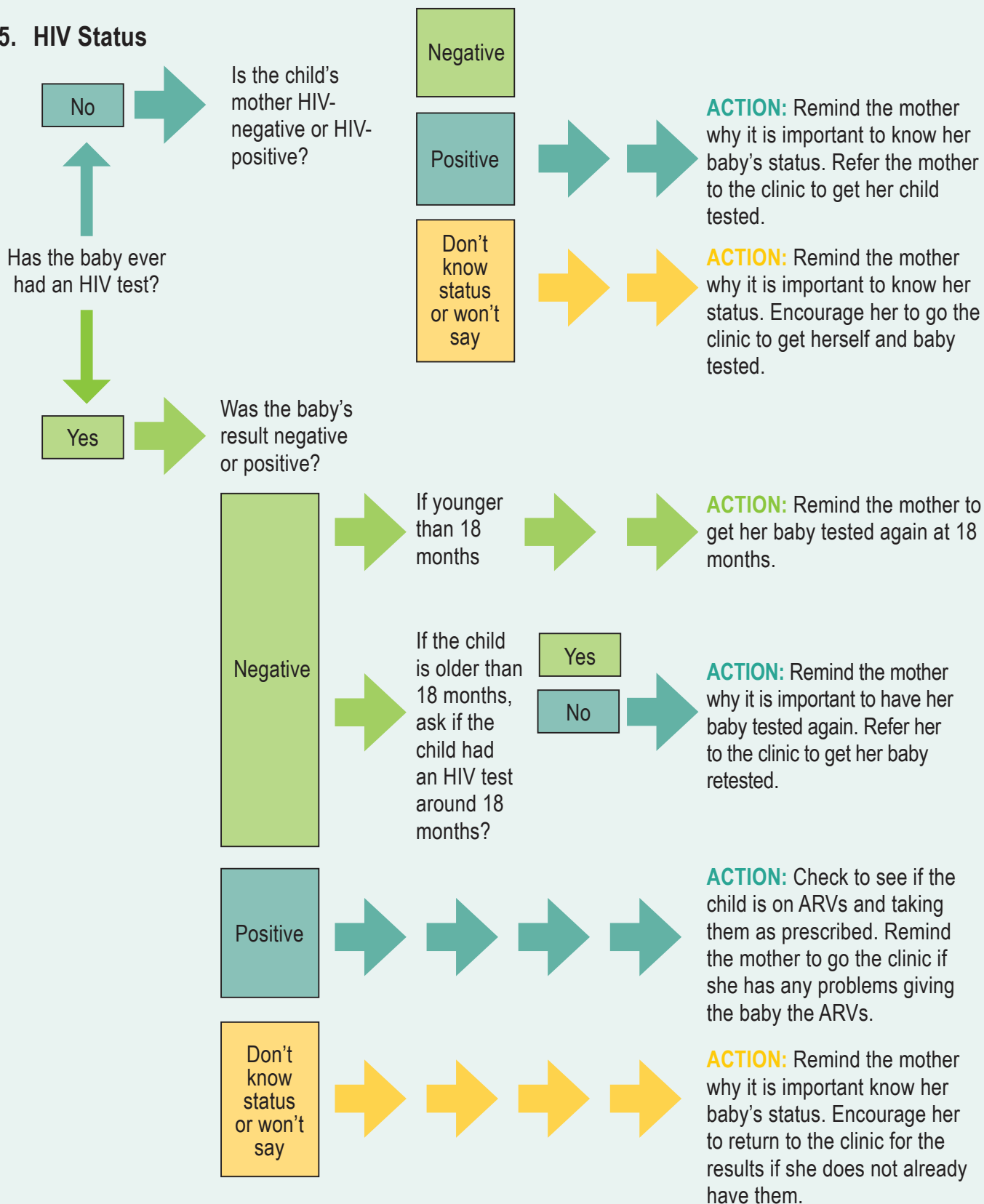
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Infant and Child Care

5. HIV Status



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Infant and Child Care

Home remedies for sick children

These remedies may be used for a short time until the mother or caregiver can get the child to the nearest clinic.

1. Fever

Fevers can be dangerous for children because they can cause fits.

- Use slightly warm water (not very warm) to sponge the child. This will bring down the fever
- Give Paracetamol (Panado) syrup as it says on the bottle
- Keep the child lightly covered but do not overheat
- Offer the child small amounts of liquid every 30 minutes
- If the child does not get better, take the child to the clinic immediately

2. Cough

Children sometimes get a cough and they do not always need a cough mixture.

- Make the child a warm drink of tea with sugar or honey and lemon juice (if available)
- Breast milk soothes a cough if the child is still suckling. Clean the nose before feeding
- If the cough does not go away or if the child has a fever take the child to the clinic

3. Vomiting

It is important that a child who is vomiting does not become dehydrated. Vomiting can be a sign of a serious illness like meningitis.

Signs of dehydration:

- The soft spot on the top of the baby's head is sunken in
- Drinking quickly
- Sunken eyes
- Dry tongue/lips
- If the skin on the tummy is pinched, it returns very slowly back to normal

4. Diarrhoea

- If the baby is breastfed, continue breastfeeding more often as long as the baby is not vomiting
- If the baby is on solids, give it other fluids such as rice or samp water, and soups
- Give the baby a sugar and salt solution (ORT), which is described in the next section



Handy Hints

A child who does not want to drink or is lethargic (tired) should be referred immediately to the nearest clinic.

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Maternal Child and Women's Health

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Infant and Child Care

ORT

1 litre boiled water
8 teaspoons sugar
½ teaspoon salt

Mix well and give in small amounts every 30 minutes

Handy Hints



TAKE NOTE!

If the child experiences any of the symptoms mentioned previously, the home remedies should only be given to the child until the mother or caregiver can take the child to the clinic. Remember to follow up with the mother to make sure that she has taken the child to the clinic.

It is important that the child be taken to the clinic as soon as possible.

Vaccination Schedule

It is important that every child gets vaccinations to protect them against common childhood diseases.

Table 6 lists all the vaccinations that children should get and the ages they should get them. Use the table to help you check if the children in the households you are visiting have had all their vaccinations.



Handy Hints



Remember to check the child's *Road-to-Health Booklet* to make sure they are being taken to the clinic to get all their vaccinations. Encourage the mother to take the child to the clinic if they have missed any vaccinations. Remember to follow up with the mother to make sure that she has done this.

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Lesson 3.5

Infant and Child Care

Table 6: Vaccination Schedule

VACCINATION SCHEDULE			
Age Group	Vaccine	Disease	Side Effects
At birth (first set of injections)	BCG	TB	Blisters
	OPV	Polio	Fever, vomiting, irritability
6 weeks (second set of injections)	OPV	Polio	Fever, vomiting, irritability
	RV	Diarrhoea	Fever, vomiting, irritability
	DTaP-1PV-HiB	Diphtheria, Tetanus, Whooping cough, Meningitis	Fever and irritability
	Hep B	Liver infection	Fever, vomiting, irritability
	PCV	Pneumonia	Fever and muscle pain
10 weeks (third set of injections)	DTaP-1PV-HiB	Diphtheria, Tetanus, Whooping cough, Meningitis	Fever and irritability
	Hep B	Liver infection	Fever, vomiting, irritability
14 weeks (fourth set of injections)	RV	Diarrhoea	Fever, vomiting, irritability
	DTaP-1PV-HiB	Diphtheria, Tetanus, Whooping cough, Meningitis	Fever and irritability
	Hep B	Liver infection	Fever, vomiting, irritability
	PCV	Pneumonia	Fever and muscle pain
9 months (fifth set of injections)	Measles	Measles	Fever
	PCV	Pneumonia	Fever and muscle pain
18 months (sixth set of injections)	DTaP-1PV-HiB	Diphtheria, Tetanus, Whooping cough, Meningitis	Fever and irritability
	Measles	Measles	Fever
6 years (seventh set of injections)	Td	Tetanus and Diphtheria	Fever, vomiting, irritability
12 years (eighth set of injections)	Td	Tetanus and Diphtheria	Fever, vomiting, irritability

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Maternal Child and Women's Health

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Lesson 3.6

Phila Mntwana

When will the Phila Mntwana Centres be open?

The Centres will be open on a daily basis (Monday to Friday) to offer preventative and promotive care to all children under 5 years of age even if they are well.

What services are offered at the Centres?

Assessment of Nutritional Status in Children under 5 years

- The CCGs will conduct Mid Upper Arm Circumference (MUAC) measurements on all children 6 – 59 months
- MUAC measurements will be taken monthly to detect acute malnutrition in children 6 – 59 months [Refer to Lesson 3.5, Section 6, 7 and 8 on Growth Monitoring]



Handy Hints

Ask the mother/caregiver to bring their child, who is under 5 years of age, to the nearest Phila Mntwana Centre even if they are well.

Growth Monitoring

- Use the weight for age chart in the *Road-To-Health Book* (RTHB) to ensure that the child is growing according to their age. If the child does not have a *Road-To-Health Book*, refer the mother/caregiver to the clinic

Oral Rehydration

- If the child has diarrhoea, explain and demonstrate to the mother/caregiver how to prepare the Sugar-Salt-Solution (S-S-S)/Oral Rehydration Solution (ORS). This solution should be given to the child until the mother/caregiver can take the child to the clinic [Refer to Lesson 3.5 Section 10d Diarrhoea under Home Remedies for Sick Children]

Breastfeeding

- Promotion and education of exclusive breastfeeding to mothers [Refer to Lesson 3.4, Section 7 Infant Feeding]

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Maternal Child and Women's Health

Lesson 3.6

Phila Mntwana

Immunisation

- Check the *Road-To-Health Book* and remind the mother/caregiver to take the child to the clinic to be vaccinated as per the Vaccination Schedule [Refer to Lesson 3.5, Section 13 What is Vaccination, and why it is important]

Wellness

- Provide Vitamin A supplementation to children who are between 12 – 59 months old and administer 6 monthly
- Check in the *Road-To-Health Book* if the child is due for deworming and refer if deworming is required
- Use the TB Screening Tool [See Module 4, Lesson 4.5 in Section 1 what is TB] to screen the mother/ caregiver for TB and ask if anyone in the household has symptoms listed on the TB Screening Tool. Refer the mother/ caregiver and those individuals with symptoms to the clinic
- Screen the child for TB using the Child Tuberculosis Screening Referral Slip [See Implementation Toolkit, Section D, Tuberculosis Screening] and refer if necessary. Screen the child should any household member or caregiver present with symptoms of TB
- Distribute Male and Female Condoms [Refer to Module 4, Lesson 10 Prevention of HIV and STIs: The Role of Condoms]
- Provider Initiated Counseling & Testing (PICT) Referral for children 18 months of age and older
- Educate mothers on the wellness management of their children
- All children visiting the Phila Mntwana Centre should have a *Road-To-Health Book* (RTHB)



Handy Hints

Ask the mother/caregiver to bring the child's *Road-To-Health Book* to every visit to the Phila Mntwana Centre.

Social Services

- Monitoring of ECD Centre enrolment for children 3 – 5 years
- Identification and referral of orphans and vulnerable children (This includes children that are at risk because of suspected abuse, children from child-headed households, children in need of removal or replacement and children who show signs of neglect)
- Identification and referral of eligible children for child support grant
- Identification and referral of children with suspected/ confirmed mental or physical disability

Module 3

Maternal Child and Women's Health

Lesson 3.6

Phila Mntwana

The Road-To-Health Book

All children are issued a *Road-To-Health Book* at birth or at the first contact with the healthcare system after birth. The RTHB is carried by the mother/caregiver, who should bring it to every health visit. Healthcare workers including CCGs should use the RTHB to help mothers/caregivers gain a better understanding of the child's health and healthcare needs. It is important, therefore, to explain, discuss and review information in the RTHB with mothers/caregivers.

The *Road-To-Health Book* is also an important tool to monitor high quality care of children and to record key information, including the following:

- Nutritional Status
- Growth and development
- Immunisations
- Vitamin A supplementation
- Deworming
- TB status
- PMTCT (Prevention of Mother-To-Child Transmission)
- HIV testing
- Visual and hearing screening
- Infant and young child feeding
- Records of hospital admissions and visit


IMPORTANT: Always bring this booklet when you visit any health clinic, doctor or hospital

ROAD TO HEALTH BOYS

Child's first name and surname: _____

Date of Birth: DD/MM/YYYY _____

This booklet must be issued at birth by the health services concerned. If birth takes place at home, the first opportunity after delivery should be used to issue the booklet. The booklet must be issued FREE OF CHARGE irrespective of delivery taking place at a public or private health facility. The booklet may not be used to obtain a birth certificate or a child grant.

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IMPORTANT: Always bring this booklet when you visit any health clinic, doctor or hospital

ROAD TO HEALTH GIRLS

Child's first name and surname: _____

Date of Birth: DD/MM/YYYY _____

This booklet must be issued at birth by the health services concerned. If birth takes place at home, the first opportunity after delivery should be used to issue the booklet. The booklet must be issued FREE OF CHARGE irrespective of delivery taking place at a public or private health facility. The booklet may not be used to obtain a birth certificate or a child grant.

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DETAILS OF CHILD AND FAMILY (To be completed at birth)	
Child's first name and surname: _____	
Child's ID number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mother's ID number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of birth dd / mm / yyyy	Name of facility where child was born:
Child's residential address:	
Mother's name:	Mother's birth date:
Father's name:	Who does the child live with?
How many children has the mother had (including this child?)	
Number born (including stillbirths) <input type="text"/>	Reason(s) for death(s):
Number alive now <input type="text"/>	Date information given: / / / dd mm yyyy
Child in need of special care (mark with X) (Complete at delivery or at first contact with health services)	
Is the baby a twin, triplet, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the mother need additional support to care for the child? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No
Any disability present (including birth defects?) <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: (Specify)

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Nutrition

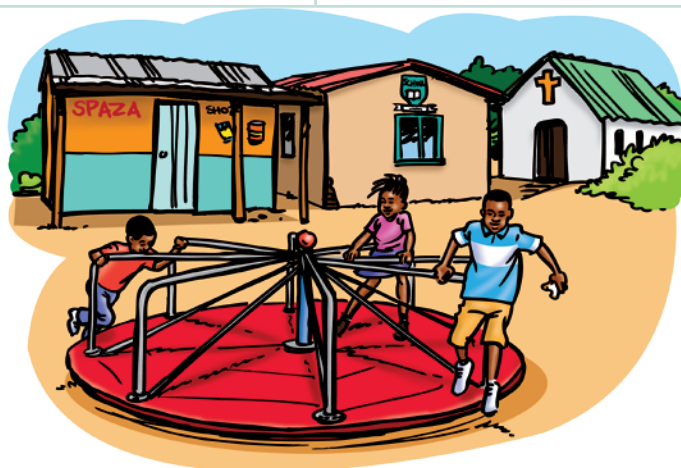
For children between 6 months to 5 years, take their MUAC measurement according to the standard procedure.



Interpretation of MUAC

Checklist 5: Interpretation of MUAC

A child who is growing well	A child who has Moderate Acute Malnutrition (MAM)	A child who has Severe Acute Malnutrition (SAM)
GOOD	DANGER	VERY DANGEROUS
If the child is found to have a MUAC of ≥ 12.5 cm, praise the caregiver and tell her to carry on the good work. Ask "How are you feeding the child?" and perhaps advise if there is a problem related to nutrition.	If the child has a MUAC of between 11.5 and 12.4cm, the child has MAM. Refer the child to the local clinic with a CCG referral letter. Child should be taken to the clinic within 24 hours. Another referral letter should be written to DSD for investigation (e.g. poverty, unemployment, neglect etc.).	If the child has a MUAC of < 11.5 cm, the child has SAM. Refer or take the child to the local clinic for immediate medical assessment and explain to the mother/caregiver why it is important. Another referral letter should be written to DSD for investigation (e.g. poverty, unemployment, neglect etc.).



Record the MUAC status in the Phila Mntwana Register. If the child is in the green (not acutely malnourished) region, place a (✓) in the MUAC-Green column and praise the caregiver. If the child is in the yellow region (Moderate Acute Malnutrition-MAM), place an (X) in the MUAC-Yellow column. If the child is in the red region (Severe Acute Malnutrition-SAM), place an (X) in the MUAC-Red column. Place a (–) in the unused columns. Record the child's MUAC reading on page 19 in the RTHB.

