Cholera

Last update: 2022-06-07

Key facts

Transmission

- Contaminated water
- Contaminated food or drink
- Dirty hands
- Vomit and stools of sick people

Symptoms

- Around one in ten people with cholera will be very sick. Most people with cholera only have mild symptoms or are not sick at all but can still transmit the disease.
- People who have severe cholera will pass large amounts of watery diarrhoea (three or more loose stools per day, watery like rice water), vomit, and have cramps. They quickly lose a lot of body fluids and they can become dehydrated and go into shock. Without treatment, death can occur within hours.
- Children with severe cholera may be drowsy or confused, have seizures or become unconscious.

Prevention

- Safe, clean water (including a clean, covered water container in the household)
- Use of appropriate sanitation facilities (sound, clean latrines)
- Handwashing with soap (especially after using the toilet or cleaning a baby)
- Good food hygiene (thoroughly cooked food, covered food, clean utensils, etc.)
- Exclusive breastfeeding for the first six months of life
- Social mobilization and behaviour change
- Health promotion

Vulnerable people

- Malnourished children
- Children under five
- Individuals with chronic medical conditions
- Pregnant women
- People who do not have easy access to rehydration therapy and health services

- People living in areas that have poor water, sanitation and hygiene facilities and services

If an epidemic occurs

- Initiate community-based surveillance
- Treat mild cases in the community by providing oral rehydration solution (ORS)
- Detect serious cases and refer them to health facilities
- Increase social mobilization and behaviour change communication
- Promote household water treatment for safe drinking water (including a clean, covered water container in the household)
- Promote use of appropriate sanitation facilities (sound, clean latrines)
- Promote good food hygiene (thoroughly cooked food, covered food, clean utensils, etc.)
- Promote handwashing with soap (especially after using the toilet or cleaning a baby)
- Support mass vaccination campaign (oral cholera vaccine)
- Support safe and dignified funeral and burial practices

Community-based assessment - questions

Make a map of the community and mark the information you gather on the map. Record other details.

- When did people start to fall sick with cholera or acute watery diarrhoea?
- How many people have fallen sick with cholera or acute watery diarrhoea? Where?
- How many people have died from cholera or acute watery diarrhoea? Where?
- How many people live in the affected community or area? How many children under five years of age live in the area?
- Who and where are the vulnerable people?
- Are children in the affected community generally well nourished?
- Do people always have enough food?
- How common is breastfeeding?
- Where do people obtain their drinking water? Is the source safe? Do people treat their water?
- What sanitation facilities (including communal latrines) are available? Do people use them?
- What handwashing facilities are available (at households, in markets, etc.)? Do they have soap?
- Where are the local health facilities and services? (Include traditional and community carers.)
- What are the community's habits, practices and beliefs about caring for and feeding sick people? When babies and infants are sick, do women continue to breastfeed them?
- Is a social mobilization or health promotion programme in place?
- What are the community's habits, practices and beliefs about hygiene, sanitation and water?
- Which sources or channels of information do people use most?
- Are rumours or is misinformation about cholera or acute watery diarrhoea spreading in the community?
- Can people identify the signs and symptoms of dehydration?
- Do people know how to make oral rehydration solution (ORS)? Do they have resources at hand to make it?
- Do people know how to treat water?

Volunteer actions

- 25. Mass vaccination campaigns
- 01. Community-based surveillance
- 02. Community mapping
- 03. Communicating with the community
- 04. Referral to health facilities
- 05. Volunteer protection and safety
- 07. Assessment of dehydration
- 08. Community oral rehydration points
- 09. Preparing oral rehydration solution (ORS)
- 10. Giving oral rehydration solution (ORS)
- 11. Zinc supplementation
- 13. Breastfeeding
- 14. Infant and young child feeding in emergencies
- 15. Measuring acute malnutrition in emergencies
- 16. Measuring the height and weight of children
- 17. Measuring mid upper arm circumference (MUAC)
- 18. Measuring oedema (water retention) in children
- 19. Psychosocial support
- 21. Safe and dignified burials
- 29. Hygiene promotion
- 30. Clean, safe household water
- 31. Good food hygiene
- 32. Sanitation
- 33. Building and maintaining latrines
- 34. Handwashing with soap
- 39. Preparing and using disinfectants
- 43. Social mobilization and behaviour change

25. Mass vaccination campaigns

Overview

- A mass vaccination campaign occurs when the authorities give vaccinations to as many (appropriate) people as possible in a short period.
- Mass vaccinations take place in addition to routine vaccinations (see Action tool *Routine vaccinations*). They may be organized because routine vaccinations cannot be given or in order to help control an epidemic.
- Mass vaccinations are even more important in some kinds of epidemic because they help to protect vulnerable children.

Volunteers

Normally, volunteers do not administer vaccines directly to children, but you can help in many other ways.

- The most important task is SOCIAL MOBILIZATION (see Action tool *Social mobilization and behaviour change*).
- Coordinate with the health authorities.
- Use the National Society's network to publicize mass vaccination campaigns. Help logistically to organize them.

How to help with vaccinations

- Make sure you have all the relevant information and know where and when the vaccination campaign is taking place and who is supposed to be vaccinated.
- Find out the reasons for vaccination and the basic facts about the disease that vaccination will prevent.
- Familiarize yourself with the habits and beliefs of members of your community and how they normally deal with vaccinations.
- Meet community leaders and tell them about the campaign; get them to help reach the community.
- Talk to members of the community and explain how important vaccination is to protect their children.
- If some members of the community are afraid of vaccinations, assist community workers to calm and remove their fears. Correct rumours and misinformation about vaccinations.
- Help health workers to ensure that all individuals at risk gets vaccinated, including in hard to reach areas.
- Use simple and straightforward messages.
- Use information, education and communication materials, such as the Community message tools in this toolkit, because pictures always help people to understand messages better.

Mass vaccination campaigns

Community messages

16. Attending vaccination campaigns

15. Using vaccination cards

23. Encouraging healthy behaviours in a community

01. Community-based surveillance

Overview

- Community-based surveillance occurs when members of a community actively participate in detecting, reporting, responding to and monitoring health events in their community.
- Information discovered during surveillance should be shared with the local branch and health authorities.
- Community-based surveillance helps detect outbreaks early, helps control outbreaks, and saves lives.

What you need to know

- Map the community properly. You should know where people live and work.
- Scan the whole community by making house-to-house visits. If the community is large, divide the work up into smaller sections or areas.
- Establish who is vulnerable in the community. Doing this will help you to identify people who are more likely to fall sick.
- Start surveillance. This will help you to communicate specific health messages and information, and to refer sick people promptly to health facilities.
- Remember that, through your surveillance and your presence in the community, you are able to obtain information that could be helpful to others who are tackling the epidemic.
- Communicate such information to your local branch, other volunteer teams and health authorities. This is called “reporting”.
- Remember that reporting must be systematic. To avoid confusion, everyone who reports should follow the same methods. Talk to your local branch and the health authorities to find out what reporting system will work best for your work and your situation.

What you can do

- Map the community (see Action tool *Community mapping*).
- Identify who in the community may be vulnerable to the disease.
- Familiarize yourself with the disease that may be present in your community, including its signs and symptoms.
- Establish surveillance teams to actively look for sick people. Allocate different areas of the community to each team.
- When you detect people who are sick with the disease, assess how severely ill they are and whether they need to be referred to a health facility (see Action tool *Referral to health facilities*).
- If sick people can be cared for at home, show their families what to do and provide them with information and supplies, where possible.
- Record the cases you find and pool your records with those of other teams to build a clear picture of how the disease is spreading in the community.

Community messages

24. Finding sick people

02. Community mapping

Overview

- A map of the community enables you to connect issues or problems with particular places and makes information easy to see.
- It is a good idea to create the map together with community members.
- Community mapping is very useful in epidemics because it helps you to see where the biggest problems and needs are and to identify risks.
- The map can be used to support preparedness and planning before an epidemic occurs.

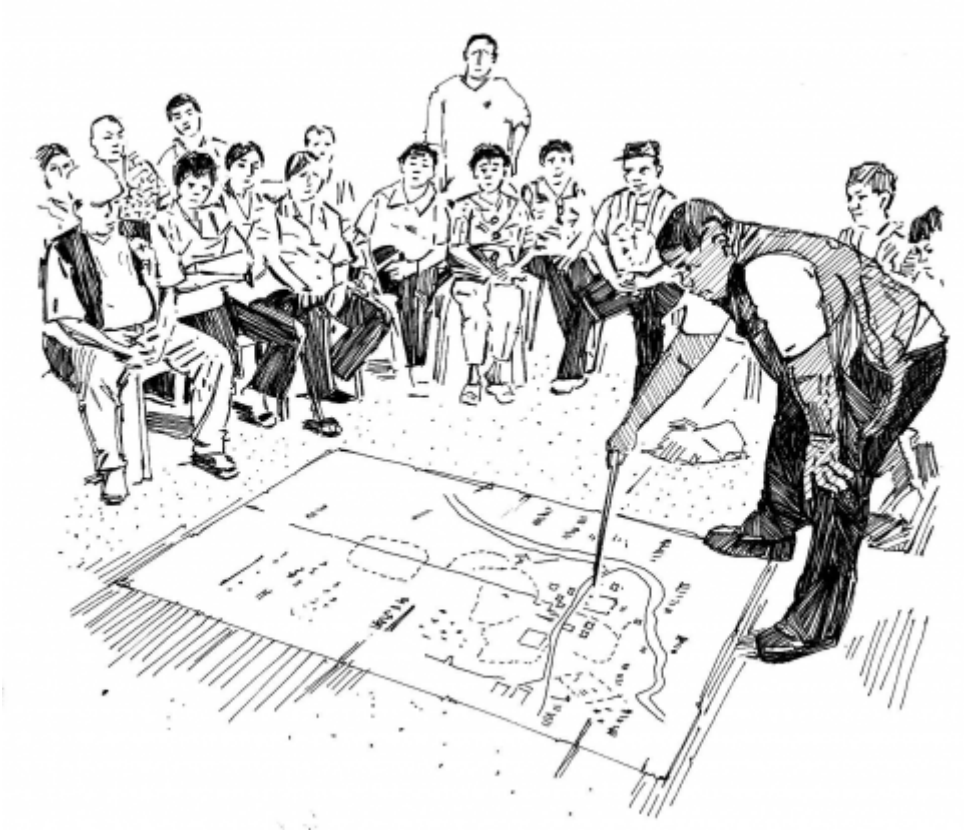
How to make a community map

1. Draw a simple spatial map that shows the community and all its key reference points. You should try to include:

- The whole community, concentrations of people, their houses, and who lives where.
- The main locations in the community (school, health centre, places of worship, water sources, markets, etc.).
- The location of vulnerable people who are most at risk.
- If possible, where the epidemic started and how it is spreading.
- Health hazards and risks.

2. Use the map to mark new cases and/or referred cases. Form teams to cover certain areas of the map. Each team should find out what it can about its area (how many people are sick, who is vulnerable, how many have been referred to health authorities, any other relevant information). When you combine the maps of different teams, you will be able to see which areas of the epidemic you are covering, which areas you may not be covering, and details of each area. This will help you plan your actions.

3. Maps are often easier to understand than words.



Making a community map

03. Communicating with the community

Overview

- During a disease outbreak it is vital to ensure that communications with the community are trusted and clear.
- Providing information to the community is just the first step. What is critical is to persuade people to adopt safer, less risky practices that stop the disease spreading. Change of behaviour can mean accepting vaccinations, washing hands with soap, wearing mosquito repellent, or agreeing to be isolated from others to avoid infecting them.
- Communicating during an epidemic can be difficult because, if people in the community panic or do not trust the authorities or the health system, they may not listen or believe the information they receive from them. Some communities have strong beliefs in traditional medicine or do not accept certain treatments (including medicines and vaccines) or prefer other ways to prevent disease. Disease outbreaks can cause deep fear. People may also be grieving for those who are sick or have died.
- Two-way communication is therefore crucial in an epidemic. Put members of the community at the centre and work together with them to choose appropriate solutions that are effective in stopping the spread of disease.