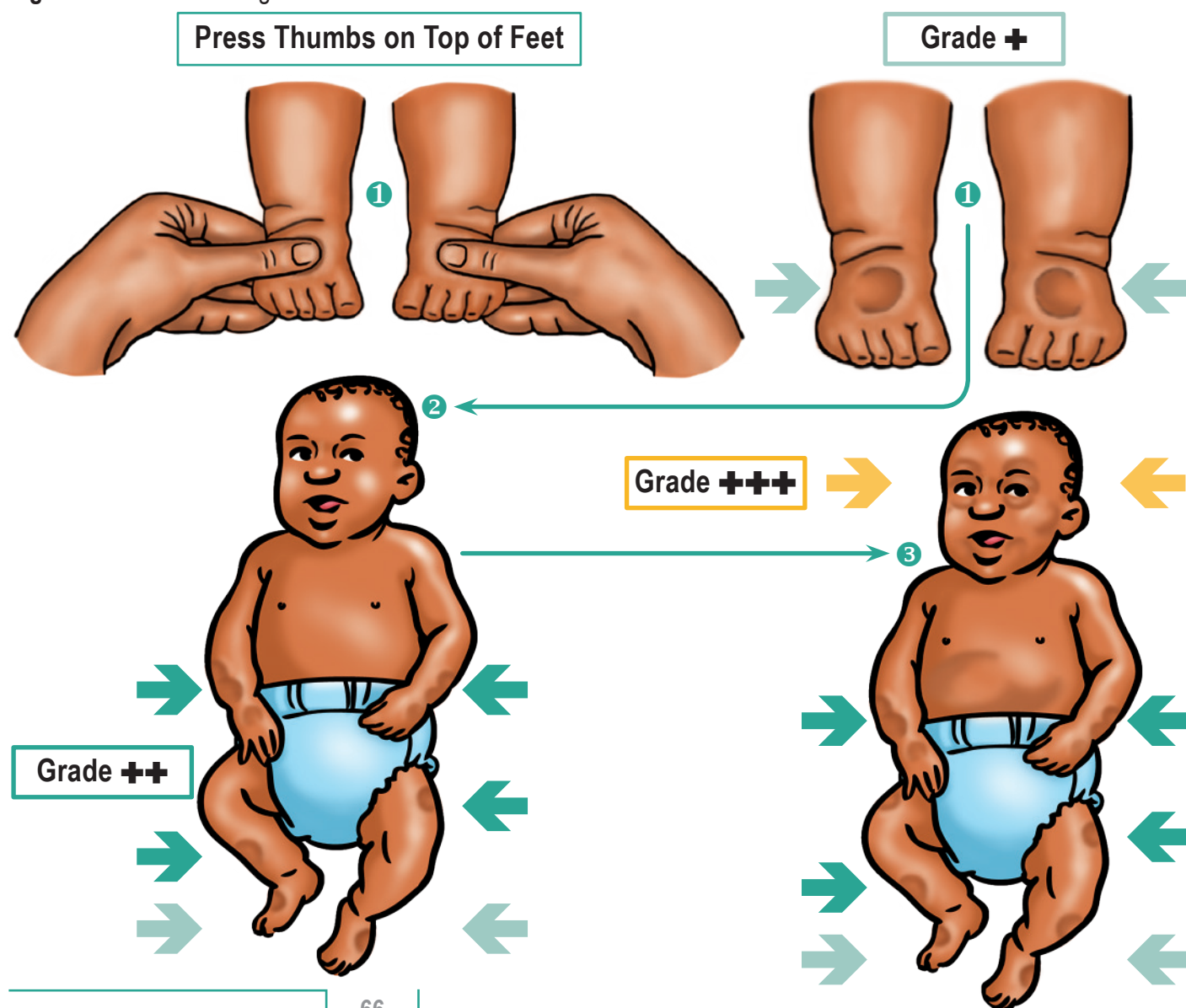
Bilateral Pitting Oedema: Look and feel for oedema (swelling) in both feet

Checking for Bilateral pitting Oedema should be routinely done. Oedema on only one foot is not related to malnutrition. However if swelling is found on both feet, it may be related to Kwashiorkor which is a form of acute malnutrition. Kwashiorkor is the most common and widespread nutritional disorder in developing countries. It is a form of malnutrition caused by not getting enough protein in your diet. It is not characterised by typical wasting (thinness) that characterises Marasmus. Checking for Bilateral Oedema is therefore very important to detect Kwashiorkor.

How to Check for Bilateral Pitting Oedema

Step ① Hold the child's feet and press your thumbs on top of both feet. Count to 3 and then lift your thumbs. If no pit shows or if a pit shows only on one foot, the child does not have bilateral pitting oedema. If a pit shows on both feet, go to Step ②

Figure 17: Bilateral Pitting Oedema



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② Continue the same test on the lower legs, hands and lower arms. If no pitting appears in these areas, then the child is said to have mild (grade+) bilateral pitting oedema. (Mild bilateral pitting oedema only shows on the feet.) If pitting appears in these areas, go to Step ③

③ Look for swelling in the face, especially around the eyes. If no swelling appears in the face, then the child is said to have moderate (grade++) bilateral pitting oedema. If swelling appears in the face, then the child is said to have severe (grade+++) bilateral pitting oedema

④ If the child has oedema, have a second person repeat the test to confirm the results. Children with Bilateral Oedema should be referred urgently to the nearest clinic. If the child needs to be referred to a clinic, record that the child has bilateral pitting oedema in the Other Reasons for Referral Column in the Phila Mntwana Register.

Growth Monitoring

- Assess the growth of the child under 5 years using the weight-for-age chart. Nutritional status should be assessed using the length-for-age, and weight-for-length charts in the RTHB
- Weight: If the child is under 1 year, they should be weighed monthly. If the child is between 1 – 2 years, they should be weighed every 2 months. If the child is between 2 – 5 years, they should be weighed every 6 months. If the child has not been weighed according to this schedule, refer the child to the health facility for a weight check
- Length/height: The child's length/height should be measured by a nurse at the health facility every 6 months. If the child has not been measured according to this schedule, refer the child to the health facility for measuring
- Weight for length/height: The child's weight for length/height should be assessed at every visit by the nurse at the health facility
- Refer the child to a clinic if these charts are not up-to-date or the child is:
 - Underweight for age (nutritional status assessment on weight-for-age chart)
 - Stunted (nutritional status assessment on length/height-for-age chart)
 - Wasted (nutritional status assessment on weight-for-length/height chart)
 - Not growing well (growth assessment on weight-for-age chart)
- If the child is growing well, has all 3 charts up-to-date and has had all 3 charts measured according to the abovementioned schedule, praise the mother/caregiver
- If the child needs to be referred to a health facility, place an (X) in the DOH Column of the Phila Mntwana Register



UNDERSTANDING THE GROWTH CHART:

When a child has not gained enough weight, it is shown by a flattening curve on the recorded growth chart, this child should be referred to the local clinic with a CCG referral letter within 24 hours. If a child weighs less than is expected or the child has a downward curve on the growth chart, write a referral letter for urgent and immediate referral to the nearest healthcare facility.

Handy Hints

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Vitamin A supplementation

- All children between 6 – 59 months need to be given an age specific Vitamin A dose every 6 months
- Check the child's RTHB on page 9 (see below). Check when the last Vitamin A dose was issued to the child
- If the child is 6 – 11 months, and Vitamin A was not previously given refer the child to the nearest health facility and place an (X) in the Vitamin A column of the Phila Mntwana Register
- If the child is 12 – 59 months and has missed their routine 6 monthly
- Vitamin A dose, give the child the appropriate dose of Vitamin A at the Phila Mntwana Centre. Record the date that Vitamin A was issued to this child in the RTHB
- If you gave the child a dose of Vitamin A, place a (✓) in the Vitamin A column of the Phila Mntwana Register
- If the child did not require a Vitamin A dose, place a (-) in the Vitamin A column



Handy Hints

CCGs are not allowed to administer Vitamin A to children under the age of 12 months.



Infant Feeding

- For children who are under 6 months of age, assess whether the child is being exclusively breastfed (no formula/solid food being given at all)
- Provide the mother/caregiver with the appropriate infant feeding messages according to the age of the child (Refer to the RTHB)
- Refer the child with feeding difficulties to the nearest clinic and place an (X) in the Infant Feeding column of the Phila Mntwana Register
- If the child did not need to be referred, but the caregiver was counselled on feeding advice, place a (✓) in the Infant Feeding column of the Phila Mntwana Register

VITAMIN A SUPPLEMENTATION						
	At age	Date given dd/mm/yy	Signature	At age	Date given dd/mm/yy	Signature
200 000 IU Mother at delivery (not later than 6- 8 weeks)		/ /				
100 000 IU	6 mths	/ /				
200 000 IU every 6 months	12 mths	/ /		42 mths	/ /	
	18 mths	/ /		48 mths	/ /	
	24 mths	/ /		54 mths	/ /	
	30 mths	/ /		60 mths	/ /	
	36 mths	/ /				
ADDITIONAL DOSES:						
<p>For conditions such as measles, severe malnutrition, xerophthalmia and persistent diarrhoea. Omit if dose has been given in last month.</p> <p>Measles and xerophthalmia: Give one dose daily for two consecutive days. Record the reason and dose given below.</p>						
Date	Dose given	Reason	Signature	Date	Dose given	Reason
DEWORMING TREATMENT (Mebendazole or Albendazole)						
Dose	At age	Date given dd/mm/yy	Signature	At age	Date given dd/mm/yy	Signature
	12 mths	/ /		18 mths	/ /	
	24 mths	/ /		48 mths	/ /	
	30 mths	/ /		54 mths	/ /	
	36 mths	/ /		60 mths	/ /	
	42 mths	/ /				

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HEALTH PROMOTION MESSAGES

Up to 6 months

Feeding:

- Breastfeed exclusively (give infant only breast milk and no other liquids or solids, not even water, with exception of drops or syrup consisting of vitamins, mineral supplements or medication);
- Breastfeed as often as the child wants, day and night;
- Feed at least 8 to 12 times in 24 hours;
- When away from the child leave expressed breast milk to feed with a cup;
- Avoid using bottles or artificial teats (dummies) as this may interfere with suckling, be difficult to clean and may carry germs that can make your baby sick.



Why is exclusive breastfeeding important?

- Other foods or fluids may damage a young baby's gut and make it easy for infections (including HIV) to get into the baby's body;
- Decreases the risk of diarrhoea;
- It decreases risk of respiratory infections;
- It decreases risk of allergies;

If you have chosen to formula feed your baby, discuss safe preparation and use of formula with the health care worker

Play: Provide ways for your child to see, hear, feel, and move.
Have colorful things to see and reach

Communicate: Look into your child's eyes and smile at him or her
Talk to your child and get a conversation going with sounds or gestures.



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Diarrhoea

- Look for danger signs of diarrhoea. Advise the mother/caregiver to take the child to the clinic IMMEDIATELY in the event of the child:

Checklist 6: Danger signs of diarrhoea

Being unable to drink anything
Vomiting everything
Having blood in his/her diarrhoea stool
Breathing very fast
Having sunken eyes or a very dry mouth
Being lethargic or unconscious

- Educate all mothers/caregivers on how to prepare and give the sugar-salt-solution (SSS)/oral rehydration solution (ORS) [see Module 3, Lesson 3.5 Section 10d Diarrhoea: Home remedies for sick children]
- Refer the sick child to the nearest health facility and place an (X) in the diarrhoea column of the Phila Mntwana Register
- If the child screened negatively and did not require referral, place a (✓) in the diarrhoea column of the Phila Mntwana Register



Handy Hints

Look for signs of dehydration such as:

- soft spot on the top of the baby's head being sunken in
- baby drinking quickly
- baby has sunken eyes, dry tongue or lips
- the skin on the baby's tummy when pinched returns very slowly back to normal

Immunisation

- Check the child's RTHB (page 6) to see if the immunisation schedules have been completed for a child of that age
- Educate the mother/caregiver on the immunisation schedule and remind her of the date given on page 2 of the RTHB by the health facility staff for the next immunisation



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Maternal Child and Women's Health

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IMMUNISATIONS																							
Name and surname:			ID number:																				
			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Age group	Batch no.	Vaccine	Site	Date given dd/mm/yy	Signature																		
Birth		BCG	Right arm																				
		OPV0	Oral																				
6 weeks		OPV1	Oral																				
		RV1	Oral																				
		DTaP-IPV-Hib1	Left thigh																				
		Hep B1	Right thigh																				
		PCV 1	Right thigh																				
10 weeks		DTaP-IPV-Hib2	Left thigh																				
		Hep B2	Right thigh																				
14 weeks		DTaP-IPV-Hib3	Left thigh																				
		Hep B3	Right thigh																				
		PCV2	Right thigh																				
		RV2	Oral																				
9 months		Measles1	Left thigh																				
		PCV3	Right thigh																				
18 months		DTaP-IPV-Hib4	Left arm																				
		Measles2	Right arm																				
6 years		Td	Left arm																				
12 years		Td	Left arm																				

<u>HEAD CIRCUMFERENCE AT 14 WEEKS AND AT 12 MONTHS</u>	
14 Weeks:	_____ (Range: 38 - 43 cm) 12 Months: _____ (Range: 43.5 - 48.5)
REFER if head circumference is outside range	

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WELL CHILD VISITS – RECORDING SHEET FOR CHILDREN LESS THAN 5 YEARS OLD											
Record the following information for each visit on the spaces that are not shaded. Refer to the page numbers given in this booklet and complete the relevant section.						Remember to check the following. Tick if done, and record details on the relevant page					Date of next visit
Age	Date	Growth (IMCI) (page 14)	PMTCT/ HIV status (IMCI) (page 7&8)	TB status (IMCI)	Feeding (EBF/EFF/ mixed feeding for first 6 months)	Immunisations (page 6)	Vitamin A (page 9)	Deworming (page 9)	Development (page 13)	Oral Health (page 20)	
3 days											
6 wks											
10 wks											
14 wks											
4 mths											
5 mths											
6 mths											
7 mths											
8 mths											
9 mths											
10 mths											

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- If the child's immunisations are not up-to-date and there is no mobile or Family Health Team (FHT) visiting the Phila Mntwana Centre, refer the child to the nearest health facility and place an (X) in the column for Immunisation of the Phila Mntwana Register
- If the child does not need to be referred, place a (✓) in the Immunisation Column of the Phila Mntwana Register



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TB Screening

TB Screening Tool for Children

Figure 18: TB Screening Tool for Children

TB Screening Tool for Children

Read the following questions to all individuals in the household and refer them for TB testing at the clinic if you tick **ANY ANSWER** in the coloured blocks

Y=Yes **N=No**

1. Has the child been coughing or wheezing for more than 2 weeks?	Y	N
2. Has the child been losing weight or has there been unsatisfactory weight gain in the last three months?	Y	N
3. Does the child experience chest pains or shortness of breath?	Y	N
4. Has the child been in contact with someone who has TB (especially someone living in the same household or regularly spending time with the child)?	Y	N
5. Is the child tired and/or not as playful as usual?	Y	N
6. Has the child had a fever every day for 14 days or more?	Y	N

- If the mother/caregiver answers Yes to any of the TB screening questions, refer the child to the nearest clinic and place an (X) in the TB Screening Column of the Phila Mntwana Register
- If the mother/caregiver answered no to all questions, the child does not need to be referred, place a (✓) in the TB Screening Column of the Phila Mntwana Register

HIV Exposure

- Ask the mother about her own HIV status and also check the child's RTHB on page 7 to see if the PMTCT information is filled in
- If the mother is HIV-positive, ask her if the child was tested at 6 weeks of age and after stopping breastfeeding. Check to see information is up-to-date on page 8 in the child's RTHB
- If the child was not tested for HIV or the RTHB is not up-to-date, refer the child to the health facility, place an (X) in the DOH Referral Column of the Phila Mntwana Register

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PMTCT/HIV INFORMATION	
Child's first name and surname:	
Child's ID Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Fill in this section on discharge from Midwife Obstetric Unit (MOU) or obstetric ward or at first subsequent visit if not yet done	
Mother's latest HIV test result	<input type="button" value="Positive"/> <input type="button" value="Negative"/> <input type="button" value="To be done"/>
When did mother have the test?	<input type="checkbox"/> Before pregnancy <input type="checkbox"/> During pregnancy <input type="checkbox"/> At delivery
Is the mother on life-long ART?	<input type="button" value="Yes"/> <input type="button" value="No"/>
If yes, duration of life-long ART at time of delivery	<input type="checkbox"/> < 4 weeks <input type="checkbox"/> > 4 weeks <input type="checkbox"/> Before pregnancy
Document ARVs the mother received:	
Did the mother receive infant feeding counseling?	<input type="button" value="Yes"/> <input type="button" value="No"/>
Decision about infant feeding	<input type="checkbox"/> Exclusive breast <input type="checkbox"/> Exclusive formula
Document Nevirapine given:	
All HIV exposed infants should receive Nevirapine for a minimum of 6 weeks	
Has the mother disclosed to anyone in the household?	<input type="button" value="Yes"/> <input type="button" value="No"/>
Has the mother's partner been tested?	<input type="button" value="Yes"/> <input type="button" value="No"/>
Remember to offer testing for all the mother's other children if not yet done Offer a mother with unknown HIV status a rapid HIV test. If mother's HIV rapid test is positive, perform an HIV DNA PCR test on infant if $\geq 6/52$	

ROAD TO HEALTH

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Provider Initiated Counseling and Testing

- All children at 18 months of age or older should be offered PICT, regardless of the mother's HIV status
- If the child is 18 months of age or older and has never been offered PICT, refer the child to a health facility and place an (X) in the PICT Column of the Phila Mntwana Register
- If the child is 18 months of age or older and has previously been offered PICT, place a (✓) in the PICT Column of the Phila Mntwana Register

ART Support

- If the child is HIV-positive, ensure that the child is on ART and has been to the clinic in the past 4 weeks for a check-up and to collect medication
- If the child is HIV-positive and is not on ART or has not been to the clinic in the past 4 weeks, refer the child immediately to the health facility, place an (X) in the DOH Referral Column of the Phila Mntwana Register

Deworming Screening

- All children 1 – 5 years need deworming medication every 6 months
- Check the child's RTHB on page 9 to see whether deworming medication was issued to the child from age 1, for every 6 months

DEWORMING TREATMENT (Mebendazole or Albendazole)						
Dose	At age	Date given dd/mm/yy	Signature	At age	Date given dd/mm/yy	Signature
	12 mths	/ /		18 mths	/ /	
	24 mths	/ /		48 mths	/ /	
	30 mths	/ /		54 mths	/ /	
	36 mths	/ /		60 mths	/ /	
	42 mths	/ /				

ROAD TO HEALTH

- Refer the child to the health facility if deworming treatment is not up-to-date and place an (X) in the Deworming Screening Column of the Phila Mntwana Register
- If the child does not require referral, place a (✓) in the Deworming Screening Column of the Phila Mntwana Register

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Developmental Screening



- Assess the child's RTHB on page 13 to check if developmental milestones were assessed according to age
- If the child's milestones were not assessed according to age, refer to the nearest health facility and place an (X) in the Developmental Screening Column of the Phila Mntwana Register
- If the child's milestones were assessed and no referral is necessary, place a (✓) in the Developmental Screening Column of the Phila Mntwana Register
- If physical or mental disability is evident or suspected, refer the child to DSD for assessment and appropriate social intervention, (like Mental Health society/ NACROD), blind and deaf society, etc) and place an (X) in Developmental Screening Column of the Phila Mntwana Register

Handy Hints

- Ask the mother/caregiver for the child's Road-To-Health Book (RTHB)
- Check that the Child's RTHB is up to date and that all essential demographic information on page 4 RTHB is completed
- If the Child under 5 years of age does not have a RTHB (e.g. if the RTHB is lost or was not issued by the clinic), refer the child to the nearest clinic
- Emphasise the importance of keeping the RTHB safe and bringing it to every clinic visit and Phila Mntwana visit

Birth Registration



- Ask the mother/caregiver if the child's birth has been registered with the Department of Home Affairs.
- If the child's birth has not been registered, refer the mother/caregiver to Home Affairs and place an (X) in the Birth Registration Column of the Phila Mntwana Register
- If the child's birth has been registered, place a (✓) in the Birth Registration Column of the Phila Mntwana Register






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DEVELOPMENTAL SCREENING			
	VISION AND ADAPTIVE	HEARING AND COMMUNICATION	MOTOR DEVELOPMENT
ALWAYS ASK	Can your child see?	Can your child hear and communicate as other children?	Does your child do the same things as other children of the same age?
14 weeks	Baby follows close objects with eyes	Baby responds to sound by stopping sucking, blinking or turning	Child lifts head when held against shoulder 
6 months	Baby recognises familiar faces	Child turns head to look for sound	Child holds a toy in each hand 
9 months	Child's eyes focus on far objects Eyes move well together (No squint)	Child turns when called	Child sits and plays without support 
18 months	Child looks at small things and pictures	Child points to 3 simple objects Child uses at least 3 words other than names Child understands simple commands	Child walks well  Child uses fingers to feed
3 years	Sees small shapes clearly at 6 metres	Child speaks in simple 3 word sentences	Child runs well and climbs on things
5-6 years: School readiness	No problem with vision, use a Snellen E chart to check	Speaks in full sentences and interact with children and adults	Hops on one foot  Able to draw a stick person
REFER	Refer the child to the next level of care if child has not achieved the developmental milestone. Refer motor problem to Occupational Therapist/Physiotherapist and hearing and speech problem to Speech therapist/Audiologist if you have the services at your facilities.		

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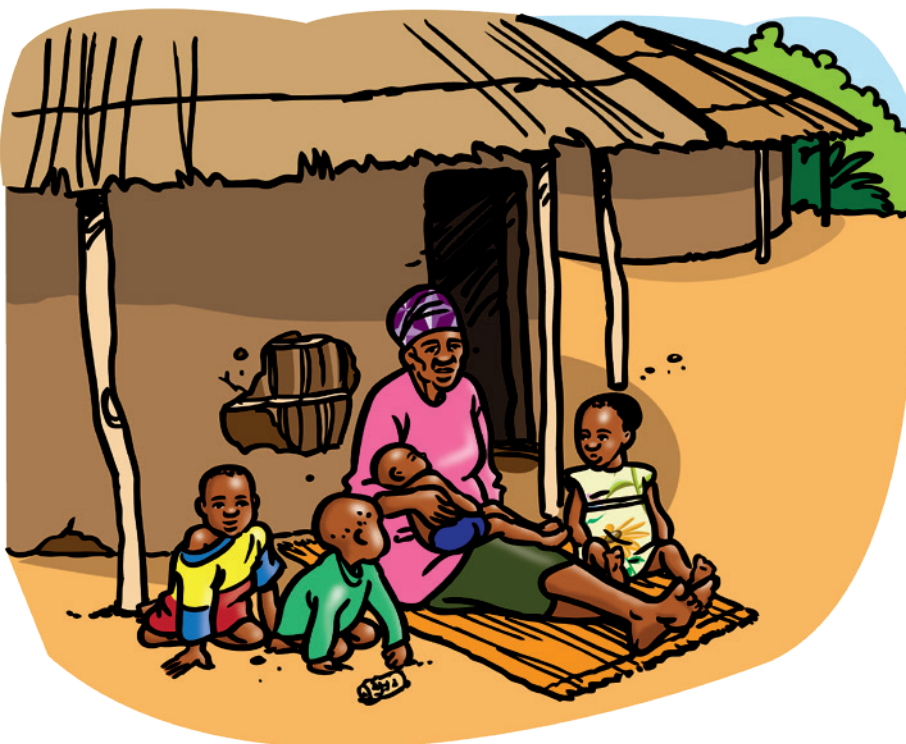
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Orphans and Vulnerable Children

- If the CCG suspects any type of abuse, neglect or thinks the mother/caregiver may be struggling to cope, refer the child to DSD and place an (X) in the Orphans and Vulnerable Children and DOH Column of the Phila Mntwana Registers
- If the child is living alone, without an adult caregiver or with an ill caregiver, refer the child to DSD and place an (X) in the Orphans and Vulnerable Children Column
- If the child has a disability and is not receiving appropriate care, refer the child to DOH and DSD and place an (X) in the Orphans and Vulnerable Children Column of the Phila Mntwana Register
- If no referral is necessary, place a (✓) in the Orphans and Vulnerable Children Column of the Phila Mntwana Register



Early Childhood Development Services

- If the child is between 3 – 5 years of age, ask the caregiver if the child goes to a creche, preschool or Early Childhood Development (ECD) centre
- If the child does not attend an Early Childhood Development Centre, encourage the mother/caregiver to enroll the child in an ECD service. Refer the child to DSD and place an (X) in the ECD Services Column of the Phila Mntwana Register
- If child attends regularly, place a (✓) in the ECD Services Column of the Phila Mntwana Register

Child Support Grant

- Ask the mother/caregiver if the child is getting a Child Support Grant
- If the child is not receiving a Child Support Grant, refer the child to SASSA and place an (X) in the Child Support Grant Column of the Phila Mntwana Register
- If the child is receiving a Child Support Grant, place a (✓) in the Child Support Grant Column of the Phila Mntwana Register

Other Reasons for Referral

- If the child requires referral for any reason other than the above mentioned referrals, place an (X) in the appropriate "Other Referrals" Column (DOH, DSD, SASSA and Other Departments)
- The reasons a child is referred for other services may include:
 - Presence of danger signs or other health conditions → refer the child to the health facility and place an (X) in the DOH Column
 - Victim of crime such as rape → refer the child to SAPS and place an (X) in the other Departments Column
 - Challenges with food security → refer the child to DSD and SASSA and place an (X) in both DSD and SASSA Columns
 - If the child has been assessed and no other referrals are necessary, place a (✓) in all the Other Referrals Columns



Module 4

Infectious Diseases

Module 4

Infectious Diseases

4

Lesson 4.1

HIV and AIDS

HIV and AIDS



Handy Hints

IMPORTANT!

Prevent getting HIV by knowing how it's spread and taking precautions, e.g. use condoms every time you have sex to prevent sexual transmission of HIV.

Ways in which HIV infection can happen

1. Having unprotected sexual intercourse with an HIV-positive person: this is by far the most common way in which HIV passes from person to person.
2. From an HIV-positive mother to the baby before or during birth, or through breast milk.
3. Through contact with HIV-positive blood through open wounds or broken skin.
4. Through the transfusion of HIV-positive blood, use of infected blood products, or accidents in the healthcare setting.
5. From sharing un-sterilised, contaminated drug needles, razor blades and other skin-piercing instruments.

Use the HIV Screening Tool (see Figure 19) to check your client's risk of HIV and encourage them to go for an HIV test. Follow up to make sure they have gone.



Handy Hints

Abstain, be faithful, condomise and know your status.

Figure 19: HIV Screening Tool

HIV Screening Tool

Read the following questions to all sexually active individuals and refer them to the clinic for HIV testing if you tick ANY ANSWER in the coloured blocks

	Y=Yes	N=No
1. Have you been tested for HIV in the last 3 months?	Y	N
2. Have you had sex including anal sex without a condom in the last 3 months?	Y	N
3. Have you had more than one sexual partner in the last 3 months?	Y	N
4. Do you suspect that your partner has other sexual partners outside of your relationship?	Y	N
5. Do you use needles or blades that have been used by other people?	Y	N

Note to the CCG:

Please read the following to the client

- If you have had an HIV test in the last three months and the test result was negative, you and your partner may be in the window period and should return to the clinic for a second HIV test to confirm your HIV status
- If you know your HIV status and you are HIV-positive, then go to the clinic to find out if you qualify for IPT to prevent TB

Module 4

Infectious Diseases

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Lesson 4.2

HIV Counselling and Testing (HCT)

HIV Counselling and Testing (HCT)

HCT Care Pathway

It is very important for everybody to know their HIV status. Couples should also go for HCT together so they get to know their HIV test results at the same time.



Handy Hints

Encourage your clients to go for an HIV test so they know their HIV status.



Once you have used the HIV Screening Tool and you have referred the clients for an HIV test, then you can use Figure 20: HCT Care Pathway to explain to them where to get tested and the steps in the testing process.



Handy Hints

IMPORTANT!

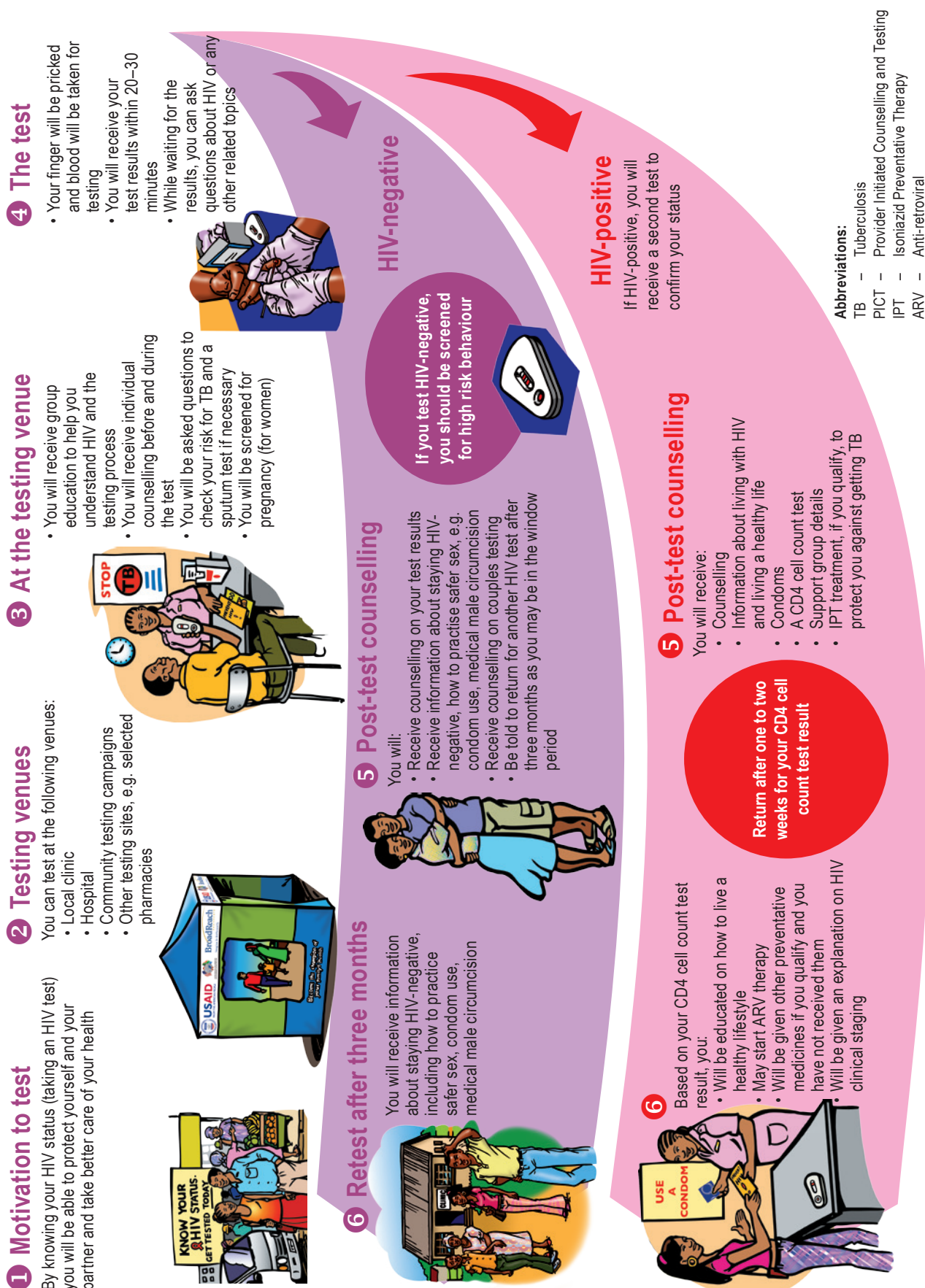
Talk to your HIV-positive clients about how to live positively with HIV.

HCT Care Pathway

Figure 20: HCT Care Pathway

Note to the CCG:

Please show and read this HCT Care Pathway to all clients that you refer for HIV testing.



Anti-retroviral (ARV) Therapy

ARVs, also known as anti-retrovirals, are medicines prescribed for adults and children to help manage HIV infection. ARV therapy helps to keep HIV under control by stopping the HIV virus from multiplying and growing in the body. This helps the immune system to recover, making it able to fight infections that may occur and allows the body to recover from any damage that the HIV might have already caused.



Use Figure 21 ARV Therapy Care Pathway to explain the steps in the process to getting ARVs.



Handy Hints

TAKE NOTE!

With ARVs, HIV can be treated like any other lifelong disease, e.g. high blood pressure, so encourage your clients to get tested for HIV and be checked to see if they qualify for ARV therapy. You can use the ARV Qualification Criteria card to explain to them when they will qualify.

It is very important that HIV-positive clients on ARVs take all the medicines exactly as prescribed by the healthcare workers. If they miss doses, it can cause the HIV virus to become resistant to the ARVs and that means the ARVs will no longer work.



Handy Hints

IMPORTANT!

Give your clients tips to help them remember to take their ARVs exactly as prescribed by the healthcare workers.

ARV Therapy Care Pathway

Figure 21: ARV Therapy Care Pathway

1 HIV counselling and testing (HCT)



You should receive:

- Post-test counselling after you have your HIV test
- If you have tested HIV-positive, information on living with HIV and how to stay healthy (including condoms)
- Details of support groups

Please refer to the HCT Care Pathway for the complete counselling and care that you should receive

7 Taking ARVs

Take ARVs at the same time every day for the rest of your life even after you start feeling better. (Together with your treatment buddy try to find ways so that you don't forget, e.g. set an alarm on your cell phone)



8 Monthly visits

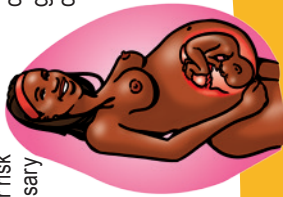
- Visit the clinic to collect ARVs and for a check-up as advised
- If you take your ARVs exactly as prescribed you will be placed in a Speed Queue to collect your medicines



2 Getting a CD4 cell count test and other screening

As you have tested HIV-positive, you will:

- Receive a CD4 cell count test
- Be asked questions to check your risk for TB and a sputum test if necessary
- A pregnancy test (for women)



6 Visit to doctor/nurse to start ARVs

If you qualify to receive treatment you will visit the doctor/nurse to collect your medicines to start treatment



3 Qualifying for ARVs

You will be started on ARVs based on your CD4 cell count test results, a clinical examination and any OIs e.g. TB that you may have. If your CD4 cell count is above what is stated in the guideline, you will have to have a CD4 cell count test every six months

5 Preparing for treatment

You should:

- Disclose to family
- Find a treatment buddy
- Join a support group in your area



4 ARV education

You will receive education on the importance of and the need for taking your ARVs exactly as prescribed by the healthcare workers

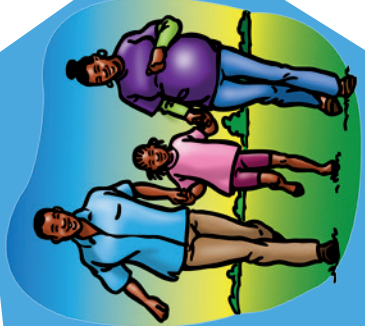
9 Follow up visits

Ask the healthcare workers at the clinic when you will need to have follow up tests done



10 Adherence

Continue taking ARVs as prescribed every day for the rest of your life, even when you feel healthy again



Abbreviations:

ARV – Anti-retroviral

HCT – HIV Counselling and Testing

OIs

– Opportunistic Infections

TB – Tuberculosis

Note to the CCG:

Please show and read this ARV Therapy Care Pathway to all clients who have tested HIV-positive or who are on ARVs.