How to communicate in an epidemic

Instead of just informing the community (one-way communication), use two-way communication in an epidemic. After saying what you have to say, listen to what the community has to say in reply.

Engage and involve community members and community leaders. Work together with them to choose and plan appropriate solutions for stopping the spread of disease.

Talk to members of the community about their ideas and fears, to understand how much they know about the disease and its transmission, and to understand what motivates them and what stops them from changing their behaviour.

When you communicate with a community, it is important to listen consistently for rumours and misunderstandings that might be spreading. Rumours can cause panic and fear. Under their influence, communities can lose trust in the health authorities or their ability to stop the epidemic and can reject interventions that would prevent the spread of disease.

To mobilize a community effectively, **communication needs to be:**

- **Simple and short.** People should be able to understand messages easily and be able to repeat them without difficulty.
- **Trusted.** Delivered by people or a medium the community trusts.
- Accurate and specific. Provide correct and precise information at all times. Messages should never confuse.
- **Focused on action.** Messages should advise members of the community what to do. They should not provide heaps of information without action.
- **Feasible and realistic.** Make sure that people can actually carry out the advice that you give.
- **Contextualized.** Information should reflect the needs and situation of the community. In all your messages, take account of social and cultural factors that might encourage community members to adopt safer behaviours (such as accepting vaccines) or prevent them from doing so.

Ways of communicating

When communicating with your community, use a range of different forms and methods of communication. Consider what people will prefer and trust, what your message is, who the target group is, and what resources you have. Consider:

- Door-to-door visits.
- Meeting community or religious leaders, or traditional healers or midwives.
- Group discussions. At these you might use visual tools, such as picture cards.
- Participatory dialogues. At these you could use three pile sorting, voting charts, mapping, barrier analysis or planning.
- Video or films.
- Songs, poems, drama, role-play or theatre.
- Community announcements (e.g. loud-speaker).
- SMS or social media.
- Radio broadcasts.

What you can do

- Start a two-way conversation with the community (ask and listen). Work with members of the community to choose solutions to stop the spread of disease that are appropriate for them and effective.
- Find out where the community obtains its health information, and who they trust to inform them (health authorities, community leaders, doctors, traditional healers, religious leaders, etc.).
- Find out what members of your community know, perceive and fear about the disease that threatens them. Familiarize yourself with how the disease is spread (transmitted) as well as local cultural and social practices. Work out what motivates people to change behaviour and what stops them from doing so.
- Keep in mind that a community is composed of different people and groups. Make sure you include everyone, especially those who are hidden, stigmatized or considered “different” because of their religion, sexual orientation, age, disability or illness, or for any other reason.
- Listen for rumours or incorrect information. Note when and where a rumour was heard and report it to your volunteer supervisor or National Society focal point immediately. Give the community clear, simple facts about the disease and explain clearly to them what they can do to protect themselves and their families.

04. Referral to health facilities

Overview

- During an epidemic, sick people frequently cannot be treated at home or by volunteers or family. They require specialized medical care and need to go for treatment to a health clinic or hospital.

What you need to know

- Find out how you can tell when a person is severely ill and needs to be referred. Familiarize yourself with the symptoms of the disease and your guidelines for action.
- Find out the location of health facilities close to your community, and to which ones you should refer serious cases. Find out the capacity of local health facilities (their expertise, number of beds, etc.), and how to get to them. Do they have ambulances? Can they be reached by public transport?
- Talk to health professionals and agree the best method for sending sick people from the community to the health facilities. If the disease is highly infectious (like Ebola or Marburg), special transport must be arranged so that other people are not infected.
- When doing disease surveillance, always keep the idea of referral in mind.

What you can do

- Learn the symptoms of the disease that is causing the epidemic and the signs that indicate that patients should be referred to health facilities.
- Visit health facilities and talk to doctors and nurses. Tell them about your activities and how you plan to do referrals. Take advice from them.
- Decide what methods are available for referral. Are there ambulances? Find out how to call them. Is there public transport? Can the National Society provide transport? Do people have money to pay for transport?
- Always carry the relevant disease tool with you when you are doing surveillance to help you remember what you should know about the disease and its symptoms.
- When you refer, always explain clearly to the family concerned what the disease is, what its symptoms are, and why you think referral is necessary. Give them information about the health facilities available and how to reach them by different means of transport.

Community messages

24. Finding sick people

05. Volunteer protection and safety

Overview

- Volunteers work in vulnerable situations and with vulnerable people. Working in epidemics can be extremely risky because volunteers can also catch the disease and fall sick.
- Your National Society should provide proper protection for you and other volunteers who are working in epidemics.
- Use the level of protection that is appropriate for the situation you are in.

What you need to know

- In certain epidemics like Ebola, Marburg, Lassa fever and plague, full protection should be used whenever you undertake high risk activities. Full protection requires use of personal protection equipment (PPE). (See Action tool *Personal protection equipment (PPE) for highly infectious diseases* for instructions in its use.)
- In other epidemics, you should at least use masks and latex gloves and wash hands with soap after contact with a patient. (See Action tool *Handwashing with soap* for instructions in good hand hygiene.)
- You must be trained to use protection equipment, and familiar with it, before you wear it in an actual disease environment. Try the equipment out beforehand and learn how to use it properly.
- Volunteers should learn additional prevention measures for use in epidemics (and before them). These include: vector control measures (see Action tool *Vector control*), safe handling of animals (Action tool *Handling and slaughtering animals*), handling of dead bodies (Action tool *Safe and dignified burials*), chemoprophylaxis (Action tool *Chemoprophylaxis*), and good food hygiene (Action tool *Good food hygiene*).
- Volunteers should be vaccinated (see Action tool *Routine vaccinations*).

Protecting volunteers from harm and liability to others

Volunteers often work in vulnerable situations and with vulnerable people. They should be protected if they suffer damage or injury in the course of their work. Accidents can happen, and volunteers can be injured or even killed. Equally, volunteers can harm other people and their property, especially if they have not been properly trained or given the correct equipment.

National Societies therefore need to have appropriate insurance policies. Insurance may be needed to pay compensation to volunteers or their families if they are injured or killed; to pay compensation to others if they suffer harm as a result of volunteer actions; and to cover legal costs. The nature of the cover will depend on the legal system in your country.

National Societies should also supply volunteers with necessary health checks, advice, vaccinations and protection equipment. What this includes will depend on the context in which you are working and the health policies for staff and volunteers of your National Society.

Volunteers should be informed of and understand the National Society's security policy and follow the rules and regulations it sets out. You should also be informed of any changes in the policy and asked to report any incidents of concern.

Safety in the community depends on the personal attributes of volunteers, trainers and other team members – how they work together and how they work with people in the community. Volunteers should be culturally sensitive. Your personal behaviour should never cause offence. You should show integrity and should never

become a problem for the community. Correct, polite, impartial behaviour is expected at all times.

07. Assessment of dehydration

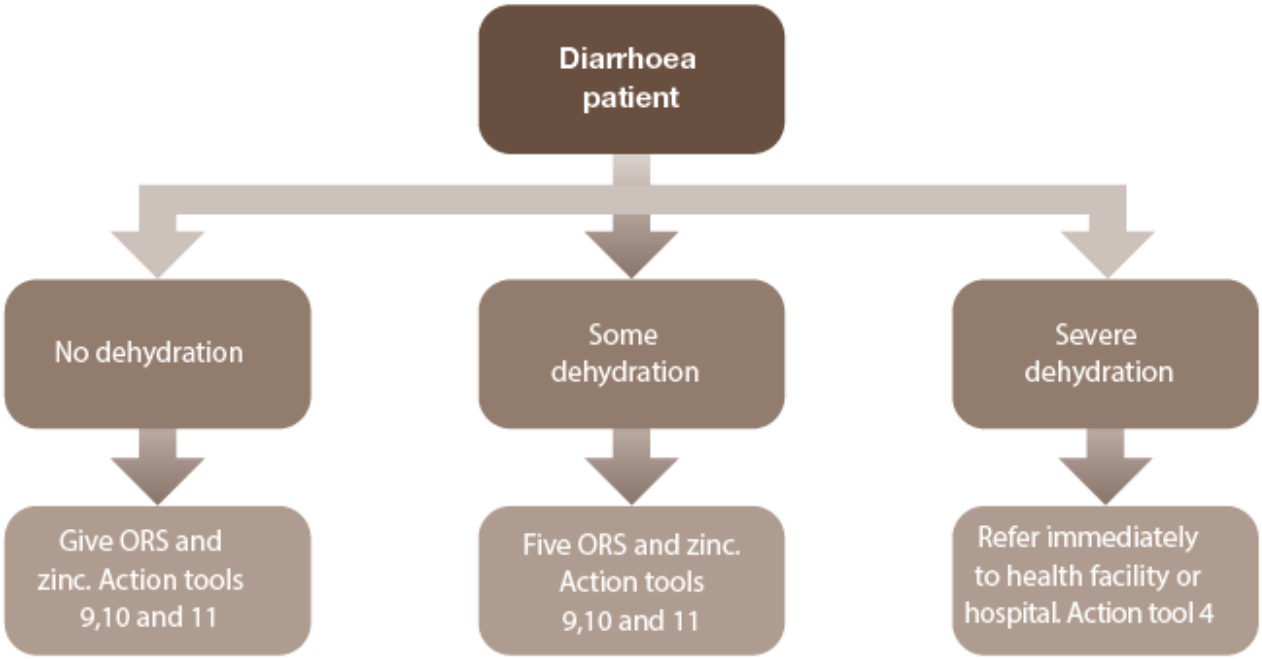
Overview

- Patients with diarrhoea, especially children, can lose a lot of fluid from their bodies and suffer dehydration.
- Dehydration can cause very severe illness and sometimes death, especially in association with acute watery diarrhoea and cholera.

How to assess whether a patient has dehydration, and its extent

Dehydration stage	Signs	Treatment
No dehydration	Skin recovers its shape normally when pinched; thirst has subsided; urine has been passed; the pulse is strong.	Oral rehydration solution (ORS) at home; zinc supplements for children up to 15 years of age.
Moderate dehydration	Restlessness and irritability; sunken eyes, dry mouth and tongue, increased thirst; skin recovers its normal shape slowly when pinched; reduced urine; decreased tears; depressed fontanels (soft membranes on head) in infants.	ORS and very close surveillance; zinc supplements for children up to 15 years of age.
Severe dehydration	Lethargy or unconsciousness; very dry mouth and tongue; skin recovers shape very slowly when pinched ("tenting"); weak or absent pulse; low blood pressure; minimal or no urine.	In a health facility or in a hospital: IV therapy plus antibiotics plus ORS; zinc supplements for children up to 15 years of age.

After the assessment, and according to the degree of dehydration, the following actions should be taken:



Signs of dehydration

- Sunken eyes
- Dry mouth
- Lethargic/weak
- Skin pinch returns slowly
- Little or no urine

Community messages

01. Preparing and giving oral rehydration solution (ORS)

03. Breastfeeding

08. Community oral rehydration points

Overview

- Early access to oral rehydration solution (ORS) saves lives.
- When a cholera epidemic occurs (or large numbers of people need rehydration, for example after displacement), the National Society should set up community oral rehydration points (ORP).
- ORPs provide rehydration solution quickly, provide screening and referral for sick people, and can act as a central information hub.

What you need to know

An ORP provides the first level of treatment of cholera and improves access to ORS at community level. ORPs are extremely important in areas where access to health facilities is difficult or where the high number of cases is overwhelming health services. As the first level of care, ORPs should be planned elements of a comprehensive clinical pathway that includes cholera treatment units (CTUs) and cholera treatment centres (CTCs).

Key points for volunteers to remember if they look after a community ORP

- Use only boiled or purified water. If the water is unsafe, treat it first with water purification tablets.
- Do not put more ORS than recommended in boiled or purified water.
- Keep buckets covered to protect the mixture against contamination by flies, etc.
- If you still have some ORS mixture left at the end of the day, **dispose of it safely!**
- Distribute ORS to patients but also arrange referrals or visits to the patients by a health professional. This should be done urgently if the person shows any evidence of dehydration.
- Use the latex gloves provided when you are in contact with patients, their stools or vomit.
- Remember: **Wash your hands regularly! Early and prompt treatment can prevent death from cholera in most cases! Use a clean latrine! Make sure drinking water is treated and free from germs!**

ORPs:

1. Initiate early treatment of mild and moderate cases of dehydration by distributing ORS and zinc when appropriate. (See Action tools *Preparing oral rehydration solution (ORS)*, *Giving oral rehydration solution (ORS)*, *Zinc supplementation*.)
2. Distribute key commodities, such as ORS, soap and household water treatment supplies.
3. Refer severe or at risk cases to health facilities for treatment. (See Action tool *Referral to health facilities*.)
4. Act as a community-based disease surveillance point, ensuring that all suspected cases are recorded. (See Action tool *Community-based surveillance*.)
5. Are a key reference point for behaviour change and social mobilization activities. (See Action tool *Social mobilization and behaviour change*.)
6. Distribute zinc supplements (if approved). (See Action tool *Zinc supplementation*.)

A community ORP kit available from IFRC contains the items listed below. (Kits that are procured and made locally should have similar contents.)

ORP kit contents

1	Container, 20 litres, with two candle water filters
1	Notebook, A5 hard cover
5	Pen, ball point blue
10	Cup, plastic, 200 ml, without handle
10	Cup, plastic, 500 ml, without handle
20	Spoon, plastic, 20 ml
1	Jug, plastic, 1 litre with beak and handle
1	Plastic casing, ceramic filter (fairey)
1	Bucket, plastic, 14 litres, with clip cover and outlet tap (Oxfam type)
2	Jerry can, foldable, 10 litres, food grade plastic, screw cap 50 mm
6	Soap, body soap, 100 gr piece
12	Chlorine, 40 mg (nadcc 67mg), for 10 litres water, strip of 10 tabs
30	Pur ® 4gm sachets (1 sachet for 10 litres of water)
3	Syringe, 10 ml, 2 parts, disposable
1	Flag, Red Cross Red Crescent, 0.8 x 1.2 metres
2	Tabard/bib, Red Cross Red Crescent, 40 x 40 cm
1	Gloves, examination, nitryl, non-sterile, medium (7-8), box of 100 pieces
2	Gloves, for washing dishes, rubber, pair, size medium
1	Spoon, wooden, for stirring, 30 cm

1	Rope, nylon, diameter 3 mm, braided, 5 metres
1	Brush, hand scrubbing brush

ORS, zinc and chlorine for disinfection are not included in the kit and need to be added.

Shade, access to water and a latrine are also important and should be included when selecting the location of the ORP point.

Community messages

01. Preparing and giving oral rehydration solution (ORS)

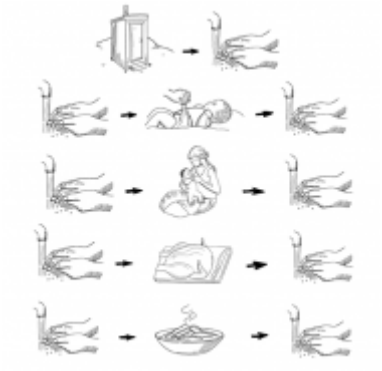
03. Breastfeeding

04. Storing water properly

05. Using clean safe drinking water

06. Using a clean latrine

08. Washing hands with soap



09. When to wash hands

12. Good food hygiene

13. Good personal hygiene

23. Encouraging healthy behaviours in a community

28. Preparing and giving zinc

09. Preparing oral rehydration solution (ORS)

Overview

- Oral rehydration solution (ORS) is the first step in treating people suffering from diarrhoea and dehydration.
- ORS can be prepared either from packets of ORS or at home from water, sugar and salt.

What you need to know

- ORS comes in small packets in the form of a powder. It needs to be diluted before use.
- ORS packets can be obtained at your local National Society branch, at a health centre, or in the community oral rehydration point (see Action tool *Community oral rehydration points*).
- Follow the instructions on the packet to find out how much water is needed to dilute the contents of each packet.
- Always use clean water to dilute ORS (see Action tool *Clean, safe household water*).

Preparing and administering ORS

1. Wash hands with soap and clean water.
2. Pour all the powder from one sachet of ORS into a clean container that will hold at least one litre of liquid.
3. Pour one litre (or the amount indicated in the instructions) of the cleanest water available into the container and mix it with the powder.
4. Give the patient frequent sips from a cup or spoon until he or she is no longer thirsty. (A spoon is especially suitable for young children.)
5. If the patient vomits, tell the caregiver and wait ten minutes before giving more.
6. You can add half a cup of orange juice or a mashed banana to the solution to make it taste better.
7. If ORS is still needed after 24 hours, make a fresh solution.
8. If the patient does not improve or signs of severe dehydration appear, take the patient to a health clinic.

ORS at home

- Some traditional remedies can be an effective ORS and can prevent a child from losing too much liquid through diarrhoea. Tell caregivers about effective traditional remedies if ORS packets are not available and a health facility is inaccessible.
- Traditional remedies include: breast milk, gruel (cooked cereals diluted with water), carrot soup and rice water.
- A very simple and effective solution for rehydrating a child can be mixed from salt, sugar and water (see illustration below).
- A home-made salt and sugar solution should only be used when ORS packets are not available.
- If a home-made salt sugar solution is used, you need to teach caregivers to make the solution safely and correctly. They need to avoid mistakes in the mix of ingredients. It is also important to use the cleanest available water.
- You can add half a cup of orange juice or a mashed banana to the solution to make it taste better.

Home-made salt sugar solution

1. Wash your hands with soap and water before preparing the solution.

2. In a clean container mix:
   - One litre of safe water.
   - Half a small spoon of salt (3.5 gms).
   - Four big spoons (or eight small spoons) of sugar (40 gms).
3. Stir the salt and the sugar until they dissolve in the water.
4. Give the patient frequent sips from a cup or a spoon until he or she is no longer thirsty. (Spoonfuls are especially appropriate for young children.)
5. If the patient vomits, tell the caregiver and wait ten minutes before giving more.
6. You can add half a cup of orange juice or a mashed banana to the solution to make it taste better.
7. If ORS is still needed after 24 hours, make a fresh solution.
8. If the patient does not improve or signs of severe dehydration appear, take the patient to a health clinic.

Community messages

01. Preparing and giving oral rehydration solution (ORS)

10. Giving oral rehydration solution (ORS)

Overview

- Oral rehydration solution (ORS) is the first step in treating people who are suffering from diarrhoea and dehydration.
- If a patient has no signs of dehydration or signs of mild dehydration (see Action tool *Assessment of dehydration*), he or she can be treated at home.

For NO signs of dehydration

- Demonstrate how to prepare and give ORS.
- The caregiver should give the amount of ORS indicated in the table below.

Age	Amount of ORS after each loose stool	ORS packets needed
Less than 24 months	50-100 ml (¼ – ½ cup)	1 packet/day
2-9 years	100–200 ml (½ – 1 cup)	1 packet/day
10 years or more	As much as wanted	1 packet/day

Where there are SOME signs of dehydration

- Give the recommended amount of ORS (measure against either the patient's age or weight).
- If the patient passes watery stools or wants more ORS than shown in the table above, give more.
- If the patient does not improve or some of the signs of severe dehydration appear, refer the patient to a health facility (see Action tool *Referral to health facilities*).

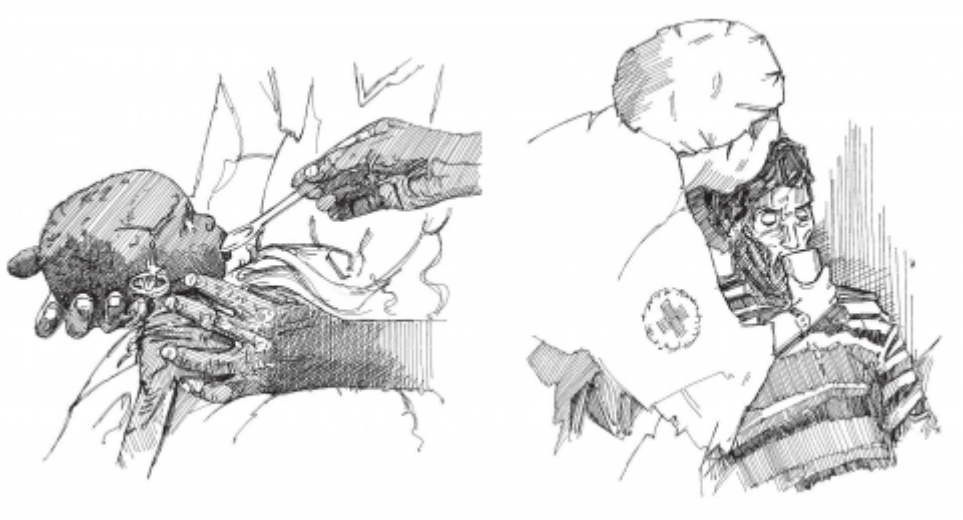
Age	Less than 4 months	4-11 months	12-23 months	2-4 years	5-14 years	15 years or older
Weight	Less than 5 kg	5-7.9 kg	8-10.9 kg	11-15.9 kg	16-22.9 kg	30 kg or more
Oral solution in ml	200-400 (1-2 cups)	400-600 (2-3 cups)	600-800 (3-4 cups)	800-1200 (4-6 cups)	1200-2200 (6-11 cups)	2200-4000 (11-20 cups)

How to give ORS

It is important to teach mothers and caregivers to administer ORS to children correctly, to help the child get

better and prevent the epidemic from spreading.

1. To a child that is under two years of age, give one teaspoonful every one to two minutes.
2. To an older child, give frequent sips from a cup.
3. If the child vomits, wait 10 minutes and then offer the solution again, more slowly.
4. If diarrhoea continues after the ORS packets are used up, give home remedies until you get more ORS packets.
5. Give the child as much clean water as he or she can drink.
6. Continue to assess dehydration and refer the child to a clinic if he or she gets worse or does not improve after a few hours.



Giving ORS to a child and to an adult

Community messages

01. Preparing and giving oral rehydration solution (ORS)

11. Zinc supplementation

What is zinc?

- Zinc is a mineral that is important for children's healthy growth and development.
- Foods such as meat, fish, dairy products, beans and nuts contain zinc.

Why is zinc supplementation important?

- Sometimes children do not have enough zinc, and as a result they may have longer, more severe bouts of diarrhoea, and may become very sick.
- If children between six months and 15 years of age who have diarrhoea are given extra zinc together with ORS, they are less likely to get very sick and will recover faster.

When to give zinc supplements

During an outbreak of diarrhoeal disease (including cholera), all children between six months and 15 years of age with diarrhoea should be given a zinc supplement together with oral rehydration solution (ORS).

How to give zinc supplements

- Zinc sachets should be distributed or given together with ORS. The zinc sachet powder is mixed with water and given as a drink.
- Social mobilization and behaviour change communication are important supporting activities. Make sure that caregivers of children are preparing and using zinc supplements correctly. Demonstrate their use whenever zinc and ORS sachets are distributed and follow up to check that people are diluting the sachets correctly.