Anti-retroviral (ARV) Therapy

When you are visiting a client who takes ARVs use the ARV Adherence Screening Tool (see Figure 22) to check if they have missed any medicine. If they have, you need to refer them to the clinic and follow up to make sure that they have gone

Figure 22: ARV/TB Adherence Screening Tool

ARV/TB Adherence Screening Tool

Read the following question to clients on ARVs/TB medicine and refer them to the clinic if the answer is 'YES'

Y=Yes **N=No**

1. Have you missed two or more doses of your medicine in the past month?

Y

N

Administering liquid medication to children

Sometimes it is difficult to give children medicine especially if it doesn't taste nice. Please use the picture in Figure 23 to explain to the mother or caregiver how to give medicine to children.



Module 4

Infectious Diseases

4

Lesson 4.3

Anti-retroviral (ARV)
Therapy

Figure 23: How to administer liquid medication to children

It is important to know:

- The name of each medicine
- When and how often to give
- How much to give of each medicine (this may change at almost every visit)

ENSURE: that the exact amount is given each time

1

The amount of medicine to give appears on the container label or the doctor may prescribe the dose

2

A dropper or syringe can be used



3

If the label states, for example, to give 2ml you will do as follows:

- a. Place the tip of the syringe/dropper in the liquid medicine
- b. When the syringe is used, draw the liquid until the plunger is in line with the correct number. When a dropper is used, squeeze and release the soft rubber squeezer for the liquid to be drawn up into the glass tube
- c. If using the syringe, hold the syringe with the tip pointing up. Flick the syringe to move any bubbles in the liquid towards the tip – then push the plunger to remove the bubbles. Should a dropper be used, squeeze the rubber to release drops until the required amount is in the glass tube
- d. Repeat steps 1 and 2 if necessary

4

Never mix medicines in a syringe

5

Give this amount to the child in their mouth, e.g. 2ml



What do I do if the child vomits after taking the medicine?

- If the child vomits within 30 minutes of giving the medication, give it again
- If it happens after 30 minutes do not give it again until the next dose

What must I do if I forgot to give the medicine?

For 12 hourly doses:

- If you remember within 6 hours give it
- If it is more than 6 hours – skip the dose

For once daily doses:

- If you remember within 12 hours give it
- If it is more than 12 hours – skip the dose

NEVER GIVE A DOUBLE DOSE!

Module 4

Infectious Diseases

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Lesson 4.4

Prevention of Mother-To-Child Transmission (PMTCT)

Prevention of Mother-To-Child Transmission (PMTCT)

PMTCT stands for the Prevention of Mother-To-Child Transmission of HIV. An HIV-positive woman can pass HIV to her baby during pregnancy, labour and delivery or breastfeeding.

It is important for the mother to test for HIV before she becomes pregnant and during her pregnancy so that if she is HIV-positive she can start on treatment and prevent the HIV from being transmitted to the baby.

Make sure that your pregnant clients book for antenatal care before 14 weeks of pregnancy so that they receive the care that they need for themselves and their babies.

You can use the PMTCT Care Pathway (see Figure 24) to explain to mothers what the steps are in the PMTCT process and what care she should expect for both herself and her baby at each of these steps.

Encourage your female clients to go for an HIV test so they know their HIV status. This will help prevent HIV from being passed to the baby.



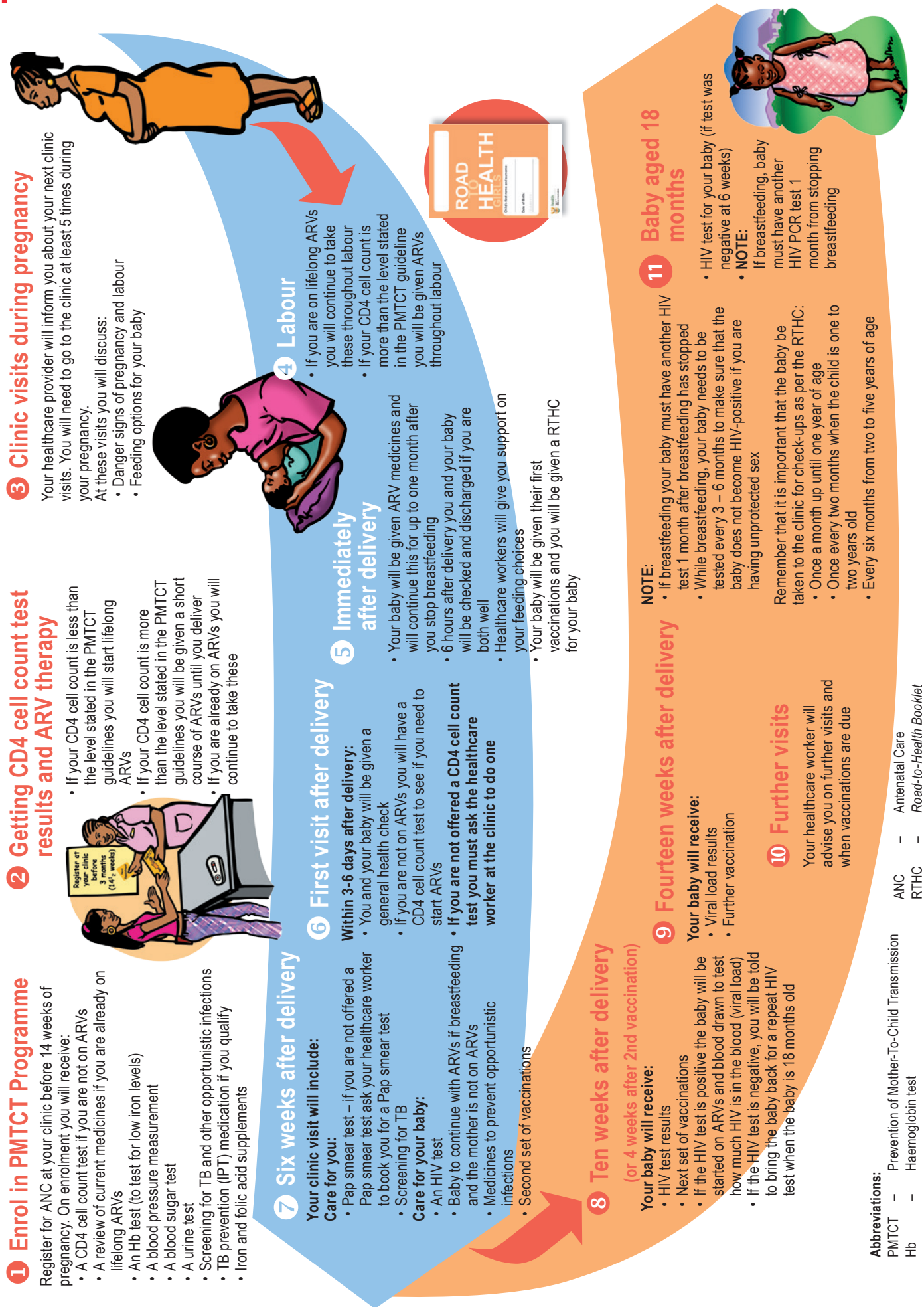
Handy Hints

IMPORTANT!

Talk to the mother about the importance of exclusive breastfeeding to lower the risk of HIV being passed from mother to baby.

PMTCT Care Pathway

Figure 24: PMTCT Care Pathway



Module 4

Infectious Diseases

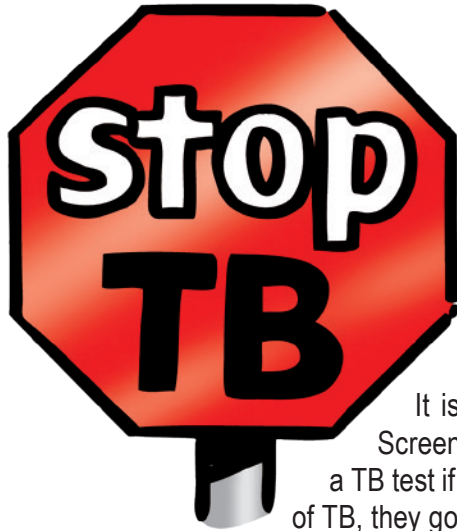
4

Lesson 4.5/4.6/4.7

*Tuberculosis (TB),
TB Treatment and TB in
Children*

Tuberculosis (TB), TB Treatment and TB in Children

The TB bacteria can attack any part of the body, but it usually attacks the lungs. TB is spread through the air when people who have the disease cough, sneeze or spit. TB is the most common opportunistic infection among people living with HIV.



Handy Hints

Encourage your clients to go for an HIV test so they know their HIV status.

It is important to screen all your clients for TB when you visit them. Use the TB Screening Tool (see Figure 25) to check their risk for TB and refer them to the clinic for a TB test if necessary. You need to follow up to make sure that, if they have any of the signs of TB, they go to the clinic for a TB test immediately.

Stop TB!

Use the TB Screening Tool to screen all household members.

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Infectious Diseases

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Lesson 4.5/4.6/4.7

Tuberculosis (TB),
TB Treatment and TB in
Children

Figure 25: TB Screening Tool

TB Screening Tool

Read the following questions to all individuals in the household and refer them for TB testing at the clinic if you tick ANY ANSWER in the coloured blocks

	Y=Yes	N=No
1. Have you been coughing for more than two weeks?	Y	N
2. Have you recently coughed up blood in your sputum?	Y	N
3. Have you been losing weight for no reason?	Y	N
4. Have you lost your appetite?	Y	N
5. Are you sweating a lot at night?	Y	N
6. Are you having chills that keep coming back and last for three days or more?	Y	N
7. Do you have chest pains?	Y	N
8. Do you get short of breath if you are walking or doing minor household chores?	Y	N
9. Do you have swellings in the neck, armpit or elsewhere?	Y	N
10. Have you been in contact with anyone who is on TB Treatment, or has been on TB Treatment in the last 6 months?	Y	N

Note to the CCG :

Please read the following to the client

- If you know your HIV status and you are HIV-positive and if you have been coughing for 24 hours, you should go to the clinic for a TB test



Handy Hints

All children under 5 years who are in close contact with a person infected with TB should visit the clinic to get medicine to stop them from getting TB.







Use Figure 26 to show your clients the picture of a sick family and ask them to comment on what they see that is wrong with this family.

Infectious Diseases

*Tuberculosis (TB),
TB Treatment and TB in
Children*



Figure 26: Sick family

	The grandfather is coughing without covering his mouth which will spread the TB germs
	The father and the grandfather have been drinking alcohol. This can cause the person to become forgetful and not take all the TB treatment. The calendar on the wall shows that some TB doses have been missed
	The child on the floor is playing with the dirty tissues that have been used by the grandfather. The bin holding the tissues is open so it is easily accessible for the children
	The windows are closed so there is poor ventilation in the room
	There is no healthy food on the shelves for the family to eat
	The father looks sick and should also be tested for TB

Now show the client Figure 27, the picture of a healthy family, and ask them to point out the differences between this picture and the picture of the sick family

Module 4

Infectious Diseases

4

Lesson 4.5/4.6/4.7

Tuberculosis (TB),
TB Treatment and TB in
Children



Figure 27: Healthy family

Module 4

Infectious Diseases

4

Lesson 4.5/4.6/4.7

*Tuberculosis (TB),
TB Treatment and TB in
Children*

- The mother is washing her hands
- The grandfather is covering his mouth when he coughs
- The windows are open for good ventilation
- There is healthy food on the shelves and fresh vegetables available
- The baby is not playing amongst the dirty tissues on the floor but is rather on the back of the caregiver
- The bin is closed with no tissues lying on the floor
- There is no alcohol being consumed rather water in the glass
- There are no missed dates on the calendar for treatment taken
- The grandfather has his TB treatment



Handy Hints

TB treatment can cure TB. You need to encourage your clients who are on TB treatment to take it exactly as prescribed by healthcare workers so that their TB can be cured.

Module 4

Infectious Diseases

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Lesson 4.8

Sexually Transmitted Infections (STIs)

Sexually Transmitted Infections (STIs)

HIV and AIDS is a Sexually Transmitted Infection, just like other STIs. It is much easier to get infected with HIV if a person already has another STI. Therefore, it is important to refer any clients who may complain of signs of STIs or who report that their partner has an STI to the clinic immediately.



Handy Hints

Encourage your clients to go for an HIV test so they know their HIV status.

Use the STI Screening Tool (see Figure 28) with all sexually active clients to help you decide if they need to be referred to the clinic.

Use the STI Screening Tool and refer to the clinic if necessary. Follow up to make sure that they have gone to the clinic.

Figure 28: STI Screening Tool

STI Screening Tool

Read the following questions to all sexually active individuals and refer them to the clinic for STI assessment if you tick ANY ANSWER in the coloured blocks

	Y=Yes	N=No
1. Have you had unprotected sex with a partner who you suspect may have an STI?	Y	N
2. Is your partner being treated for an STI?	Y	N
3. Do you have abnormal and/or smelly discharge from your vagina or penis?	Y	N
4. Do you have abnormal bleeding from your vagina or penis?	Y	N
5. Do you experience pain or burning during sex?	Y	N
6. Do you experience pain or burning when you pass urine?	Y	N
7. Do you experience lower abdominal pain?	Y	N
8. Can you see sores on your vagina, penis or anus?	Y	N
9. Is your vagina, penis or anus painful or itchy?	Y	N
10. Have you or your partner been tested for HIV in the last 3 months?	Y	N

How to prevent getting an STI?

There are several ways that a person can prevent themselves from getting a STI:

- Using a condom every time they have sex
- If a client or the client's partner has an STI, they need to get treated as soon as possible. They must always use a condom
- Being faithful to one partner, who is also faithful to them in turn and make sure that neither partner has an STI
- Not having sex at all (abstaining)



Handy Hints

Talk to your clients about the importance of disclosing to their partner/s if they have been diagnosed with an STI.

Opportunistic Infections (OIs)

An opportunistic infection (OI) is an illness that can happen in people whose immune system is weak (such as people with HIV) but does not harm a healthier person. OIs can happen in anyone who has a weak immune system, and not only in people who are HIV-positive. Some of these can be prevented by taking medicines, but many of these illnesses are very serious and need to be treated with special medicines. Some of these opportunistic infections are also known as AIDS-defining illnesses in people who have HIV. These are illnesses that are very seldom found in people who have healthy immune systems.



Handy Hints

Remember TB is an OI so if the client is coughing for more than 24 hours they need to go for TB screening at the clinic.



Handy Hints

TAKE NOTE!

Encourage your clients to have an HIV test. This will help them start ARVs sooner if they need it and will lower the risk of the client getting an OI.

Prevention of HIV and STIs: The Role of Condoms

Condoms prevent the male and female body fluids (semen and vaginal fluids) from mixing. If condoms are used consistently and correctly during sexual intercourse they prevent the following:

1. Semen from entering the woman's vagina
2. Contact with body fluids like semen and vaginal fluids in which the HIV virus lives
3. The spreading of sexually transmitted infections (STIs)

Use Figure 29 on how to use a male condom and Figure 30 on how to use a female condom to help you remember what to tell a male and female client about how to use a condom. Remember to use the condom demonstrator to show how to use the male condom.



Male condom



Female condom

Module 4 Infectious Diseases

4 Lesson 4.10 *Prevention of HIV and STIs: The Role of Condoms*

Figure 29: How to use a male condom

How to use a male condom

It is important to select and use the right size condom. If the condom is too large it may slip off during intercourse. If the condom slips off during intercourse, a new one should be used. A new condom should be used each time there is sexual intercourse. Condoms should not be used more than once.

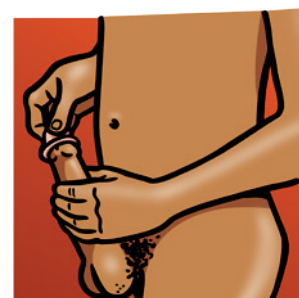
Step 1

The condom packet should be sealed. Condoms from an open packet should not be used. If the date stamped on the condom packet has passed, then it has expired and should not be used because the rubber will not be protective. Condoms should not be left in the heat or in direct sun. When opening the condom care should be taken not to damage the condom. Avoid tearing it with the teeth or sharp fingernails.



Step 2

The condom should only be put on when the penis is erect. Check which way the condom will unroll, then hold the condom at the teat/tip and squeeze the air out of the teat/tip. Leave the small section at the top for the semen to fill. The condom should be gently unrolled down the full length of the penis, making sure there are no air bubbles because they may cause the condom to break during sexual intercourse.



Step 3

After sexual intercourse, the penis should be slowly removed from the partner while it is still erect. Hold the condom at the base of the penis to prevent it from slipping off. The condom should be removed from the penis carefully.



Step 4

A knot should be tied in the condom to prevent the fluid from spilling, and then it should be wrapped in a tissue and thrown away in the bin or burned. It should never be left lying around where children and other people can come into contact with it. The man should wash his hands.



It is important that oil-based lubricants are not used with condoms as these cause the condom to break up. This will mean that the condom will no longer offer any protection.

Module 4

Infectious Diseases

4

Lesson 4.10

*Prevention of HIV and STIs:
The Role of Condoms*

Figure 30: How to use a female condom

How to use a female condom

The female condom is a long tube of thin plastic. It has a small closed end and a large open end and each end contains a flexible ring. It can be inserted up to half an hour before intercourse if necessary.