Important points

- Treating children between six months and 15 years of age with zinc and ORS helps them to recover faster from diarrhoea.
- Use treated or boiled water to make both zinc and ORS solutions.
- Make sure that the cups and utensils used to make the solution are clean, and that water containers are clean and covered.
- Hands should be washed with soap before making zinc or ORS solution.
- Promote continued breastfeeding when an infant is sick with diarrhoea.
- After babies reach six months of age, encourage mothers to continue breastfeeding, while giving other appropriate foods.

Work together with the WASH team, including hygiene promotion volunteers. They can help to supply safe water and support social mobilization and behaviour change activities.

What you can do

- Make sure you know your National Society's policy on when volunteers can give zinc to children; follow it.
- Make sure you understand the correct way to prepare and use zinc supplements.
- Make sure a good plan is made for zinc supplementation, and that you understand the plan.
- Carry out social mobilization and behaviour change communication activities in an epidemic of diarrhoeal

disease. (See Important points above and Action tool *Social mobilization and behaviour change*.)

- Make sure all children from the ages of six months to 15 years with diarrhoea are given zinc correctly, together with ORS. (See Action tool *Giving oral rehydration solution (ORS)*.)
- Demonstrate how to correctly prepare and give zinc supplements. Conduct follow-up visits to make sure caregivers are preparing and using zinc correctly.
- Send anyone you meet who has severe dehydration to the nearest health facility for treatment. (For assessment for dehydration, see Action tool *Assessment of dehydration*.)
- Coordinate with health professionals from your local health facilities.
- Work together with the WASH team and hygiene promotion volunteers.

Community messages

28. Preparing and giving zinc

13. Breastfeeding

Overview

- Breastfeeding can save the lives of babies and young children in diarrhoea epidemics.
- It is always good to continue breastfeeding in epidemics because breast milk is a clean, nutritious and cheap food for babies.

Why breastfeed?

- Breast milk is the best food for babies in the first six months of their lives.
- Breast milk immediately after birth protects the baby from infections and should not be discontinued.
- In diarrhoea epidemics, exclusive breastfeeding of babies less than six months of age can save their lives from killer diarrhoea and cholera.

What you need to know

- Find out which community health workers and traditional birth attendants are promoting breastfeeding and work with them.
- Familiarize yourself with any local cultural beliefs and practices that are obstacles to exclusive breastfeeding.
- Get to know all the families in your area that have babies less than six months old.
- Bottle-feeding can be dangerous if bottles or water used to prepare powdered milk are not very clean or are contaminated with germs. Always advise mothers to breastfeed.

What you can do

- During social mobilization activities, and house-to-house visits, or when promoting health, let mothers know that exclusive breastfeeding protects their babies from diarrhoeal diseases and can prevent death.
- Talk to community and religious leaders and to fathers about the importance of breastfeeding. Ask for their help to persuade mothers to breastfeed.
- Repeat the same message: breastfeeding saves the lives of babies in diarrhoea epidemics. Talk to women to find out what support they need and the difficulties they face in continuing to breastfeed. Work with women and health workers to try to resolve their problems and concerns.
- After the epidemic is over, keep working to encourage breastfeeding.

Breastfeed exclusively from birth to six months of age. After this age, introduce appropriate food while continuing to breastfeed.

Community messages

03. Breastfeeding

08. Washing hands with soap

14. Infant and young child feeding in emergencies

Why is support for infant and young child feeding important?

- In emergencies, both caregivers and their infants require special support. Breastfeeding and appropriate first foods both help to save lives.
- Because they are often stressed and receive contradictory advice, many mothers think they cannot produce enough breastmilk, or good breastmilk. It is vital to encourage and support mothers, as well as other caregivers and the extended family.

What you need to know

- Breast milk is a clean, nutritious and cheap food for babies (see Action tool *Breastfeeding*). It is the safest choice in emergencies when people may lack access to safe water and hygiene, a regular supply of food, income or a livelihood.
- Breastfeeding helps fight disease. In most circumstances, a mother should continue to breastfeed when she or her child is unwell.
- Stressed, malnourished and hungry mothers can still make enough milk to feed their babies. If milk flow stops, it may be possible to restart it with support and counselling. Other options may also be available, such as milk banks, wet nurses, etc.
- Use of Breast Milk Substitutes (BMS) and bottle-feeding can increase the incidence of diarrhoea and death when bottles/teats are not adequately cleaned or sterilized, or the water used is dirty. Any distribution of artificial milk, cows' milk or other animal milk, bottles or teats should be reported to the cluster or to another authority responsible for monitoring the WHO Code on Breast Milk Substitutes.
- Find out what local or distributed high energy foods are available for young children older than six months to complement the breastmilk they receive.
- Find out the location of quiet areas, breastfeeding tents, caregiver support groups, mothers' groups and other services that support families and carers who are feeding infants and young children.

What you can do: breastfeeding

- Provide support to mothers, families and carers with babies.
- Tell them that breastmilk is the best food, even when mothers are stressed, malnourished or hungry.
- To sustain their milk supply, encourage mothers to give breast feeds frequently (day and night, at least eight times).
- Tell them that skin-to-skin contact between mother and baby can help increase milk supply.
- Help mothers to find a quiet place to relax since this helps milk flow.
- Include fathers, carers and other family members in discussions (where culturally appropriate) to ensure that mothers are supported when they breastfeed.
- Make sure that mothers, carers, fathers, support groups and communities receive correct information on infant and young child feeding (IYCF).
- Refer mothers who are malnourished, overtired, worried they lack milk, unwell or low in spirits to a health facility or feeding centre for nutrition and psychosocial support, including education on IYCF.
- Report any donations or distributions of BMS, powdered cows' milk, bottles or teats to your focal point in the National Society or Ministry of Health, or to the cluster or another authority responsible for monitoring violations of the WHO Code on BMS.

What you can do: maternal (mother) nutrition

- Support and advise mothers on nutrition during pregnancy and breastfeeding:

    1. Increase the number of meals or snacks during pregnancy (one extra) and breastfeeding (two extra) as mothers have higher energy needs.
    2. Encourage consumption of locally available nutritious foods, including foods rich in iron, calcium and vitamin A.
    3. Ensure that mothers take iron/folate supplements during pregnancy and for at least three months after giving birth.
    4. Ensure that mothers start to take vitamin A supplements within six weeks after giving birth.

- To prevent infections, give mothers anti-tetanus immunizations during pregnancy, encourage them to use insecticide-treated mosquito nets, provide deworming and anti-malarial medicines during pregnancy, and prevent and treat sexually transmitted diseases (STIs).
- Encourage recommended hygiene practices.
- Encourage families to support and assist women with their workload, especially late in pregnancy.
- Encourage families to allow mothers to rest more.

What you can do: first foods (complementary feeding) from six months of age

- Encourage families to give their infants small and frequent meals.
- Encourage families to drink clean water and adopt recommended hygiene practices, including washing hands before food preparation and feeding. Work with colleagues in water and sanitation (WASH), health and other relevant sectors to ensure that clean water and sanitation are available.
- Encourage families to eat nutritious foods, including foods rich in iron (meat, chicken, fish, green vegetables, beans, peas) and vitamin A (organic meats, carrots, pumpkins, papayas, mangoes, eggs), as well as a variety of fruits, vegetables and fortified cereals.
- Advocate that food distributions for both children and pregnant and lactating women (PLWs) should include appropriately textured first foods for young children (such as purées, mashed and finger foods), supplementary foods (if required, such as corn soya blend (CSB), micronutrient powders (MNPs), and other nutrition supplements, such as ready-to-use therapeutic foods (like Plumpy'Nut®).

Community messages

- Breastfeeding nourishes, protects and saves infant lives, especially in emergencies. During emergencies, breastfeeding is the safest way to feed infants.
- Do not use bottles or teats because these can make infants sick. If a child is being given infant formula, use a cup and spoon because they are easier to keep clean in less sanitary environments.
- Do not give foods other than breastmilk to infants until they are about six months of age.
- Stress the importance of maternal nutrition.
- In addition to mothers, include fathers, carers and the wider family in education and support activities.

Community messages

03. Breastfeeding

23. Encouraging healthy behaviours in a community

29. Attending nutrition checks

15. Measuring acute malnutrition in emergencies

What is acute malnutrition?

- When children do not have enough food or nutrients, it can affect their growth and development. A child with acute malnutrition is likely to be very thin, have a low weight for his or her height (wasting), or may be swollen.

Why is measuring acute malnutrition important?

- In emergencies or epidemics, more people tend to suffer from acute malnutrition because they lack nutritious food, are unable to provide appropriate feeding care, have poor hygiene, or lack access to clean water and sanitation and health services. As a result of malnutrition, they may become ill and find it more difficult to fight disease.
- It is important to screen and refer all malnourished children to health or nutrition services as quickly as possible, so they can receive treatment.

What you need to know

- A child under five years old with acute malnutrition is more likely to become ill and to die.
- The earlier a malnourished child is identified and referred to health care services, the more likely it is that she or he will recover and survive.
- Supportive home visits and follow-up can help children both to recover and to continue with their treatment. If parents and carers are not supported, they may discontinue treatment and the child can very quickly return to being malnourished.
- Find out the location of the nearest services for treating malnutrition, the types of malnutrition they treat, and how you can refer children and their parents to them.

How to screen for acute malnutrition children who are between six months and five years old

Children who suffer from acute malnutrition can be identified in two ways:

1. Measure the mid upper arm circumference (MUAC). This identifies “wasted” (thin) children. Wrap a coloured or numbered MUAC tape round the left arm of the child (see Action tool *Measuring mid upper arm corcumference (MUAC)* for instructions). If the circumference of the child’s arm falls within the red or yellow indicator, the child is malnourished. Red signals acute malnutrition: children in this condition should be referred urgently for medical care. A yellow indication also means the child should be admitted to a nutrition programme and treated as soon as possible.
2. Do a bilateral oedema test. This identifies “swollen” children (see Action tool *Measuring oedema (watrer retention) in children*). Press the tops of a child’s feet for at least three seconds and observe whether an indentation or pit (oedema) persists. If it does, bilateral oedema is present which means that the child needs to be seen at the health care centre immediately.

Where can screening be done? (Appropriate screening locations)

- At home, in the market, in religious centres, during meetings or ceremonies (baptisms, marriages, funerals).
- At ORP sites, where non-food items (NFIs) or food rations are distributed, or during vaccination campaigns, etc.

- In health facilities (clinics, as part of routine growth monitoring) or during outreach visits (for immunization or health education).
- Arrange special mass screenings when malnutrition rates are very high.

Referring children with acute malnutrition

- Locate the closest services that manage malnutrition in your community. They are usually run by the government or a non-governmental organization (NGO) out of health facilities, hospitals or mobile units.
- Check what type of services they provide and how families can be referred. Services may include:
  - Therapeutic feeding for severe malnutrition (red MUAC, oedema).
  - Supplementary feeding for moderate malnutrition (yellow MUAC).
- Refer any child with oedema or a red/yellow MUAC to the closest health or nutrition centre. Some programmes provide referral papers for families.