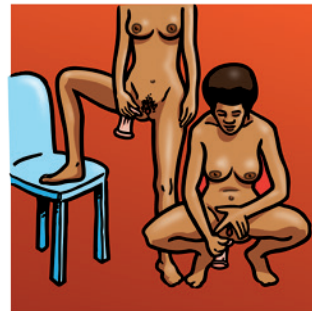
Step 1

Check the expiry date on the condom packet. Check the condom package to make sure that there are no cracks, holes or open sides by placing the condom casing between the thumb and forefinger and pressing gently. Gently push the condom inside the package to one side to allow room to tear open the package. Carefully remove the condom using the fleshy part of the fingers and not fingernails.



Step 2

The outer ring covers the area around the opening of the vagina. The inner ring is used for insertion and helps to hold the sheath in place during sexual intercourse. While holding the female condom at the closed end, grasp the flexible end and squeeze it with the thumb and second and middle finger so that it becomes long and narrow. Push the condom into the vagina, making sure that the outer ring stays outside and is flat. To make insertion easy, the woman can squat or lie on her back or put one foot on a chair. It is important that oil-based lubricants are not used with condoms as these will cause the condom to break up. This will mean that the condom will no longer offer any protection.



Step 3

Guide the erect penis into the condom, making sure it does not enter around the side. The female condom is loose-fitting and will move during sexual intercourse. If it feels like the outer ring is being pushed in while having sex, stop and pull the outer ring back to its original position.



Step 4

To remove the condom, twist the outer ring to keep the sperm inside then gently pull the condom out of the vagina.

Step 5

Wrap it in a tissue and dispose of it appropriately by throwing it in a waste bin. Do not flush the condom down the toilet. Do not use the condom again. They must always use a new condom every time they have sex.



Prevention of HIV: The Role of MMC

Medical Male Circumcision (MMC) is the removal of the entire foreskin, which is the skin covering the tip of the penis, by a trained healthcare worker. MMC is different from traditional circumcision, which is done for religious reasons or as part of a coming of age or initiation ceremony.



IMPORTANT!

Male circumcision will only work in reducing the risk of getting HIV if the entire foreskin is removed. Partial circumcision does not reduce the risk of HIV infection.

Handy Hints

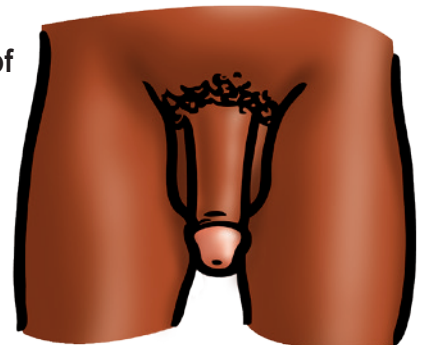
The following are the health benefits of full male circumcision:

- The penis is easier to clean
- Improves sexual pleasure as the foreskin which can bruise and tear during sexual intercourse will be removed
- Cells that attract HIV have been removed, hence there is a reduced risk of HIV infection during unprotected sex
- Reduces the risk of the man getting infected with HIV because there is no tearing and bruising
- Reduces the risk of cancer of the penis

Ask at the clinic or hospital about where males can be circumcised.

Under no circumstance is unprotected sex safe. Circumcision is one part of the full package of protection against the spread of HIV.

Full circumcision



IMPORTANT!

Condoms should always be used whether circumcised or not.

Handy Hints

Stigma and Discrimination

Stigma causes fear and unfair treatment of people because it is believed that they are different. Discrimination happens when people are treated unfairly because of stigma. In the case of HIV, this prevents people looking for the help they need and this makes it difficult to control the spread of the HIV, because people are frightened of letting others know that they are HIV-positive.

Table 7: Common myths and facts about HIV

Myths about HIV	Facts about HIV
'HIV is God's punishment and a person with HIV has sinned or is dirty'	HIV is a medical condition. HIV is not a punishment and no one is guilty or innocent
'A person can get HIV through casual contact.' This myth has led to children living with or affected by HIV not being allowed to attend school because of fears that they pass on HIV to other children	By law children have the right to go to school, whether they are HIV-positive or not. HIV cannot be passed on through casual contact. Take care when attending to any person that is bleeding by using latex gloves or an alternative
'If someone insists on using condoms, that person is HIV-positive'	Everyone should use condoms whether they are HIV-positive or not, because it is the responsible thing to do. It is everyone's responsibility to protect their health and that of their partner. People should be worried by someone who does not want to use a condom
'HIV only happens to some people who are gay, black, poor or migrants'	Anyone can get HIV. It does not matter whether they are rich, poor, educated or uneducated or a respected leader in the community
'HIV brings shame upon communities.' People have been hidden, abandoned and sometimes even killed because of their HIV status	The Constitution of South African prevents discrimination against people because of their health status. The support of family and friends is very important for the safety of the HIV-positive person
'People with HIV are sick, don't work and will burden their companies.' People they work with may refuse to share an office with someone living with HIV for fear of getting HIV	A person with HIV can live a healthy life, where they continue to provide for their families for many years if they take good care of themselves and take their ARVs regularly. Employers may not test someone for HIV without their informed consent

Cholera

How does a person know if someone has cholera?

In some cases the signs of cholera are very mild but cholera can be very serious. The cholera bacteria are found in rivers, streams, lakes or pools of water that are unclean and used as toilets.



Handy Hints

Always drink clean water. Treat all water that comes from rivers and streams even if it looks clean. It must be treated before drinking or cooking with it.

To make water safe:

- Collect fresh water every day
- Pour water through a clean cloth
- Do one of the following:
 - Pour 1 teaspoon of bleach into 20 to 25 litres of water. Mix well and wait at least 30 minutes or
 - Boil the water. Let it bubble for one minute to make it clean and safe
- Safe water can easily get dirty. Store the safe water in a clean closed container
- To use the safe water:
 - Use a clean cup each time to scoop water from the container or
 - Pour water from the container when you need it

Someone who has the following symptoms may have cholera and needs to be referred to the clinic:

- Extremely watery diarrhoea which is light white in colour (it can look like the water left over when cooking rice)
- Vomiting
- Weakness and confusion
- Cramps in the legs

Generally these symptoms appear after two or three days of becoming infected but it is possible to become very sick within a few hours.



Handy Hints

CAREFUL!

Babies and young children can become very sick very quickly when they have watery diarrhoea. It is best to take them to the nearest clinic as soon as possible.

Typhoid

What are the signs and symptoms of typhoid?

Typhoid is a serious illness which is spread through food and water which has been contaminated by stools of people infected with the Salmonella bacteria. After being infected, it takes between one to two weeks for the symptoms to show. Once infected, the person can be sick for about four to six weeks. They will have some or all of the following signs and symptoms. If the client has any of these symptoms they must be referred to the clinic:

- poor appetite (not wanting to eat)
- headaches
- aches and pains all over the body
- high fever
- tiredness
- diarrhoea
- vomiting
- belly pain which can be very severe



Handy Hints

CAREFUL!

After treatment patients can carry the typhoid bacteria for a very long time. The healthcare provider will give medicines to make sure all the Typhoid has been removed from the body.

Some patients suffer from a very mild illness without any of the above symptoms. As a result, the patients do not know that they have typhoid and do not go to the clinic for treatment. These patients can continue to pass the typhoid bacteria to others for a very long time, sometimes for years, unless they are treated.



Handy Hints

Thoroughly wash hands with soap and clean (treated) water, before cooking and/or eating, after using the toilet and after changing nappies.



Malaria

What are the signs and symptoms of malaria?

They suffer from:

- fever
- shivering
- muscle aches
- headaches
- tiredness

Some patients may also have:

- nausea
- vomiting
- cough
- diarrhoea

How does a person know if someone has malaria?

If the client has any of these signs and lives in or has travelled to areas where there is malaria, then they need to go to the local clinic as soon as possible. They may be sent to the hospital to get tested for malaria. The finger is pricked with a needle and a drop of blood is taken from the finger. The doctor or healthcare worker will look at this drop of blood under the microscope to see if there are any germs that cause malaria.



Module 4

Infectious Diseases

4

Lesson 4.16

Rabies

Rabies

Signs and symptoms of rabies may include the following:

- Feeling anxious and irritable
- Drooling (spit running out of mouth)
- Convulsions (fits)
- A tingling feeling in the place where the person was bitten
- The body feels numb
- Muscles feel as though they don't work properly
- A light fever
- Muscle spasms (the muscles pull tight and it can be painful)
- Pain at the site of the bite
- Restlessness
- Difficulty in swallowing and fear of water



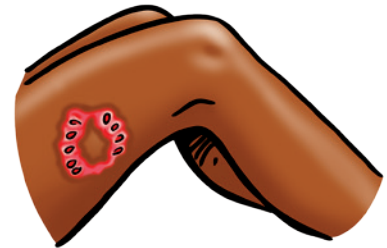
Handy Hints



If the client has any of these symptoms they must be referred to the clinic.

Dog bites are a common cause of rabies in South Africa. Other wild animals that can spread the rabies are:

- Mongooses
- Meerkats
- Bats



TAKE NOTE!

The actual time it takes between when a person gets infected and when a person gets sick is called the 'incubation period'. It can take from 10 days – 7 weeks before a person shows signs of sickness for rabies. However, in most cases, it takes between 3 – 7 weeks before a person shows any signs of sickness.

Handy Hints



- Vaccinate domestic animals (dogs and cats) against rabies
- Know the signs and symptoms of rabies
- Remember to wash any bite and GO to the clinic

Module 5

Chronic Conditions

Module 5

Chronic Conditions

5

Lesson 5.1

High Blood Pressure

Chronic conditions or chronic diseases are diseases that are not infectious but they will be with a person for the rest of their life and they may need treatment. Chronic diseases that are most common are diabetes, high blood pressure and high cholesterol, which can lead to heart attacks and strokes. The health tips contain important information for all these chronic conditions.

Health tips for chronic conditions

- Take all medicine as prescribed by the doctor
- Stop smoking or smoke less
- Exercise – it is important to stay active
- Lose weight if overweight
- Eat healthy food
- Go for regular check-ups
- Stop drinking alcohol or drink less alcohol
- Drink lots of water
- Collect your medicines regularly and go for check-ups at the clinic



High Blood Pressure

What are symptoms of high blood pressure?

The person with high blood pressure may not show any signs at all, until it's too late. Two out of every three people actually do not know that they have high blood pressure. It is a good idea for people to check their blood pressure regularly, especially as they get older.



Handy Hints

IMPORTANT!

It is very important that if a client has any of these symptoms, they must go to the clinic immediately to have their blood pressure checked.

Module 5

Chronic Conditions

5

Lesson 5.1

High Blood Pressure

Extremely high blood pressure may lead to some symptoms, and these include:

- Severe headaches
- Tiredness or confusion
- Dizziness
- Nausea
- Problems with vision (blurred eyesight)
- Chest pains
- Difficulty breathing
- Irregular heartbeat
- Blood in the urine
- Pounding in the chest, neck or ears



Helping to control blood pressure

- Eat 3-6 small meals each day and not 2 – 3 large meals
- Eat a healthy diet
- Overweight people should lose weight
- Limit salt intake by decreasing the amount of salty foods that are eaten each day
- Reduce the amount of alcohol that is drunk
- Stop smoking
- Cut down on the amount of caffeine drinks (e.g. coffee, tea (not Rooibos), fizzy drinks, or energy drinks)
- Exercise for at least 30 – 40 minutes at least 3 to 4 times a week
- Take the medicines as instructed by the healthcare worker

Module 5

Chronic Conditions

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Lesson 5.2

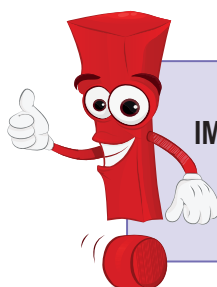
Diabetes

Diabetes

How will someone know that they have diabetes?

If a person has diabetes then they may have the following symptoms:

- Tiredness
- Blurred eyesight (eyesight)
- Dizziness
- Severe thirst
- Frequent urination (passing urine often)
- Headaches
- Hunger
- Loss of feeling in the feet



Handy Hints

IMPORTANT!

If a client has any of these symptoms, they must go to the clinic as soon as possible.

Helping to control diabetes

- If overweight, try and lose some weight. Being overweight requires the body to produce more insulin and this causes strain on the body
- Eat a healthy diet
- Exercise at least 3 to 4 times a week
- Avoid sugary foods and sweets
- Stop smoking
- Go for regular check-ups. If there is a family member with diabetes, the client should ask the nurse at the clinic to check their blood sugar regularly



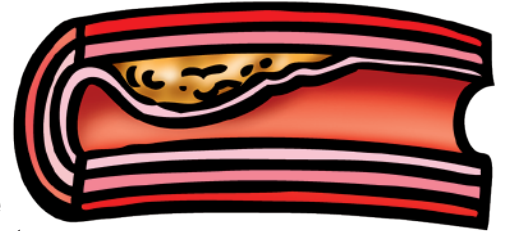
Handy Hints

- Limit sweets and sugary foods that are turned directly into blood sugar
- Eat smaller meals, more often, to keep sugar level in the blood stable
- Watch the amount and time of day that starch is eaten
- Eat a lot of whole grain foods, like whole fruits and vegetables. They are digested more slowly and don't enter the bloodstream all at once
- Don't substitute fat for carbohydrates. It makes the sugar go up and makes a person gain weight
- Limit alcohol intake. Most alcohol is made out of sugar

Cholesterol

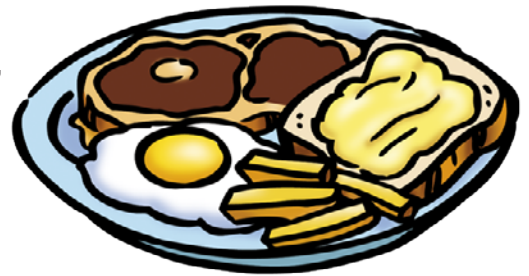
What is cholesterol?

Cholesterol is a fatty substance that is produced by the liver and it is also taken in with the food people eat. There are several types of cholesterol, some are 'good' and some are 'bad'. As cholesterol moves around in the bloodstream, it builds up in the walls of the blood vessels, specifically the arteries. (Arteries carry blood that has oxygen in it from the heart to the rest of the body). This build-up of cholesterol is called plaque. The more the plaque grows, the more the walls of the artery will harden and thicken. This will lead to the flow of blood being blocked.



Where is cholesterol found?

Cholesterol is mostly found in foods that come from animals such as eggs, meat, fish, dairy products, and butter. It is also found in foods made with butter like cake, cookies, and biscuits. Cholesterol is not found in fruit and vegetables.



How can a person tell if they have too much cholesterol in their bloodstream?

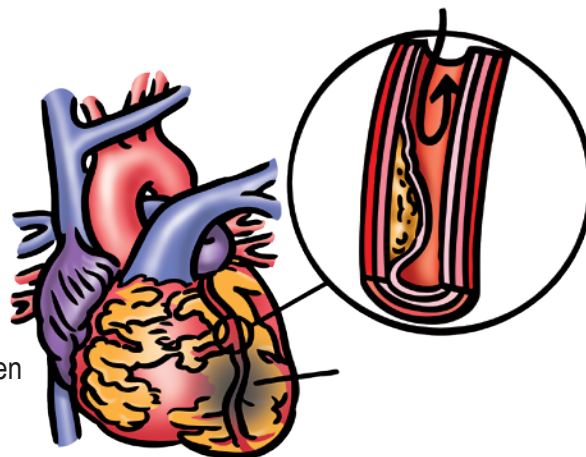
If a person has high cholesterol they usually won't know about it as in most cases there are no signs or symptoms. High cholesterol is not something that one can see or feel. The only way for a person to know if they have high cholesterol is if they have a test done at the clinic. Some people also get hard spots that look like pimples on their eyelids which can be a symptom of cholesterol.

Heart Attack

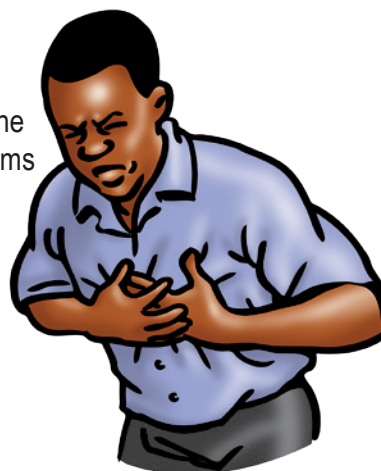
What are the symptoms of a heart attack?

The symptoms for heart attacks are:

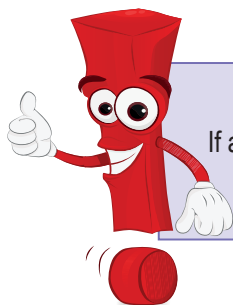
- Heavy pressure, tightness, crushing pain (like something heavy on the chest) in the centre of the chest. This may feel like indigestion (upset stomach), spread to shoulders, arms, neck or jaw and/or last for more than 15 minutes. It may stop or weaken and then return
- Feeling sweaty or breathless
- Feel sick or vomiting
- Feeling very anxious
- Feeling faint or lightheaded
- Shortness of breath
- Feeling tired



The symptoms of a heart attack can come on suddenly, but sometimes the pain develops more slowly. Sometimes the person may not have any symptoms at all, especially if they are elderly or have diabetes.



Handy Hints



If a person suspects someone is having a heart attack, they must call 10177 for help immediately.

Reducing the risk for a heart attack

- Stop smoking
- Lower high cholesterol and avoid fatty foods in the diet
- Lower high blood pressure
- Control blood sugar levels if diabetic
- Be physically active everyday; doing at least 30 minutes of physical activity 3 to 4 times a week can help lower blood pressure, lower cholesterol and keep weight at a healthy level
- If overweight then lose weight
- Control stress levels
- Reduce the amount of alcohol that a person drinks

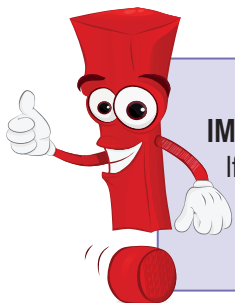
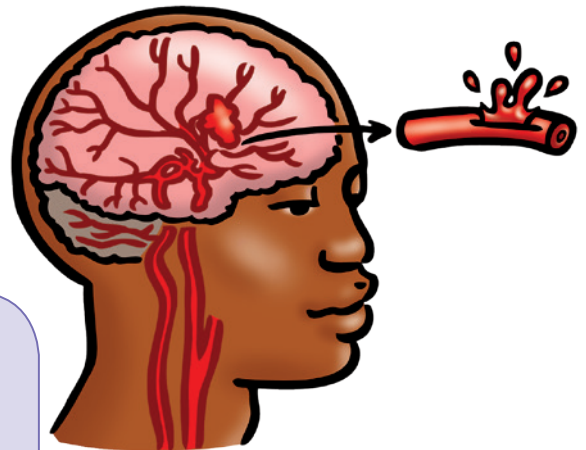
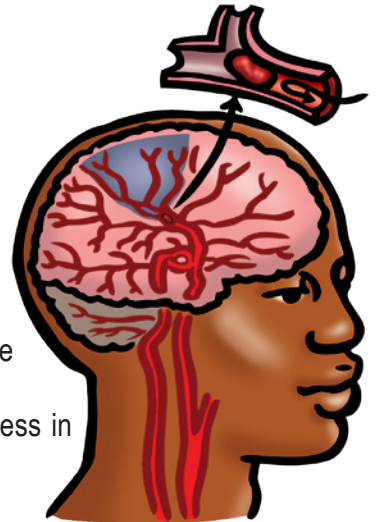
Stroke

A stroke is what happens when the blood supply to part of the brain is cut off.

What are the signs and symptoms of a stroke?

There are five major signs for a stroke:

1. Sudden numbness or weakness of the face, arm or leg, especially on one side of the body. The person may find it difficult to move on their own. There may be a tingling sensation in the part of the body that is affected
2. Sudden confusion or trouble speaking or understanding. Sometimes weakness in the muscles of the face can cause drooling
3. Sudden trouble seeing in one or both eyes
4. Sudden trouble walking, dizziness, loss of balance
5. Sudden, severe headache without a cause



Handy Hints

IMPORTANT!

If any of the symptoms mentioned above suddenly appear, the person must get **immediate medical attention**.

Reducing the risk for a stroke

- Having their blood pressure, blood sugar and cholesterol checked regularly
- Stop smoking
- Exercise regularly
- Avoid heavy drinking
- Cutting down on salt and fatty foods and eating plenty of fruit and vegetables

Breast Cancer

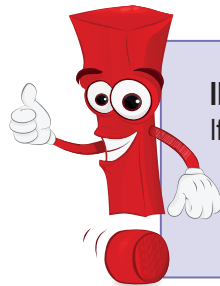
What are the symptoms of breast cancer?

Early breast cancer usually does not cause symptoms. A lump may be too small to feel or to cause any unusual changes that they can notice.

This is why regular breast examinations are important. As the cancer grows, symptoms may include:

- Lump in the breast or the armpit that is hard, has uneven edges, and usually does not hurt
- Change in the size, shape, or feel of the breast or nipple – for example, there may be redness, dimpling, or puckering that looks like the skin of an orange
- Fluid coming from the nipple – may be bloody, clear to yellow, green, and look like pus
- Pain in the breast
- Pain in the nipple or the nipple turning upwards

Use the pictures in Figure 31 which show some of the symptoms of breast cancer to show your clients what to look out for.



IMPORTANT!

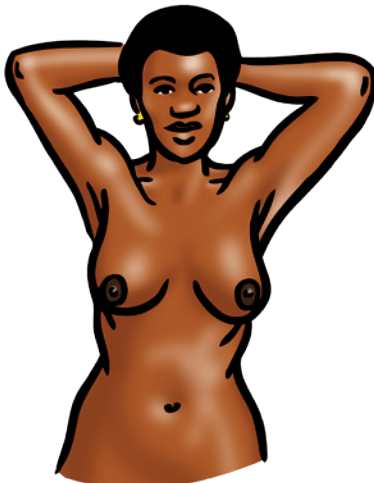
If the client says that they have any of these symptoms, they must go to the clinic as soon as possible for further examination and tests. As with other cancers, it is better for breast cancer to be found and treated as early as possible.

Handy Hints

Breast self-examination

There is a very simple way to detect breast cancer early. Every woman should check her breasts every month by doing breast self-examination. This check should be done one week after a menstruation period has ended.

Look



Feel



Module 5

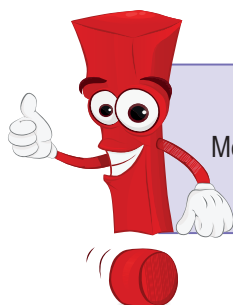
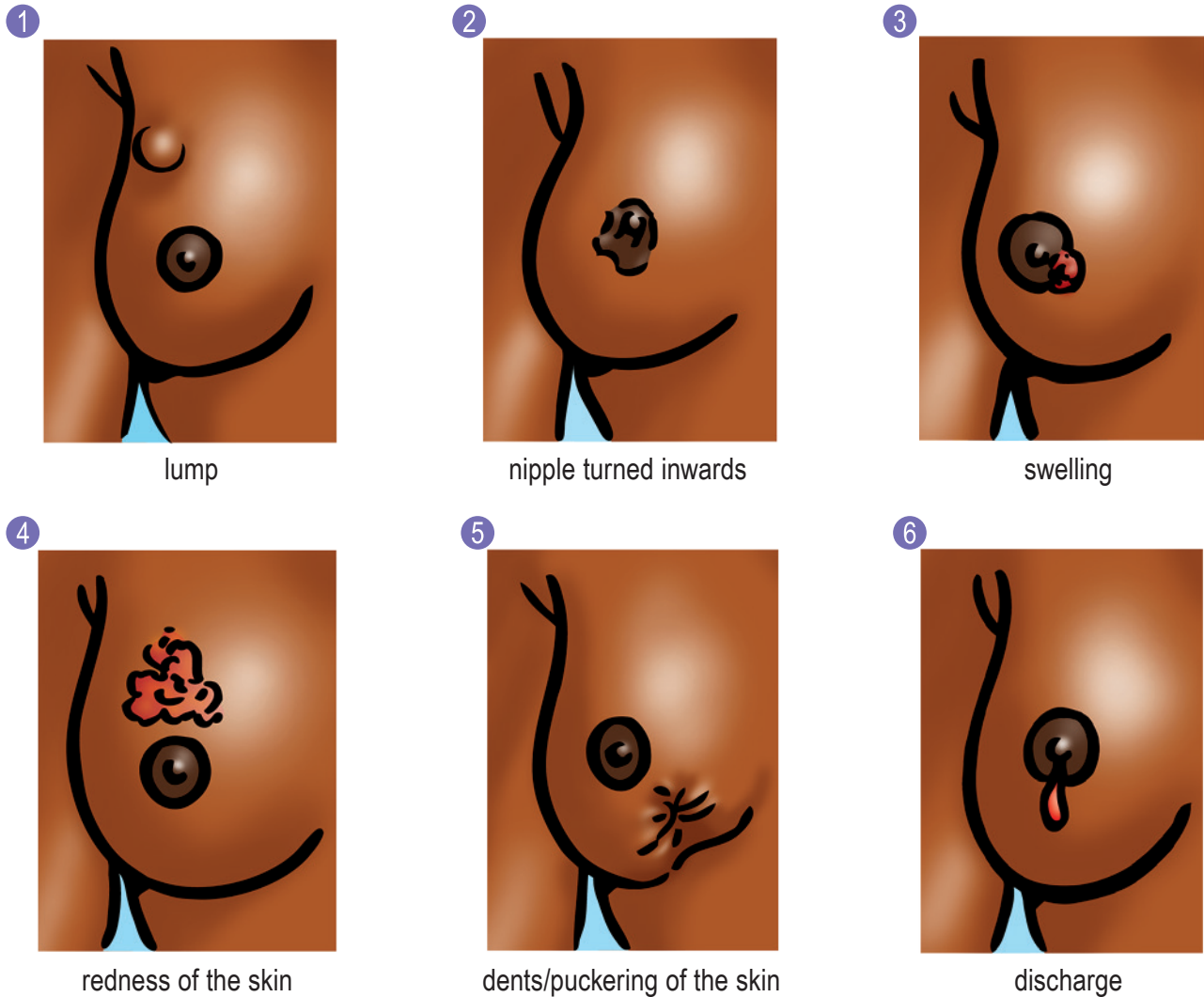
Chronic Conditions

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Lesson 5.6

Cancer

Figure 31: Symptoms of breast cancer



Handy Hints

Men can get breast cancer too. Symptoms include breast lumps and breast pain and tenderness.

Module 5

Chronic Conditions

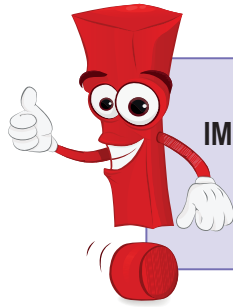
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Lesson 5.6

Cancer

Cervical Cancer

The clinic can do a test called a PAP smear test to check for cervical cancer.



Handy Hints

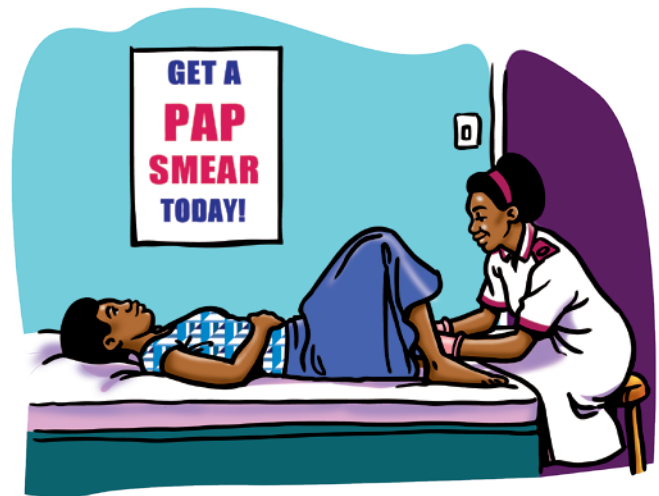
IMPORTANT!

If the client says that they have any of these symptoms, they must go to the clinic as soon as possible for further examination and tests.

What are the symptoms of cervical cancer?

Most of the time, early cervical cancer has no symptoms. Symptoms that may occur can include:

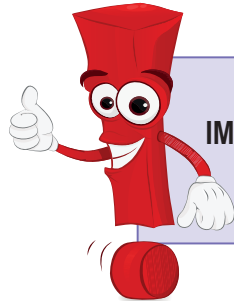
- Abnormal vaginal bleeding
 - Bleeding that occurs between regular menstrual periods
 - Bleeding after sexual intercourse, douching, or a pelvic examination
 - Menstrual periods that last longer and are heavier than before
 - Bleeding after going through menopause
- Increased vaginal discharge
- Pain in the pelvis
- Pain during sex



Handy Hints

Cervical cancer is more common in women who are HIV-positive. Encourage your clients to go for an HIV test so that they know their HIV status.

Prostate Cancer



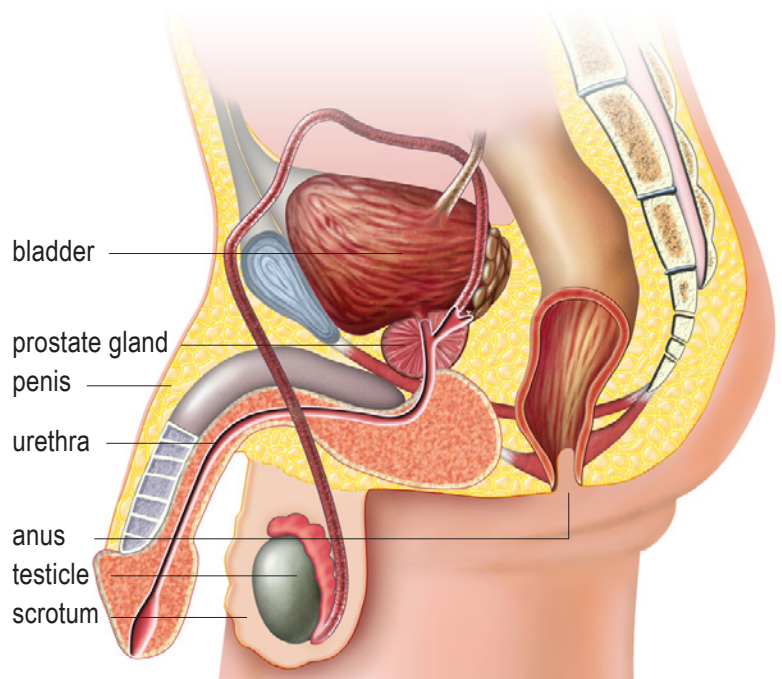
Handy Hints

IMPORTANT!

If the client has any of these symptoms, they should go to the clinic as soon as possible.

What are the symptoms of prostate cancer?

- Urinary problems
 - Having a hard time starting or stopping the urine flow
 - Needing to urinate often, especially at night
 - Weak flow of urine
 - Urine flow that starts and stops
 - Pain or burning during urination
- Difficulty having an erection
- Blood in the urine or semen
- Frequent pain in the lower back, hips, or upper thighs



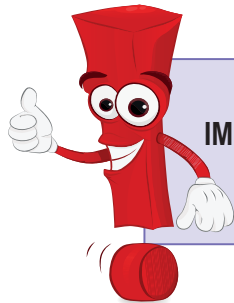
Handy Hints

You should encourage all your male clients from 50 years of age to go to the clinic every year for an examination to see if his prostate is enlarged.

Testicular Cancer

What are the signs of testicular cancer?

- A painless lump or swelling in a testicle
- Pain or discomfort in a testicle or in the scrotum
- Any enlargement of a testicle or change in the way it feels
- A feeling of heaviness in the scrotum
- A dull ache in the lower abdomen, back, or groin
- A sudden collection of fluid in the scrotum



IMPORTANT!

If the client has any of these symptoms, they should go to the clinic as soon as possible.

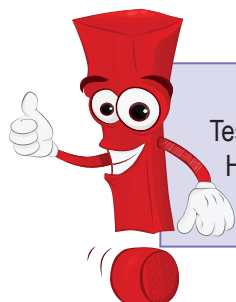
Handy Hints

Testicular self-examination

A man can check his testicles every month. He should go to the clinic as soon as he finds a lump or any of the other signs of testicular cancer.

Use the pictures in Figure 32 to help you show your clients how to do testicular self-examination.

Figure 32: Testicular self-examination

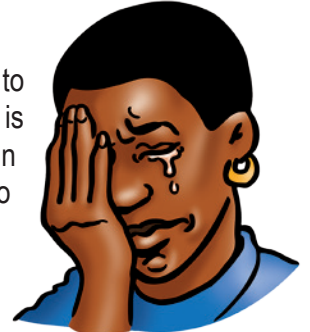


Handy Hints

Testicular cancer is more common in men who are HIV-positive. Encourage your clients to go for an HIV test so that they know their HIV status.

Mental Illness

Mental illnesses are medical conditions that affect a person's thinking, feeling, mood, ability to live and work with others, how they live and their every day functioning. Just as cholesterol is a disease that can affect the heart, mental illnesses are medical conditions that often result in people not being able to cope with everyday life. Often people with mental illness are said to be cursed and are not given the treatment that they need.



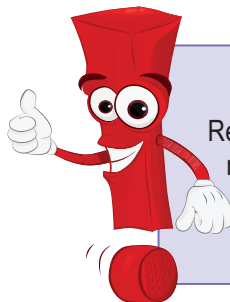
Signs of mental illness

Abnormal behaviour or thoughts that keep changing which include:

- Losing interest in things that the person used to enjoy doing
- Suddenly not doing well at work or in school
- Changes in mood that are very extreme or fast and not how the person would normally behave
- Someone hurting themselves, such as cutting themselves
- Changes in eating habits and/or appetite: over-eating, bingeing, not eating
- Not wanting to have sex, or wanting a lot more sex
- Having problems sleeping
- Feeling anxious, looking or feeling 'jumpy' or upset, sometimes including panic attacks
- Feeling tired and not having energy
- Not wanting to spend time with other people; spending too much time in bed
- Wanting to go out a lot more than usual, needing very little sleep, having lots of energy, making new friends very quickly, trusting strangers or spending lots of money
- Hearing and seeing things that others don't
- Other differences in the way the person sees what's happening around them; for example, mistakenly believing that someone is trying to harm them, is laughing at them, or trying to take over their body



You need to look out for clients with mental illness in the community to make sure that they get the care and support they need.



Handy Hints

Refer the client and family to the organisations that may offer extra support e.g. South African Depression and Anxiety Group on 0800 205 026 or their Suicide Crisis Line – 0800 567 567 or SMS 31393.