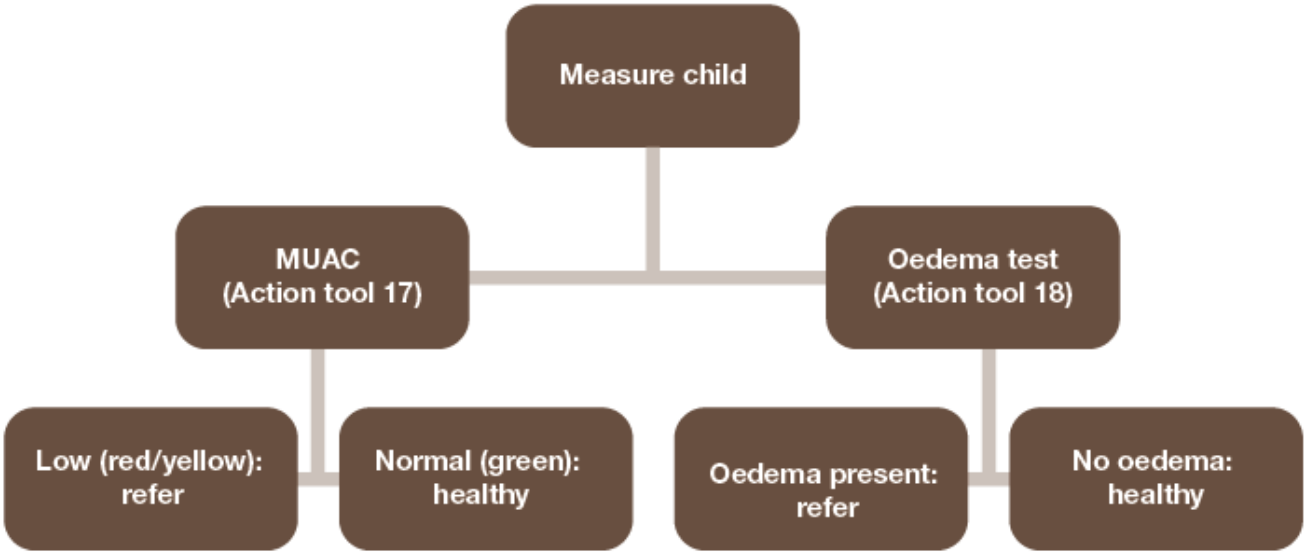
What you can do

It is important to link up with the services that manage acute malnutrition. As volunteers you can play an important role in supporting these services, through the following activities:

- Community sensitization and mobilization. Inform members of the community about the signs of malnutrition, the services that are available, and who should receive care. Children who are identified early can be treated more easily and have a better chance of recovery.
- Screening. Measure the MUAC of children and test for oedema; pay special attention to children who are weak, thin or swollen.
- Referral. Children with red or yellow MUAC or oedema should be referred. Check that referred children go for care and follow up.
- Home visits. Check to ensure that medicines and nutrition supplements (paste or cereal) are given correctly. Encourage caregivers to continue treatment until the child is healthy. Nutrition supplements should not be shared with other family members or with the community but should be considered a medicine; sharing will slow the child's recovery. Support families when parents cannot or refuse to visit the hospitals to which their children have been referred.
- Absent and defaulting children. Visit the homes of children who have missed treatment to find out why. Encourage them to return and continue care if they can. Give the health team the information you obtain and, if possible, try to link the health facility staff and the parents via phone, if they cannot or will not attend the centre.
- In-patient care. If a child is very sick and requires referral to an in-patient facility or hospital, assist the family to take the child. If the family refuses, visit at home and continue to encourage referral.

Community messages

- Explain to the community and community leaders that malnutrition weakens children, who are more likely to become sick.
- Tell them (if services are available) that thin or swollen children can obtain treatment.



Community messages

23. Encouraging healthy behaviours in a community

29. Attending nutrition checks

16. Measuring the height and weight of children

Why is measuring height and weight important?

- Measuring height and weight helps to show whether a child is growing well.
- If measurements show that a child is wasting, thin or swollen, the child may have acute malnutrition and must be referred for nutritional care and treatment.

What you need to know

- It is important to be as accurate as possible when taking measurements.
- Clothes and shoes should be removed when measuring weight. Shoes should be removed when measuring height. To reassure the caregiver, try to measure in private (for instance by using a screen).
- Two people are required to take each measurement (particularly height). If the parent or carer is close by, she or he can reassure the child.
- Measurements should be read aloud clearly and recorded immediately to avoid error.

How to measure height (length)

- Children less than two years old are measured lying down (length). Children more than two years old are measured standing up (height). Height and length mean the same thing: how tall the child is.

If age is not known, children shorter than 87 cm are measured lying down. If a child less than two years will not lie down, measure standing height and add 0.7 cm to the measurement. If a child older than two years cannot stand, measure length lying down and subtract 0.7 cm from the measurement.

Lying down

1. Place the height board flat on the ground or on a table or bench space.
2. Remove the child's shoes and gently place the child on his or her back along the centre of the board.
3. Hold the sides of the child's head, cupping the ears, and (with the help of the assistant or carer) position the head touching the board. The head should be positioned so that the line of sight for the child is perpendicular to the head board.
4. Place your hands gently on the child's ankles or knees to keep them flat and straight. While positioning the child's legs, place the sliding board against the soles of the child's feet, which should be at right angles to the board.
5. The measurer reads aloud the measurement to the nearest 0.1 cm.
6. The measurement should be repeated. A second person records it immediately.

Standing up

1. Remove the child's shoes.
2. Place the child standing upright against the centre of the height board.
3. Firmly press the child's ankles and knees against the board (helped by the assistant or carer), ensuring that his or her head is straight and that he or she is looking directly in front.
4. The child's head, shoulders, buttocks and heels should all touch the board.
5. The sliding part of the board should rest flat against the top of the head.

6. The measurer reads out loud the measurement to the nearest 0.1 cm.
7. The measurement should be repeated. A second person records it immediately.

How to measure weight

- Weight may be measured using a Salter-type hanging spring scale (where the child hangs below the scale) or an electronic scale that allows a child to be measured in the parent's or carer's arms.
- Equipment should be regularly checked (calibrated) against a known weight (for example, five litres of oil), and always set to zero before use.
- Infants who are younger than six months usually require special baby scales, which are available in hospitals or clinics. Alternatively, they can be measured by the Salter when sitting in a sling.

Using hanging Salter scales

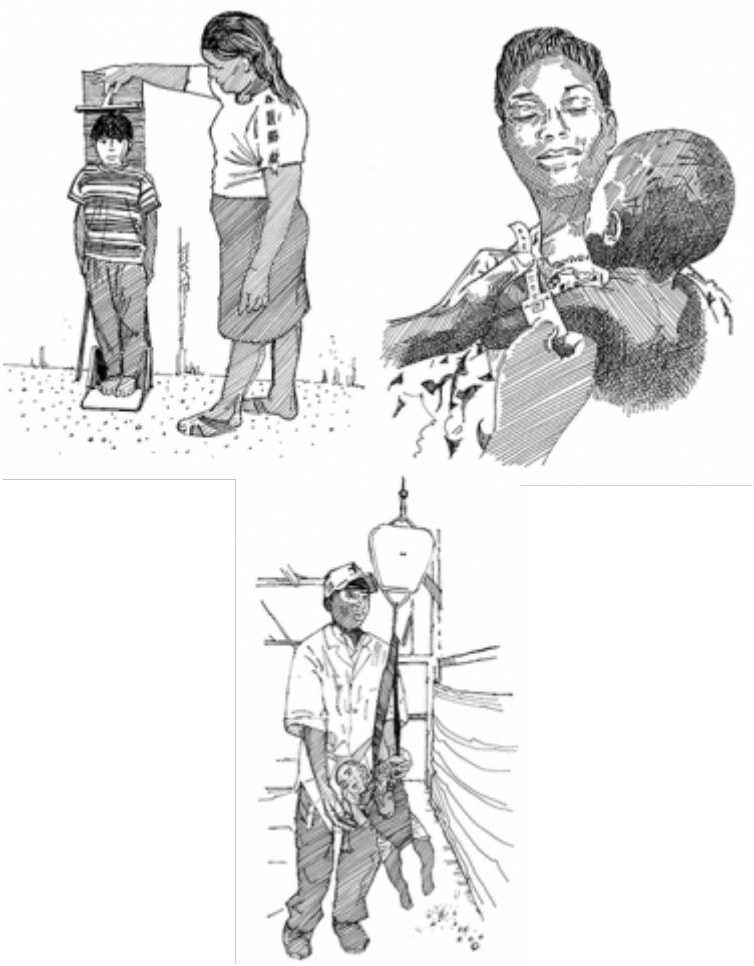
In a health facility, the scale is attached to the ceiling or a stand. In a community, the scale can be hooked to a tree or tripod or suspended from a stick held by two people.

1. Attach the weighing pants (or a weighing hammock for smaller infants) to the scale.
2. Check the needle is on zero.
3. Remove the child's clothes and shoes.
4. Place the child in the weighing pants. Make sure the child is safe by staying close and placing one arm in front of and one arm behind the child to keep him or her balanced.
5. Take the reading when the child is calm and the scale needle has stopped moving. The scale should be read at eye level and the value read aloud to the nearest 100 g.
6. Repeat the measurement. A second person should record it immediately.
   - If weighing pants are not available, it is possible to suspend the child in a piece of the mother's clothing, or in a basin or grass basket. In such cases, make sure the scale is appropriately readjusted to zero.
   - If (for cultural reasons or because of the climate) it is not possible to remove clothes, an average weight for clothes should be deducted from the measurement.

Using electronic scales

Electronic scales are very precise, whether they are powered by a battery or a solar switch. They are designed to allow the parent or caregiver to hold the child while he or she is weighed.

1. Place the scale on a flat surface in a well-lit area.
2. Make sure that all four of the scale's feet are on the ground.
3. Remove the child's clothing.
4. Turn the scale on by moving a hand over the solar switch. (An image of an adult indicates the scale is ready to weigh an adult.)
5. The parent or caregiver stands on the scale first, without the child. The weight is shown and stored in the scale's memory. The adult remains on the scale.
6. Wave a hand over the solar switch again. The scale indicates that it is ready to weigh an adult with a child. (An image of an adult holding a child is shown.)
7. The child to be weighed is passed to the adult on the scale, who remains still.
8. The scale shows the child's weight. Read the measurement aloud; a second person records it immediately.



Community messages

29. Attending nutrition checks

17. Measuring mid upper arm circumference (MUAC)

What is a MUAC test?

- The MUAC test measures the circumference of (or distance around) the mid upper arm.

Why is the MUAC test important?

- The MUAC test can identify children between six months and five years old who have malnutrition (wasting or thinness) and are at risk of dying.

What you need to know

- MUAC is a simple measurement. It uses a coloured tape that is wrapped around the left upper arm. Parents and carers can be trained to measure the MUAC.
- Children aged six months to five years who have a MUAC reading of less than 12.5 cm or whose arm circumference falls within the red or yellow indicator on the coloured tape (see table below) should be referred to the nearest health or nutrition centre.

How to measure MUAC

1. Explain the procedure to the child's mother or caregiver.
2. Ensure that the child is not wearing any clothing on his or her left arm.
3. If possible, the child should stand straight and sideways to the measurer.
4. Bend the child's left arm at 90 degrees to the body.
5. Find the mid-point of the upper arm. The mid-point is between the tip of the shoulder and the elbow.
6. Mark with a pen the mid-upper arm point.
7. Ask the child to relax the arm so it hangs by his or her side.
8. Using both hands, place the MUAC tape window (0 cm) on the mid-point.
9. While keeping the left hand steady, wrap the MUAC tape around the outside of the arm with the right hand.
10. Feed the MUAC tape through the hole in the tape while keeping the right hand planted on the arm.
11. Pull the tape until it fits securely around the arm while keeping the right hand steady on the child's arm.
12. Read and record the measurement at the window of the MUAC tape to the nearest millimetre (mm).
13. If a child has a MUAC of less than 12.5 cm (coloured yellow or red on the tape) a referral form must be filled out so that the child can receive treatment.

What do different measures and colours mean?

Colour	Nutritional status	MUAC (cm)	MUAC (mm)	Action
Red	Severe	<11.5 cm*	<115 cm*	Refer to the nearest health facility that provides therapeutic feeding.
Yellow	Moderate	11.5-12.4 cm	115-124 mm	Refer to the nearest health or nutrition centre that provides supplementary feeding (if available).
Green	Healthy	>12.5 cm **	>125 mm**	Encourage the carer to continue with healthy hygienic care and feeding practices, and to return if the child becomes sick or weaker.

* < means “less than”
** > means “more than”

What you can do

- Inform the community and parents that MUAC tapes identify children who are malnourished.
- Use MUAC to measure children between six months and 59 months of age, especially those who are sick, thin or weak.
- Find out which health facilities or centres treat malnourished children in your area. (Some facilities only address severe acute malnutrition (SAM).
- Refer children that have a MUAC of less than 12.5 cm or indicate red or yellow on the coloured tape, with their families, to the above centres for treatment.

Community messages

- Inform the community that thin, weak children who are not growing well can obtain treatment without cost.
- Find out the local word for a child who is very thin and use it to help find cases.
- Encourage caregivers to seek health treatment quickly if their child is malnourished. Tell them that treatment will enable the child to grow well, prevent stunting, and help the child to avoid diseases later in life.
- Explain the MUAC arm measurement to caregivers. Tell them that it shows which children are malnourished and should receive treatment.

Community messages

29. Attending nutrition checks

18. Measuring oedema (water retention) in children

What is oedema?

- Oedema occurs when too much water gathers and remains in the tissues of the body (water retention). Oedema causes swelling and puffiness.

Why is measuring oedema important?

- Swelling or oedema in both feet (bilateral oedema) is a sign of severe acute malnutrition (SAM). This form of malnutrition is sometimes called Kwashiorkor.

What you need to know

- Oedema starts in the feet but can spread to the whole body. The higher the swelling progresses up the body (for example, up towards the arms, hands or face), the more serious it is.
- The quicker oedema is identified, the easier it is to treat.
- All children with bilateral oedema need urgent therapeutic care.
- Find out the location of the closest services that treat svere acute malnutrition (SAM) and how children can be referred to them.

How to test for oedema

1. Remove the child's shoes and socks. Press both your thumbs on the top of each foot for three seconds. Keep a firm, constant pressure.
2. Remove your thumbs. If a pit or dip remains in the skin of both feet after three seconds, the child may have oedema.

Any child found to have oedema should be referred to a health facility as soon as possible.

Signs that a child has oedema (Kwashiorkor)

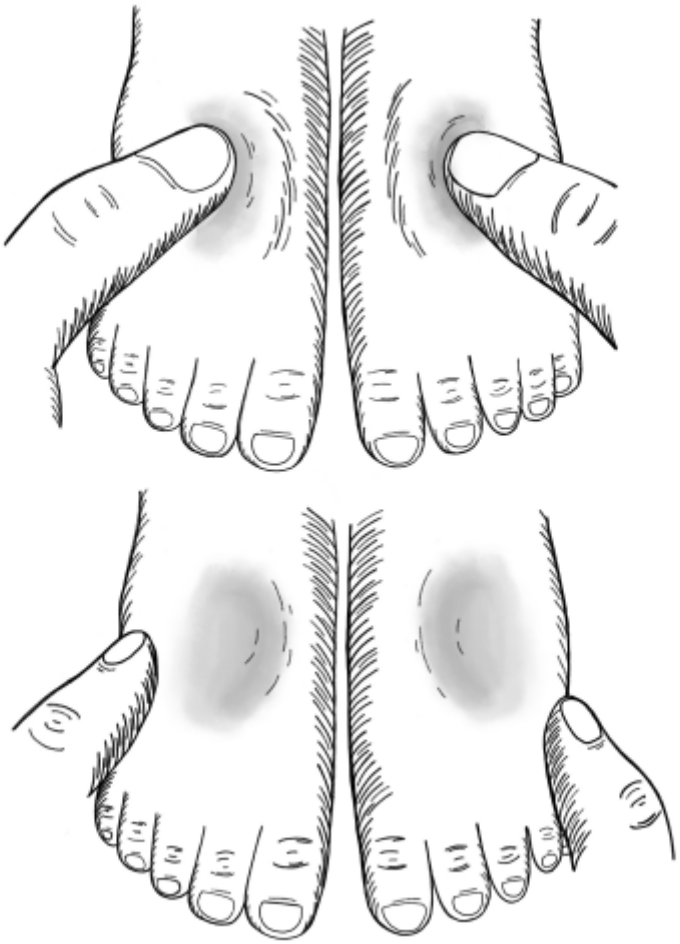
- Pitting oedema occurs on the feet and, in severe cases, sometimes on the legs and face.
- The child often seems sad or sick and does not move very much.
- The child is tired and has lost his or her appetite.
- The skin is often cracked and sore.
- The hair is dry and thin, breaks easily, and is reddish in colour.
- The child cries a lot.

What you can do

- Explain to community leaders and parents that swelling of the feet is a serious sign of malnutrition and can be treated.
- Explain the importance of treating malnutrition.
- Find and refer children with nutritional oedema to the closest health facility or nutrition centre as soon as possible.

Community messages

- Find out the local word for a child with oedema and use it to help find cases.
- Inform the community that oedema is a nutritional problem and can be treated.
- Emphasize the importance of obtaining treatment and explain the different causes of malnutrition.
- Emphasize that families need to be involved in treatment, prevention and identification.



Community messages

29. Attending nutrition checks

19. Psychosocial support

Normal reactions to abnormal events
• **Emotional.** Anxiety, grief, guilt, anger, irritability, frustration, sadness, shame, numbness, loss of hope, loss of meaning, feeling of emptiness. • **Mental.** Loss of concentration, memory loss, confusion, intrusive thoughts, difficulties in decision making, disorganized thought. • **Physical.** Increased heartrate, sleeping problems, aches (stomach, head), back and neck pain, muscle tremors and tension, loss of energy, inability to rest and relax. • **Social.** Risk taking, over- or under-eating, increased intake of alcohol or cigarettes, aggression, withdrawal, isolation.

Psychosocial support

- The term "psychosocial" refers to the dynamic relationship between the psychological and social dimensions of a person, where the dimensions influence each other. The psychological dimension includes emotional and thought processes, feelings and reactions. The social dimension includes relationships, family and community networks, social values and cultural practices.
- "Psychosocial support" refers to actions that meet the psychological and social needs of individuals, families and communities.
- We provide psychosocial support to help people who have been affected by a crisis to recover. Early and adequate psychosocial support can prevent distress and suffering from turning into more severe mental health problems.

Hobfoll et al (2007) proposed that five principles should drive psychosocial support during emergencies. Interventions should ensure safety and promote:
• Calm • Connectedness • Personal and collective efficacy • Hope

Psychosocial support activities include:

- Psycho-education and awareness raising on psychosocial issues.
- Life skills and vocational skills.
- Recreational and creative activities.
- Sports and physical activities.
- Restoring family links.
- Child friendly spaces.
- Community committees.
- Supporting memorials and traditional burials.
- Psychological first aid.

- Lay counselling.
- Support and self-help groups.

Psychological first aid (PFA)

PFA is...
• Comforting someone who is in distress and helping them feel safe and calm. • Assessing needs and concerns. • Protecting people from further harm. • Providing emotional support. • Helping to provide immediate basic needs, such as food and water, a blanket or a temporary place to stay. • Listening to people but not pressuring them to talk. • Helping people obtain information, services and social support.
PFA is not...
• Something only professionals do. • Professional counselling or therapy. • Encouraging a detailed discussion of the event that has caused the distress. • Asking someone to analyse what has happened to them. • Pressing someone for details on what happened. • Pressuring people to share their feelings and reactions to an event.

PFA is about comforting someone who is in distress and helping them feel safe and calm. It provides emotional support and helps people to address immediate basic needs and find information, services and social support. The three action principles of Look, Listen and Link indicate that PFA is a way to approach someone in distress, assess what help he or she needs, and help him or her to obtain that help.

LOOK (Pay attention to a situation)

- Establish what has or is happening.
- Establish who needs help.
- Identify safety and security risks.
- Identify physical injuries.
- Identify immediate basic and practical needs.
- Observe emotional reactions.

LISTEN (Pay attention to the person)

- Introduce yourself.
- Pay attention and listen actively.
- Accept others' feelings.
- Calm the person in distress.
- Ask about needs and concerns.
- Help the person(s) in distress to find solutions to their needs and problems.

LINK (Take action to help)

- Find information.
- Connect with the person's loved ones and social support.
- Tackle practical problems.
- Obtain services and other help.

Active listening is a key component of PFA

- Actively concentrate on what the affected person says.
- Do no interrupt or try to assure them that everything will be all right.
- Make frequent eye contact and ensure that your body language signals that you are listening.
- Gently touch the hand or shoulder of the affected person, if appropriate.
- Take time to listen when people describe what happened. Telling their story will help people understand and eventually accept the event.

21. Safe and dignified burials

Overview

- Some diseases, including cholera and especially Ebola, Marburg, Lassa fever and plague, remain infectious even after death.
- It is therefore essential to take extreme care when handling the bodies of individuals who have died from these diseases.

What you need to know

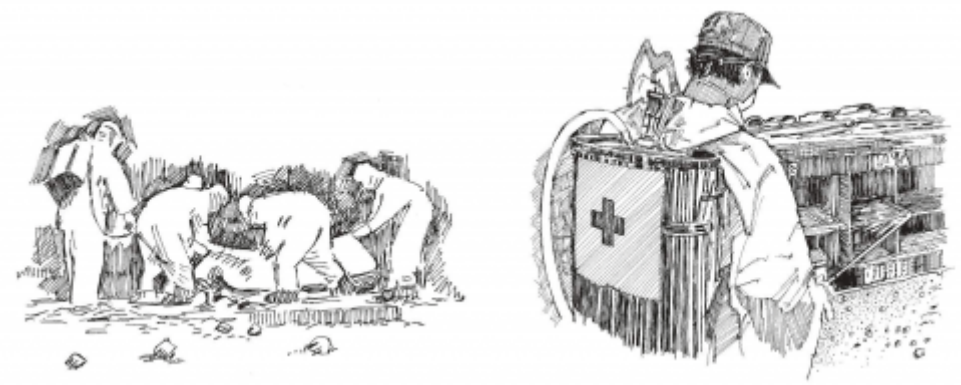
- The bodies of people who have died from certain diseases must be promptly and safely buried to protect others, because these diseases can spread through contact with bodies even after death.
- Specialists from the Ministry of Health or other organizations may be available to carry out such burials. **If this is the case, you should continue health promotion and allow them to do their job.**
- Burial of dead people is a sensitive issue in any community. You must be careful not to upset people; help them to understand why the person they love must be buried in a different way.
- Provide psychosocial support to the families of those who have died. (See Action tool *Psychosocial support*.)

Burying dead bodies can be a health hazard. If you have to do it, always ask for professional help and advice.

Remember that the main duty of Red Cross and Red Crescent volunteers is to promote health in the community. You can make more difference in this way than in any other way.

Safe burial of dead bodies

- Talk to community leaders and seek their support for what you are doing.
- Respect traditions without compromising safety.
- **Do not become directly involved if burials are being done by others.**
- If you are asked to assist, make sure that you have been trained properly and understand the correct procedures for conducting a safe burial.
- Carry out all activities calmly and respectfully.
- Always take care, first and foremost, to protect yourself (see Action tool *Volunteer protection and safety*) and use personal protection equipment whenever it is required (see Action tool *Personal protection equipment (PPE) for highly infectious diseases*).
- Disinfect the room and destroy the belongings (clothes) of a person who has died of Ebola, Marburg fever, Lassa fever or plague.



Community messages

19. Safe burial practices

29. Hygiene promotion

Overview

- You promote hygiene when you talk to people in your community about hygiene and sanitation, and about diseases that can be controlled by following recommended hygiene and sanitation practices. These diseases include, for example, cholera, diarrhoea, typhoid, and hepatitis E.
- Hygiene promotion covers four main areas: personal hygiene, domestic (or environmental) hygiene, water hygiene and food hygiene.