Domestic Violence

Domestic violence is when one person in a close relationship hurts another. This can happen in relationships between men and women or between two women or between two men. The lives of children, individuals, families and communities are seriously affected during domestic violence.

How can you help the abused person?

- The CCG should tell the abused person that they are worried about them and ask if they are okay
- The CCG should let the person know that they believe them by saying something like 'I am glad you told me'
- Do not push them for details
- Let them know that this happens to other people
- Let them know that they can get help e.g. support and counselling, medical care and protection against the abuser
- Report the abuse to the police

If the person is feeling down and in need of some help to get through the tough situation, they may **call Lifeline on their 24 hours Stop Gender Violence helpline 0800 150 150 or Childline South Africa 24 hours 0800 055 555 or 031-312 0904 during office hours (08h00 – 16h00) if it is a child.**

Module 5

Chronic Conditions

5

Lesson 5.9

Substance Abuse

Substance Abuse

Substance abuse, which includes alcohol abuse and drug abuse, is when someone overuses alcohol or uses drugs that are bad for them.

Smoking has many harmful effects on the body. Use Figure 33 to show your clients the parts of the body that are affected by smoking and what these effects are.

Figure 33: Effects of smoking

Every 6.5 seconds someone dies from tobacco use, says the World Health Organisation. Research suggests that people who start smoking when they are teenagers, as more than 70 percent do, and continue to smoke for two decades or more will die 20 to 25 years earlier than those who never smoke. It is not just lung cancer or heart disease that cause serious health problems and death. Below are some of smoking's less well known side effects – from head to toe

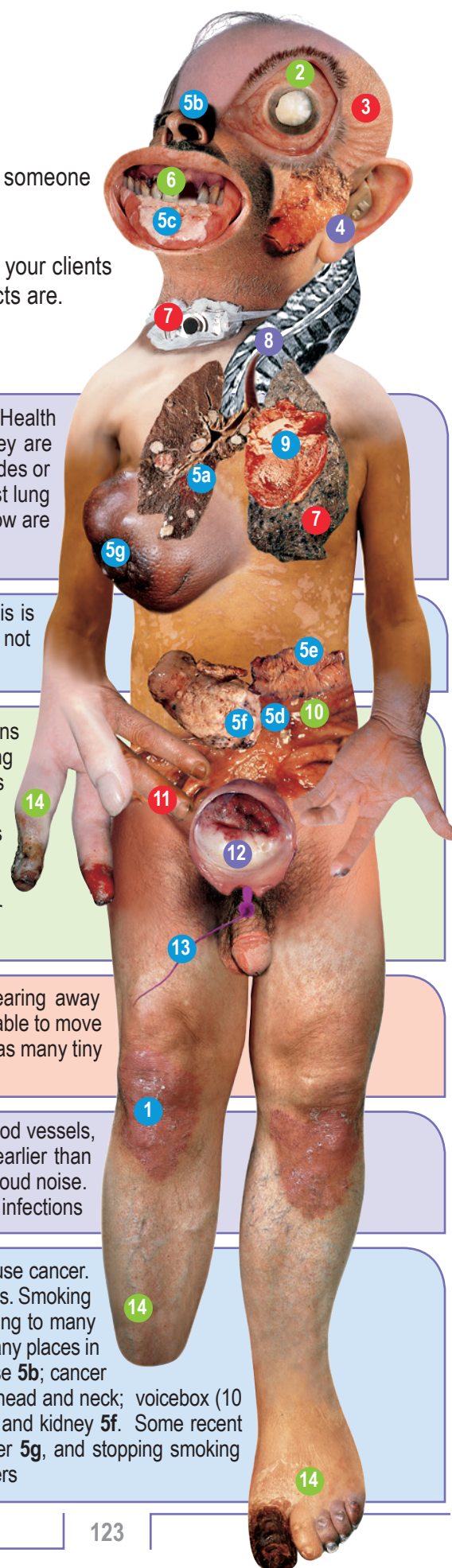
1. Psoriasis: Smokers seem to be more likely to develop psoriasis. Psoriasis is a skin condition that leaves itchy, oozing red patches all over the body. It is not spread from person to person

2. Cataracts: Smoking is believed to cause or make a number of eye conditions worse. Smokers have a 40 percent higher rate of cataracts, which is a clouding of the eye's lens that blocks light and may lead to blindness. Smoke causes cataracts in two ways: by irritating the eyes and by releasing chemicals into the lungs that then travel through the bloodstream up to the eyes. Smoking is also associated with another eye condition which affects our ability to read, drive a car, recognise faces or colours, and see objects in fine detail. People experience blurriness, changes in the shape of objects, or blind spots in their central vision. Central vision is what they see when they look straight ahead

3. Wrinkling: Smoking causes the skin to grow old before its time by wearing away proteins that give it elasticity; using up vitamins that keep the skin young and able to move more easily and limiting the flow of blood. Smokers' skin is dry, leathery and has many tiny lines, especially around the lips and eyes

4. Hearing loss: Because smoking causes plaques to form of the walls of blood vessels, reduces the flow of blood to the inner ear, smokers can lose their hearing earlier than non-smokers and are more at risk to hearing loss caused by ear infections or loud noise. Smokers are also three times more likely than non-smokers to get middle ear infections

5. Cancer: More than 40 chemicals in tobacco smoke have been shown to cause cancer. Smokers are about 20 times more likely to develop lung cancer than non-smokers. Smoking causes about 90% of lung cancers in men and 80% in women **5a** and according to many studies, the longer one smokes, the greater the risk of developing cancers in many places in the body, including a two-time risk of developing cancer in the inside of the nose **5b**; cancer of the mouth **5c** (4 to 5 times); two- five time risk of developing cancers of the head and neck; voicebox (10 times); gullet (2 to 5 times); stomach **5d** (2 times); pancreas **5e** (2 to 4 times) and kidney **5f**. Some recent studies have also suggested a link between heavy smoking and breast cancer **5g**, and stopping smoking greatly reduces the risk for most of the above-mentioned smoking related cancers



Module 5

Community Care and Support

5

Lesson 5.9

Substance Abuse

6. Rotting teeth: Smoking interferes with the chemicals and saliva in the mouth, leading to extra plaque being formed and yellowing teeth. There is some evidence that smoking leads to rotting teeth. Smokers are one and half times more likely to lose their teeth

7. Emphysema: In addition to lung cancer, smoking causes emphysema, a swelling and rupturing of the lung's air sacs that reduces the lungs' ability to take in oxygen and get rid of carbon dioxide. In extreme cases, a tracheotomy allows patients to breathe. An opening is cut in the windpipe and a ventilator to force air into the lungs. Chronic bronchitis (not shown) creates a build-up of pus-filled mucus, resulting in a painful cough and breathing difficulties

8. Osteoporosis: Carbon monoxide, the main poisonous gas in car exhaust fumes and cigarette smoke, binds to blood much more easily than oxygen, cutting the power of heavy smokers' blood to carry oxygen by as much as 15 percent. As a result, smokers' bones lose thickness, fracture more easily and take up to 80 percent longer to heal. Smokers may also be more at risk of getting back problems: one study shows that factory workers who smoke are five times as likely to experience back pain after an injury

9. Heart disease: One out of three deaths in the world is due to heart diseases. Smoking is one of the biggest risk factors for developing heart diseases. Smoking makes the heart beat faster, raises blood pressure and increases the risk of high blood pressure and clogged arteries and eventually causes heart attacks and strokes

10. Stomach ulcers: Smoking reduces the body's ability to fight the germs that cause stomach ulcers. It also weakens the stomach's ability to reduce the effect of the stomach acid after a meal, leaving the acid to eat away the stomach lining. Smokers' ulcers are harder to treat and more likely to come back

11. Discoloured fingers: The tar in cigarette smoke collects on the fingers and fingernails, staining them a yellowish-brown

12. Cervical cancer and miscarriage: Besides increasing the risk of cancer of the cervix, smoking can lead to problems with becoming pregnant for women and complications during pregnancy and childbirth. Smoking during pregnancy increases the risk of low birth weight babies and results in them being in poor health as they grow. Miscarriage is 2 to 3 times more common in smokers, as are stillbirths. This is because the unborn baby does not get enough oxygen and problems with the placenta, which is responsible for supplying the unborn baby with oxygen. These problems are brought about by carbon monoxide and nicotine in cigarette smoke. Sudden infant death syndrome is also associated with smoking. In addition, smoking can lower oestrogen levels causing early menopause

13. Deformed sperm: Smoking can interfere with and change sperm and damage its DNA, which could cause miscarriage or birth defects. Some studies have found that men who smoke have an increased risk of fathering a child who gets cancer. Smoking also lowers the amount of sperm and reduces the blood flow to the penis, which can cause impotence. Infertility is more common among smokers

14. Buerger's disease: Buerger's disease is a swelling of the arteries, veins, and nerves in the legs, mainly, leading to less blood flow. Left untreated, Buerger's disease can lead to gangrene (death of body tissue) and amputation of the affected areas



TAKE NOTE!

You should talk to your clients about the harmful effects of smoking.

Handy Hints

Module 5

Community Care and Support

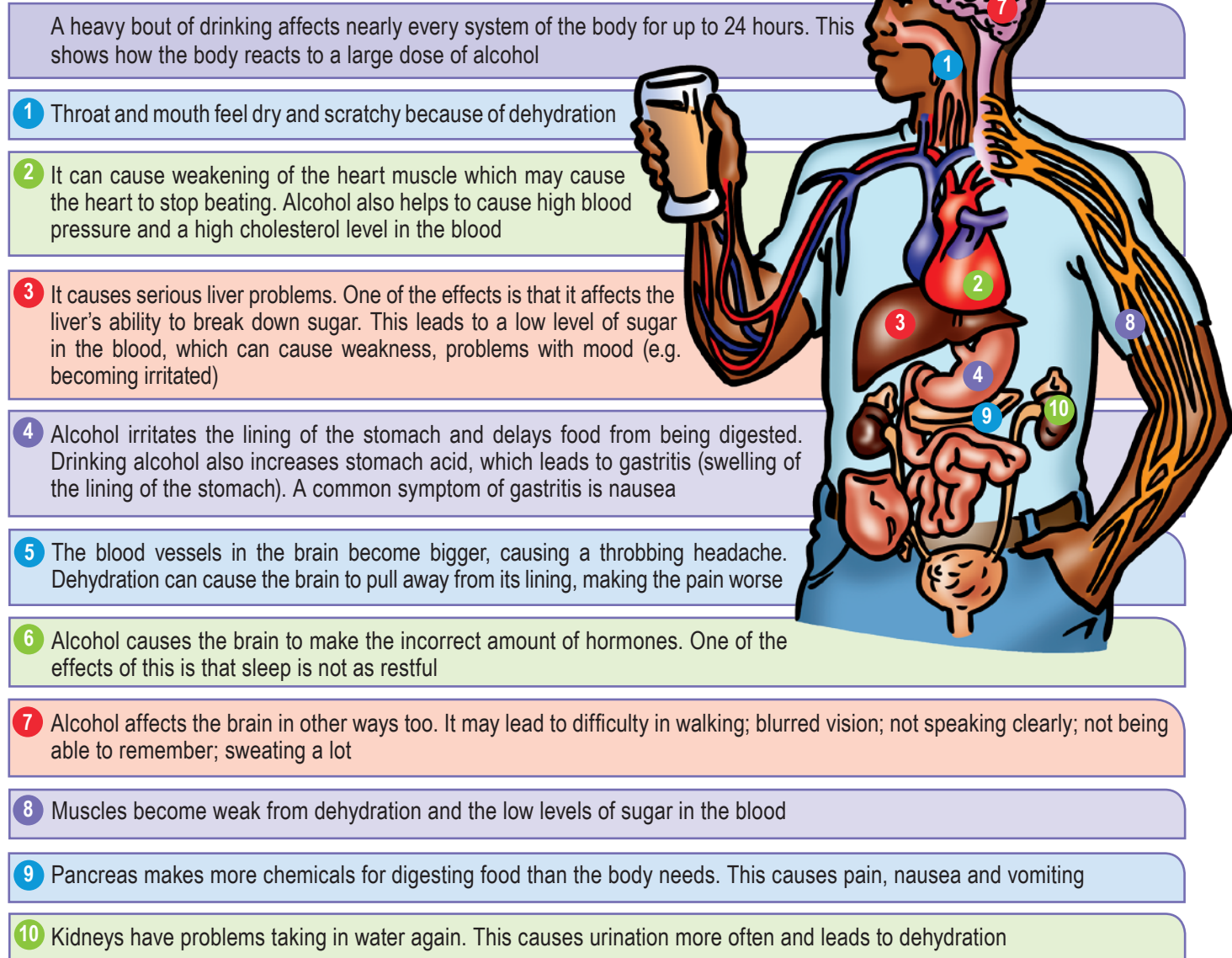
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Lesson 5.9

Substance Abuse

Use Figure 34 which shows the effects of alcohol on the body to help your clients understand how dangerous alcohol abuse is.

Figure 34: Effects of alcohol



What questions should be asked to check if there is alcohol or drug abuse?

Alcohol

- C** – Have you ever felt you should **cut down** on your drinking?
- A** – Have people **annoyed** you by criticising your drinking?
- G** – Have you ever felt bad or **guilty** about your drinking?
- E** – **Eye opener:** Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

Module 5

Chronic Conditions

5

Lesson 5.9

Substance Abuse



Handy Hints

TAKE NOTE!

Talk to your clients about the importance of not abusing alcohol.

Drugs

- Sudden change in behaviour
- Changing moods quickly from cross to happy or happy to cross
- Not wanting to be with family members
- Not washing properly or caring for themselves
- Not interested in things that they used to enjoy like hobbies, sports, and other favourite activities
- They don't sleep well and are often awake at night and asleep during the day
- Red eyes
- Runny nose

People can get help and support from:

- **Alcoholic Anonymous South Africa** Helpline – 0861 435 722 from 9am to 2:30 pm Mondays to Fridays or 031 464 8301 or Cell 084 551 3941
- **The South African National Council on Alcoholism and Drug Dependence (SANCA)**
Helpline – 031 202 2241 from 8am to 4pm and after hours 031 303 2202
- **Al-Anon** Helpline – 0861 252 666 to 4pm and after hours 031 539 1142 or 031 402 1086 or Cell 074 458 3119
- **Narcotics anonymous** National helpline – 083 900 6962



Module 5

Chronic Conditions

5

Lesson 5.10

Child Abuse

Child Abuse

The earlier child abuse is caught, the better the chance of recovery and correct treatment for the child. Child abuse cannot always be seen. By learning some of the common warning signs of child abuse and neglect, it is possible to notice the problem as early as possible and get both the child and the abuser the help that they need.

Some warning signs of child abuse and neglect

- Child is very quiet, fearful, or anxious about doing something wrong
- Acting in a way that is out of place or wrong e.g. rocking, thumb-sucking, having tantrums (bad moods)
- Child has injuries often or unexplained bruises, swelling or cuts
- Hygiene is always bad e.g. does not wash the body, matted and unwashed hair, noticeable body odour
- Illnesses and injuries not treated
- Child has a problem with walking or sitting
- Child is pregnant
- Child shows interest in sexual acts that are not right for his or her age



Handy Hints

If you suspect a child is abused or neglected immediately report it to the local social worker and to SAPS.

Module 6

Community Care and Support

Module 6

Community Care and Support

6

Lesson 6.1

Social Grants

Social Grants

South Africa's constitution says that South African citizens and permanent residents have the right to get help from the government if they are unable to support themselves and their families. This is known as a social grant. There are various criteria and documents that are needed to qualify for a social grant.

Table 8 shows a summary of all the grants that are available for adults and children in South Africa as well as what documents are needed to apply for each of these grants.

Use Table 8 to discuss with your clients what types of grants they can apply for if they need help.

Table 8: Criteria for application for social grants for adults and children

	To Qualify	Documents Needed
ADULTS		
ID document		<ul style="list-style-type: none">• A birth certificate• If no birth certificate is available then<ul style="list-style-type: none">◦ a family member if there is one must accompany the person applying for the ID◦ if the parent or parents are dead then a copy of the death certificates◦ a baptismal certificate or◦ a letter from the school where they attended their first Grade 1 (this letter must be stamped with the official school stamp)• A person can also get a new ID if:<ul style="list-style-type: none">◦ they have just become a citizen of South Africa◦ they have changed their surname (e.g. married or divorced)◦ they are staying in another country for a short while but have had a South African ID before

Module 6

Community Care and Support

6

Lesson 6.1

Social Grants

	To Qualify	Documents Needed
ADULTS		
Disability Grant	<p>For people who have a disability or illness – unable to get any kind of work. The disability should be permanent or expected to last more than 6 months</p> <p>For people between 18 and 59 years of age</p> <p>Proof that spouse cannot afford to support them (or has died). Spouse must also pass the test to prove they do not have enough income to survive</p> <p>Cannot be living in a government run place like a prison or an old age home</p> <p>Show that they are not receiving any other social grant</p> <p>For people who are so sick that they could not possibly work, forever, or for at least 6 months</p>	<ul style="list-style-type: none"> • A green ID book with a bar code • A recent medical report from a clinic doctor or a hospital doctor to say that they cannot work. Report must not be older than 3 months • Need to complete a form available from hospitals and the Department of Social Development
HIV and AIDS Disability Grant (Only for 6 months)	<p>For people who have a CD4 cell count below a certain level</p> <p>For people who have a serious opportunistic infection like TB</p>	<ul style="list-style-type: none"> • All the same requirements as above AND • Proof of CD4 cell count test result
Grant for Older Persons	<p>Be a South African citizen and be living in South Africa</p> <p>For people who are not living in a place run by the government like a prison or old age home</p> <p>For people who are not receiving any other social grant</p> <p>For people who have an income which is not enough to support you</p>	<ul style="list-style-type: none"> • A green ID book with a bar code • Marriage certificate (if married) • A copy of their payslip or a letter from their employer to say what they are earning • A copy of their spouse's payslip or a letter from the employer to show what the spouse is earning (if married) • They will have to write down the things that they and their spouse (if married) own like their house and a car if they own one • If they have a bank account – take the last three months bank statements • If no bank account they will need an affidavit

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Lesson 6.1

Social Grants

	To Qualify	Documents Needed
ADULTS		
Social Relief of Distress Grant (SROD)	For people who have already applied for a grant but are desperate and cannot survive until the grant comes through	<ul style="list-style-type: none"> • Some kind of proof of how much the person needs the financial assistance like a letter from the hospital or an affidavit • Some proof of identity – ID book, passport or a birth certificate
CHILDREN		
Care Dependency Grant (CDG)	For seriously disabled children under the age of 18 who need extra care	<ul style="list-style-type: none"> • A medical report from a clinic or hospital doctor to show that the child is disabled • A specific completed form available from hospitals and the Department of Social Development
Foster Care Grant (FCG)	For children who are not with their parents – abandoned or their parents have died	<ul style="list-style-type: none"> • Go to a social worker at a registered organisation (like Child Welfare) who will help the person to apply for a foster care grant
Child Support Grant (CSG)	<p>To help provide for basic needs of South African children up to the age of 18 years whose parents or caregivers cannot support them – do not have a job or they do not have money to care for their children</p> <p>For people who earn less than R800 per month if they are living in a rural area, or if they earn less than R1100 per month and are living in a more built up area nearer to a city or in a city</p>	<ul style="list-style-type: none"> • Proof of what they earn (payslip or letter from employer) or affidavit if unemployed • A green ID book with a barcode and the birth certificate of the child



The most important document that is needed to apply for a social grant is a green bar coded Identity (ID) document.

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Lesson 6.2

Food Gardens

Food Gardens

It is very important that we eat a healthy diet to stay fit and well. Our bodies need different foods to stay strong and fight illnesses. Sometimes there is not enough money to buy some of these foods. One way to save money and have lots of vegetables is to start your own food garden.



Handy Hints

Refer to your CCG Foundation Course Learner Guide to remember how to teach your clients to make their own food gardens.

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Lesson 6.3

Identity Documents

Identity Documents

An Identity Document (ID) is an official document used to identify a person. Everybody that is 16 years of age and older needs to have an ID book. This document is proof that a person is who they say they are. It helps when applying for grants and also helps when applying for bank loans and housing benefits. An ID is needed when applying for a job, whether for a government position or in a private organisation.

A person can get a South African ID book if:

- born in South Africa and are 16 years or older
- born outside of South Africa but have South African parents
- married to a South African citizen
- have come to South Africa from another country and have a valid permanent residence permit
- have a work permit to work in South Africa



Handy Hints

IMPORTANT!

Always keep ID documents in a safe place.

Please see Table 8 for what documents your clients need to apply for an ID.

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Community Care and Support

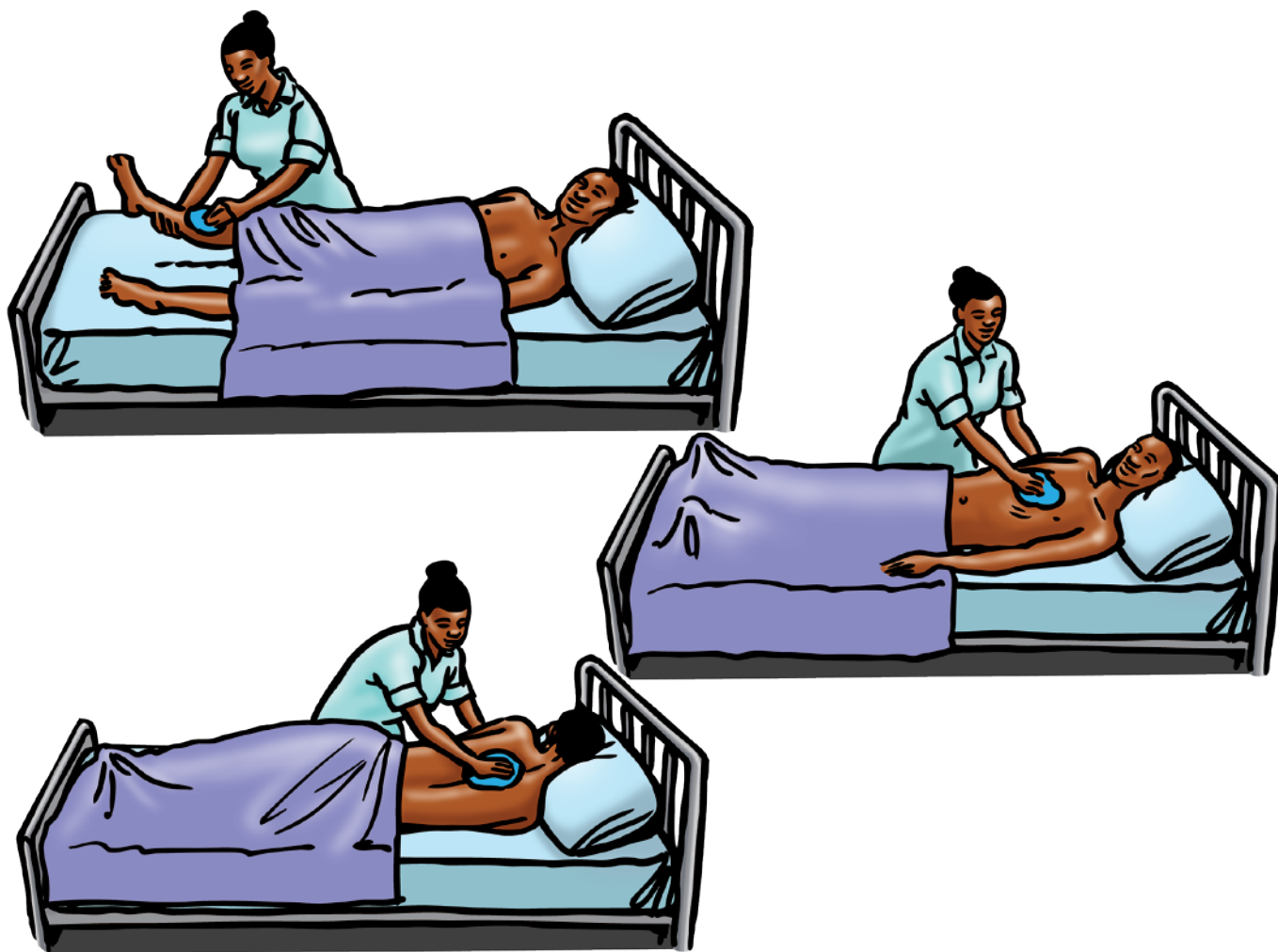
6 Lesson 6.4

Home Community-Based Care (HCBC) and Palliative Care

Home Community-Based Care (HCBC) and Palliative Care

Home community-based care is caring for a sick client at home. This may be done by a family member or a community member or the CCG. Home community-based care is achieved by a team of different people, helping each other to provide the basic needs of the client. Basic needs means bathing, care of the parts of the body that can get sores from lying in bed, cooking, feeding, cleaning the house of the sick person, buying necessary items for the household like foodstuff and helping the person go to the toilet.

Identify clients who are in need of home community-based care and refer the client to NGOs who provides this type of care.



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Lesson 6.5

Care of Older Persons

Care of Older Persons

Older persons are those people above the age of 60 years. As people live longer, there are more people with chronic illnesses like diabetes or heart disease. These older persons may need special care. Some older persons may be able to live in an old age home, but most will live with family members.



It is important that you monitor the older persons in your area to make sure that they are being well cared for and not neglected or abused in any way.

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Lesson 6.6

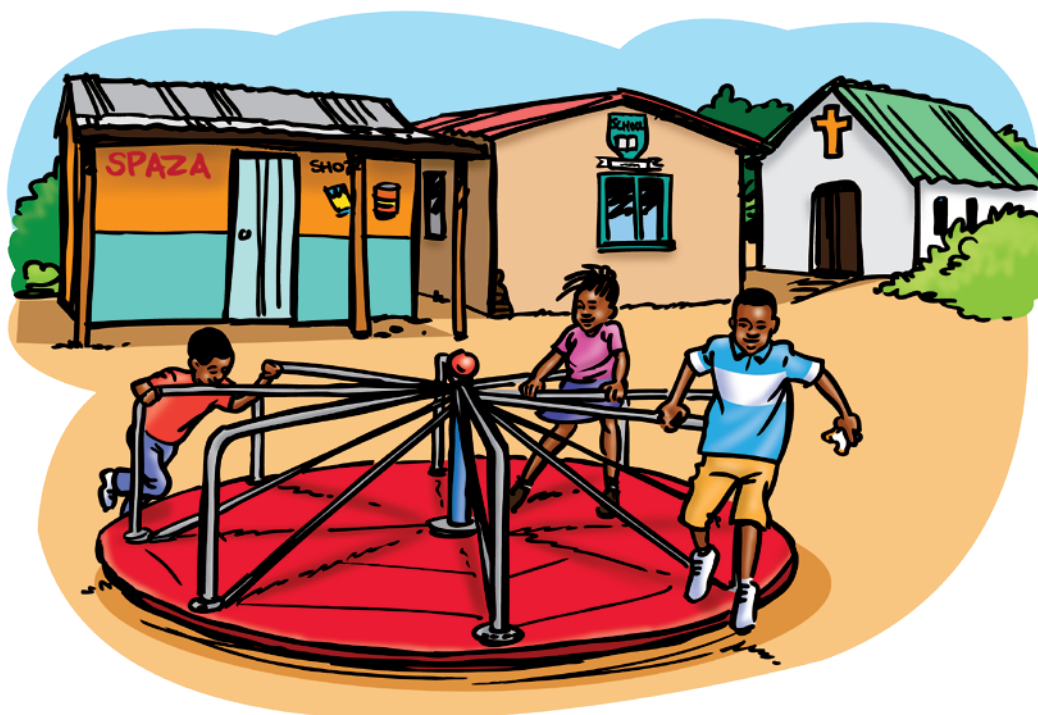
Social Services for Children

Social Services for Children

Children have rights in our communities. It is important to remember these rights and educate our communities about them.

All children have the right to:

- A name, family care, basic food, shelter and health care
- Be protected from being treated badly, neglected, abused, humiliated and from unfair labour practices
- Express their own opinion and to be heard
- Children should not be picked on because of their parents' or families' colour, race, gender, language, religion, personal or political opinion, nationality or disability
- Practice their own religion, culture and belief without fear
- Be protected from all types of violence, e.g. physical, emotional, verbal, sexual, racial, at home, school, in the community or in the street
- Free and equal, non-racial, non-sexist and compulsory education. This a right and not a privilege
- Protection from child labour
- Not to be forced to live on the street or forced to return home if his/her basic rights will continue to be abused. Homeless children should be encouraged to return home if it is safe for them to do so



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Lesson 6.7

Youth Friendly Services

Youth Friendly Services

Youth friendly services is about providing services to the youth based on a good understanding of what young people in that particular community need since they have specific and different needs. It is also important to make sure that these services are in places where youth can get to them easily.

How can the CCG advocate for and support youth friendly services?

A youth friendly service approach needs to start right in the home with the CCG. Having an understanding of the issues that face young people, such as peer pressure and knowing how to create a culture of youth friendliness will enable youth to feel comfortable to access health and other services they need. It is therefore important for the CCG to develop a good network of health and support service providers available in the area to encourage youth to feel free to access these services.

The CCG should:

- Know the youth-related activities and services that are available in the community i.e. what is available in terms of sports activities and youth clubs and refer them to these services
- Encourage the youth to join clubs, get involved in recreational activities and sports etc.
- Try to encourage the youth to start their own support groups, sports groups etc. If there are no youth services available, and assist the youth to start a sports group or refer them for counselling
- Include the youth in any programmes being planned for youth
- Call meetings of youth to identify their needs and involve the youth in the process
- Ask the youth what kind of services they require and put forward these suggestions to the relevant organisations for example, requesting that the clinic is open after school hours
- Link the youth with NGOs and CBOs that offer youth friendly services and programmes in their communities
- Encourage the youth to access information at the clinics and other places where youth services are available
- Encourage the youth to learn computer skills in preparation for future employment
- Encourage the youth to complete their school assignments and ask for help if necessary
- Encourage youth to join or start music and other clubs where possible
- Be familiar with issues that the youth face in the community such as unemployment, lack of educational opportunities, boredom, sex, teenage pregnancy, alcohol and drug dependence, STIs and HIV in order to refer the youth to the relevant organisations
- Encourage youth to confide in you, honour that confidence and act as advocates for youth friendly initiatives



Handy Hints

It is important that you are youth friendly yourself!

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Lesson 6.8

Support Groups

Support Groups

Support groups are:

- A place that brings people together who are going through some of the same problems as everybody needs to talk sometimes. It is a place for people to give and receive both emotional and practical support as well as share information
- A place where people can share information about social or health services, see that their feelings are “normal”, educate others or just relax



VERY IMPORTANT!

Remember to record and report all your work, findings and activities and complete all the data collection forms needed for monitoring and evaluation – hand these forms to your supervisor.

Handy Hints



Directory of Services

Directory of Services

In order to help you offer a better service to your clients we have included Table 9: Directory of Services, which includes the contact numbers of organisations that you will be able to refer your clients.

There are blank spaces at the bottom of the table so that you can add any other numbers you would find useful.

Use your networking skills to add contact details of other organisations and individuals who will be able to help your clients and who are also working in your area.

Table 9: Directory of Services

Abortion Helpline	0800 117 785
Aid for AIDS Helpline	0860 100 646
Al-Anon Family Groups and Al-Ateen	Helpline – 0861 252 666 to 4pm and after hours 031 539 1142 or 031 402 1086 or Cell 074 458 3119
Alcoholic Anonymous South Africa (AA)	0861 435 722 from 9am to 2:30pm Mondays to Fridays and after hours 031 464 8301 Cell 084 551 3941
Ambulance	10177
Ambulance (Private)	082 911
Anti-Corruption and Fraud Hotline	0800 701 701
Cancer Association Helpline	0800 226 622
Career Information Helpline	0800 212 641 office hours
Child Cancer Helpline	0861 113 500
Child Victims of Sexual, Emotional and Physical Abuse Helpline	0800 035 553
Childline South Africa 24 hours	0800 055 555 or 031 312 0904 during office hours (08h00 – 16h00)
Department of Education Helpline	0800 202 933 office hours
Department of Health Helpline	0800 005 133
Department of Home Affairs Hotline	0800 601 190 office hours
Department of Social Development Substance Abuse Helpline	0800 121 314
Diabetes South Africa	011 886 3765

Directory of Services

Emergency Contraception Hotline	0800 246 432 office hours
Eskom National Line	08600 37566
Girls and Boys Town South Africa	0861 585 858
Grants and Fraud Hotline	0800 601 011
HIV Medicines Helpline	0800 212 506 office hours
HIV-911 Referral Centre	0860 HIV 911 (0860 448 911) office hours Free Mobile Phone Advice Service send SMS to 45080 to access the directory Free Mobile Phone Directory: Call *130*448# to search the HIV-911 directory on your cell phone (No airtime required except Vodacom)
Human Rights Advice Line	011 484 8300
Human Trafficking Helpline	08000 RESCUE (0800 073 7283)
Independent Complaints Directorate	031 310 1300
Legal Aid South Africa Advice Line	0800 204 473
Lifeline Southern Africa	0861 322 322 or 0800 012 322
loveLife Sexual Health Line	0800 121 900 office hours
Marie Stopes Clinic Toll Free Number	0800 117 785 office hours
Mothers2mothers	086 668 4377 office hours
Narcotics Anonymous National Helpline	083 900 6962
National AIDS Helpline	0800 012 322
National HIV Healthcare Workers Hotline	0800 212 506 office hours
National Youth Information Centre	08600 96884
Red Cross Children's Hospital Poison Line	021 689 5227
Safe School Call Centre	0800 454 647 office hours
SAPS	10111
SAPS Crimestop	08600 10111
South African Depression and Anxiety Group (SADAG)	0800 205 026

Directory of Services

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NOTES:

Disclaimers

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BroadReach Healthcare

BroadReach Healthcare is a global healthcare solutions company dedicated to developing and implementing large scale solutions to expand access to healthcare services across the globe. We apply our expertise in global health across five core service areas: distribution networks; health systems strengthening; patient education and community mobilisation; public-private partnerships; and strategic consulting. Across each of these service areas, our work combines best practices from the public sector with business efficiency and private sector discipline to address international health challenges and opportunities. Our hybrid public/private approach has helped BroadReach create a portfolio of innovative health projects for a diverse client base including multinational corporations, small and medium enterprises, bilateral donor agencies, multilateral development banks, and other civil society organisations.

BroadReach Healthcare has offices in Washington, DC; Cape Town and Johannesburg, South Africa; Nairobi, Kenya; Shanghai, China; and Zurich, Switzerland

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