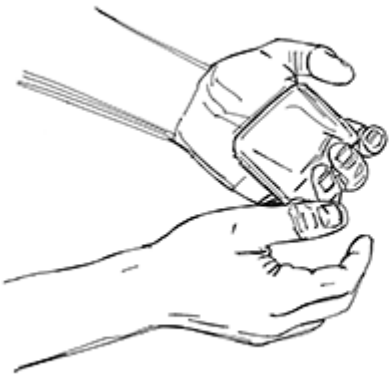
What you can do to promote hygiene

Water hygiene	• If possible, always use a protected water source (such as a deep hand-pump well with a concrete apron). • Treat water from all other sources. Use chemicals, a ceramic or other filter, or boil water that is for drinking and cooking. • Cover water containers so that dust, insects and rodents cannot get in. • Use a cup or big spoon (not hands) to serve water from the container. • Wash water storage containers regularly. • For information on how to keep water clean and safe, see Action tool *Clean, safe household water*.
Food hygiene	• Food can spread germs and diseases if it is not well cooked or if it is dirty. • Food can be contaminated by dirty hands, flies, dirty utensils or contaminated water. • Cook animal products thoroughly, including meat and eggs, to kill germs. • Wash vegetables and fruits thoroughly with clean water. • Wash utensils (plates, forks, knives, etc.) with clean water and soap. Use a rack for drying dishes. • See Action tool *Good food hygiene*.
Personal hygiene	• Wash your hands with soap after using the toilet and handling children's stools (faeces), and before preparing food, eating or breastfeeding. • Wash your face every day with water and soap. • Clean your teeth every day. • Keep your clothes clean. • Keep your fingernails short. • Women and girls, use clean, dry materials of your choice (disposable or reusable) when you menstruate. Change the materials and bathe as often as needed. Do not share pads with anyone else.

Domestic (environmental) hygiene	• Use a latrine and keep it clean. Plan in advance what you will do when the pit is full. • Dispose of baby and child stools (faeces) safely in the latrine. • Keep your house, backyard and community free of animal waste and rubbish. • Keep your community and backyard free of standing water. (Mosquitoes breed in standing water.) • If no rubbish removal service exists, bury or burn rubbish. Recycle as much as possible.

What you can do

- Have a conversation with members of your community about hygiene. Include women, community leaders, caregivers and decision-makers. Make sure they understand that good hygiene is important and can stop the spread of disease.
- Familiarize yourself with the ways in which people collect water, store food and water, dispose of rubbish, wash themselves and use latrines.
- Seek out households where people are sick. Help these households to identify risky hygiene practices and change their behaviour.
- Show people in your community how to build simple handwashing facilities, such as a “tippy-tap”.
- Be a good role model for others in your community. Use a clean latrine, dispose of your rubbish, wash your hands often.
- Find out if you can work with local health centres and schools to improve their hygiene and sanitation. You might hold a hygiene session for students or teachers, or help the clinic to build a handwashing station and outside latrine for patients.



Wash hands properly with soap.

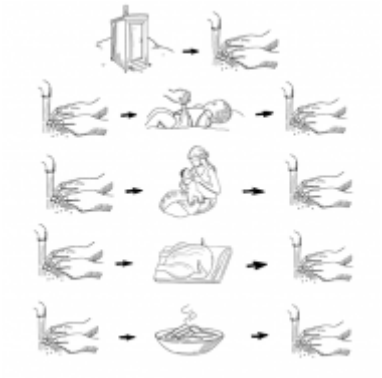
Community messages

04. Storing water properly

05. Using clean safe drinking water

06. Using a clean latrine

08. Washing hands with soap



09. When to wash hands

11. Cleaning up places where mosquitoes breed

12. Good food hygiene

13. Good personal hygiene

20. Collecting and disposing of rubbish

30. Clean, safe household water

Overview

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

How can you obtain clean water?
• The best source of safe clean water is a groundwater source, such as a protected well or borehole. "Protected" means it has a concrete apron or edge around the well or borehole (with no cracks) and is fenced to prevent animals from reaching it. • If you normally use a piped water supply in your community, flooding or other natural disasters (such as cyclones) can affect the quality of the water. After flooding, tap water may no longer be safe or clean. In this situation, boil or filter the water or treat it with chemicals.

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

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

Each way of making water safe has advantages and disadvantages, and requires equipment and resources (purification tablets, water containers or buckets, firewood, time, etc.). The community needs to be able both to obtain these resources and use them. Ask the **wash** focal point for more information.

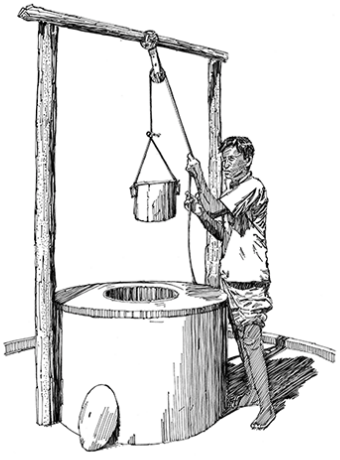
Safe water storage and handling
Dirty hands and dirty utensils can also contaminate water, as can flies, other insects and rodents. All efforts to make water clean and safe are pointless if water is not stored or handled properly and hygienically. Follow and share the advice below to make sure water is kept clean and safe.

- Encourage people to **always** wash their hands before they handle drinking water.
- Store water in clean containers. Clean these regularly.
- If a container has a narrow neck, encourage people to clean it regularly with a soap solution, chemical disinfectant (if available) or pebbles. Narrow-necked containers prevent contamination but are harder to clean.
- If a container has a wide neck, encourage people to keep it covered and design a system for removing water without touching it with your hands. Wide-necked containers are easily contaminated but easier to clean.

What you can do

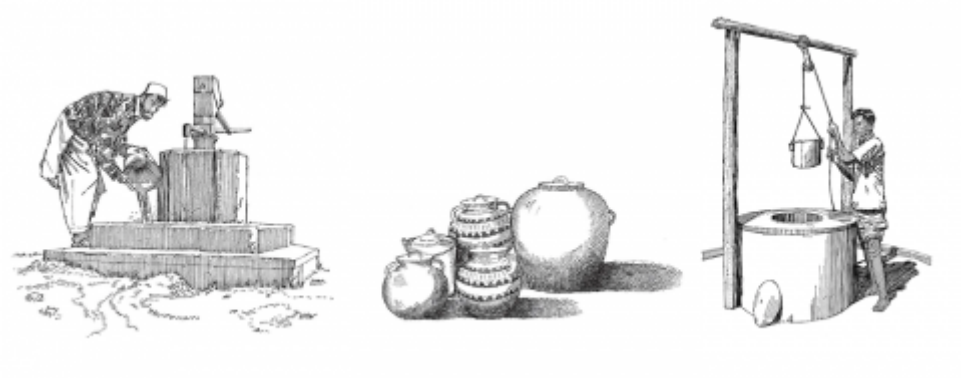
- Make sure that families have clean containers to put water in. Make sure the containers are covered to prevent germs and dirt from getting into the water and making it unsafe.
- Promote clean water use. Encourage members of the community to adopt recommended hygiene practices.
- Encourage people to use household water treatments (such as purification tablets) correctly. If they do not treat their water, find out why.
- Familiarize yourself with the community's cultural, social and traditional practices and beliefs about water and washing.
- Listen out for rumours and incorrect information. Correct these and report them to your volunteer supervisor.

Always remember to
• Use clean containers to transport and store water. • Cover water containers with a lid. • Fetch and handle water with clean utensils. • Boil, filter or treat water with chlorine if you believe that it may not be safe. • Keep your water sources clean and protect them from animals.



Other resources:

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



Community messages

04. Storing water properly

05. Using clean safe drinking water

31. Good food hygiene

Overview

- Food can carry or breed germs that spread disease and make people sick.
- Germs in food that is not clean or is not covered can help spread diarrhoeal diseases (including cholera) and other diseases such as hepatitis, typhoid and anthrax.

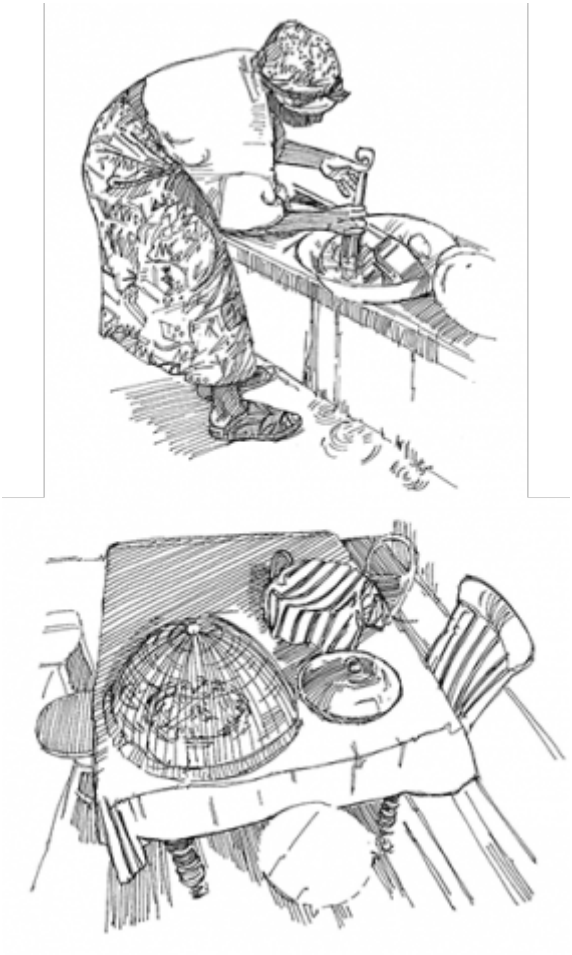
What you need to know

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

Food hygiene
• Wash hands with soap or ash before preparing food. • Cook all animal products thoroughly, including meat and eggs, to kill germs. Make sure that animal products are hot all the way through. • Cover food and water to protect them from dirt, flies, other insects and animals. • Wash utensils (plates, cutlery, etc.) with clean water and soap. Use a rack to dry dishes. • Wash vegetables and fruits thoroughly with clean water. • If you use firewood or charcoal to cook food, make sure that the room in which you cook is well ventilated.

Community messages

- Wash hands with water and soap before you prepare food and before and after you eat.
- Cooked food should always be stored properly and covered to keep out dirt, flies, other insects and animals.
- All animal products, including meat and eggs, should be cooked thoroughly before eating, to kill all germs.
- Vegetables should either be cooked thoroughly or washed well with water.
- Raw fruits and vegetables should be washed with clean water.



Community messages

04. Storing water properly

08. Washing hands with soap

12. Good food hygiene

32. Sanitation

Overview

- Good sanitation is vital to stop the spread of many epidemics, such as diarrhoea and cholera.
- As volunteers, you can encourage members of the community to improve their sanitation by using latrines, disposing of rubbish and removing standing water.

What you need to know

These are the most important sanitation initiatives for preventing disease

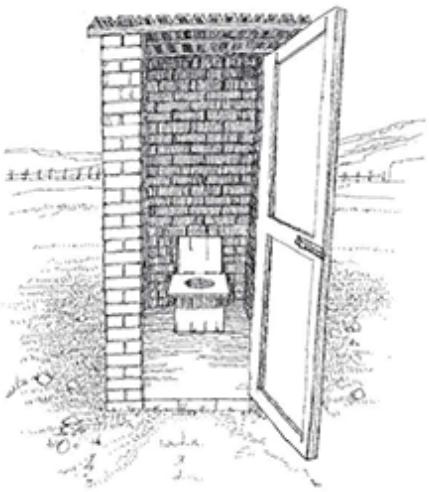
- Dispose of excreta (faeces) safely (by constructing latrines).
- Dispose of solid waste and rubbish safely.
- Bury corpses and destroy animal carcasses safely.
- Control disease vectors and protect people from them.
- Incinerate medical waste.
- Drain or remove waste water and standing water. (Camps should be designed with this in mind.)
- Promote hygiene and teach people how to keep themselves safe and clean.

What you can do

- Promote the construction and use of latrines.
- Encourage the community to burn or bury rubbish.
- Mobilize the community to reduce standing water where mosquitoes are likely to breed.

Talk to your community about proper sanitation practices.

Dispose of waste safely.



Community messages

06. Using a clean latrine

07. Protecting yourself against mosquitoes

08. Washing hands with soap

11. Cleaning up places where mosquitoes breed

23. Encouraging healthy behaviours in a community

27. Keeping rodents out

33. Building and maintaining latrines

Overview

- Many diseases (including diarrhoea, cholera, typhoid, and hepatitis E and A) spread to others when faeces contaminate water, hands, food or flies and enter another person's mouth. This form of transmission is called "faecal-oral".
- Using a latrine and disposing of faeces properly can save many lives during an epidemic.

Why build latrines?
• When everyone uses latrines, the environment is clean. It is more difficult for germs in faeces to spread to another person and make them sick. • Latrines help to keep water sources free from germs. Flies cannot easily land on faeces and transfer germs to food. • Using latrines can prevent gastrointestinal diseases. • It is important to put the faeces of children and babies in the latrine too. Their faeces contain just as many germs! • In an epidemic, building latrines and encouraging the community to use them is an important part of preventing the spread of disease.

Many types of latrines, such as pit latrines, can be built easily with local materials. The type of latrine you build will depend on:

- The preferences of the community.
- The soil type and how close the water in the ground is to the surface (the water table).
- How much space the community has.
- The location of water sources.
- The number of people who will use the latrine(s).

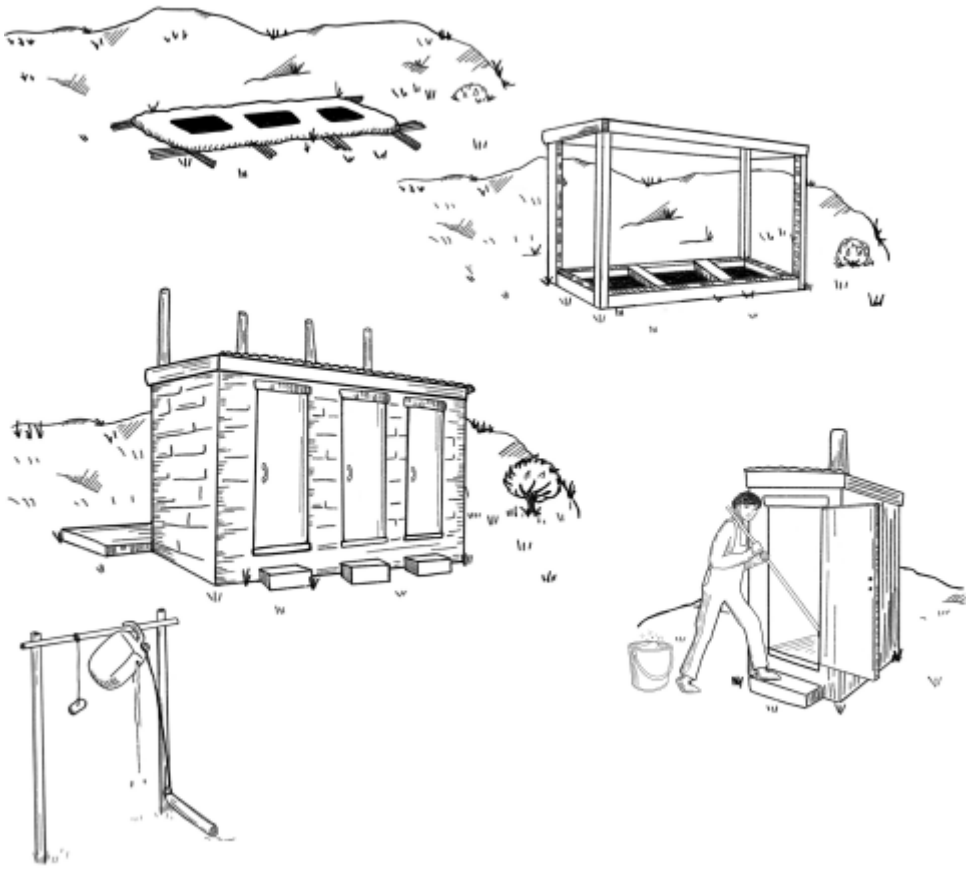
Ask the WASH focal point or your volunteer supervisor for information on how to build latrines.

Building latrines in places where doing so is difficult

- Urban areas may have little space to build latrines. It is hard to dig latrines where the ground is hard and rocky; where the soil is thin; where the soil is unstable; or where the water level is very high (just below the surface), for example after floods.
- In these situations, you still have options. Involve members of the community in finding a solution that will work for them.
- You might consider the following options: to build raised latrines (that use large tanks or other containers to hold the faeces); to use plastic bags; to build small (family sized) container latrines; to build raised composting latrines; to employ other forms of emergency toilet.

Important things to remember about latrines

• It is very important to wash hands after going to the toilet to prevent the spread of disease. All latrines should have a place to wash hands close by, that works, and has water and soap available.
• Provide locally appropriate anal cleansing material (to wipe or wash after going to the toilet).
• If using a trench latrine, you may need to provide soil to cover the faeces.
• Make sure women and girls feel safe to use latrines during the day and at night. Males and females should use separate latrines, Latrines should be well-lit and users should be able to lock them from the inside.
• Building latrines is the easy part. Many social and cultural issues may cause people not to use them. Find out what will motivate people to use the latrines and encourage them accordingly.
• Latrine pits and tanks fill up and need to be emptied. How quickly this happens depends on how many people use them, how big the pit or tank is, the soil type, and whether people throw rubbish or menstrual pads into the pit.



Community messages

06. Using a clean latrine

08. Washing hands with soap

34. Handwashing with soap

Overview

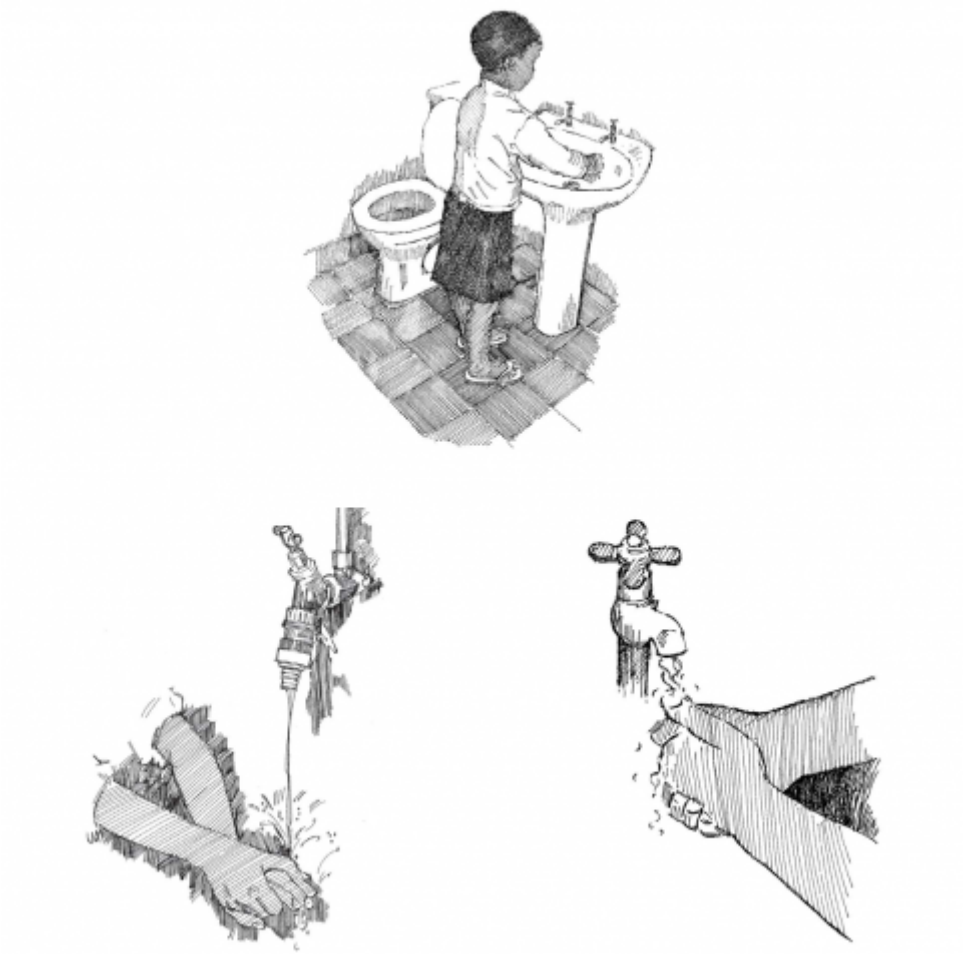
- Washing your hands is one of the most important ways to prevent the spread of many epidemics, especially diarrhoeal diseases.
- Handwashing is easy and everyone (including children) can do it.
- To be able to wash their hands, people need running water, liquid soap or ash, and paper towels.

When to wash hands

Wash your hands BEFORE:	Wash your hands AFTER:
• Preparing or eating food. • Treating a wound (yours or someone else's). • Caring for someone who is ill. • Breastfeeding.	• Using the toilet. • Washing or changing a baby or infant. • Coughing or sneezing. • Caring for someone who is ill. • Coming into contact with a sick person in an epidemic (see Action tool *Handwashing in a highly infectious epidemic*). • Handling raw meat. • Contact with animals (including pets). • Handling rubbish or anything that might be contaminated.

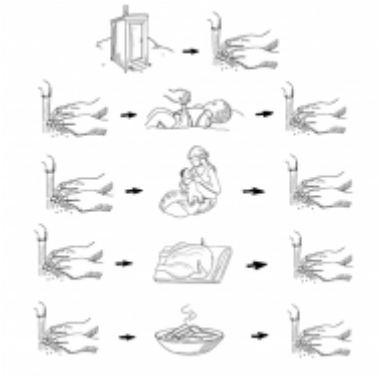
How to wash hands

- Wet your hands and rub them with soap or ash.
- Rub all parts of your hands together for 10 to 15 seconds.
- Use lots of force (push your hands together hard) and remember to wash all surfaces, including the backs of the hands and between the fingers.
- Rinse hands well so they are free of soap or ash.
- Dry hands with a paper towel. If there is no towel, wave them in the air until they are dry.



Community messages

08. Washing hands with soap



09. When to wash hands

39. Preparing and using disinfectants

Overview

- Disinfectant is a solution that can be used to kill germs on surfaces, bedding, clothing and dead bodies.
- It is especially useful in epidemics to kill the germs that are causing the epidemic.
- Many different ingredients can be added to water to create disinfectants.
- Making disinfectants can be dangerous because it involves mixing chemicals with water. **Always follow the instructions and use the help of trained people to make disinfectants.**
- Look at the cholera kit (see Action tool *Personal protection equipment (PPE) for highly infectious diseases*) for more information on the preparation and use of disinfectants.

Disinfectants are especially useful in the following cases:
• In cholera and acute watery diarrhoea epidemics, they can be used to disinfect beds and surfaces that have been in contact with vomit or diarrhoea. Disinfectants should also be used to disinfect the bodies, before their burial, of people who die from cholera in the community or a clinic. • In Ebola, Marburg fever, Lassa Fever, plague, MERS and moneypox outbreaks, because these diseases can spread as a result of almost any contact with the sick person, disinfectants are vital for cleaning surfaces and other objects that a sick person may have touched, and for cleaning dead bodies. Other items used by a sick person, such as clothing and sheets, should be burned, where possible in an incinerator. (See Action tool *Building an incinerator for medical waste*.) • Disinfectants keep health facilities such as clinics and hospitals clean and reduce the spread of disease among patients. Remember to clean the latrines as well. • Chlorine can also be used to treat water for drinking and other purposes. This can only be done by volunteers who are trained and under the supervision of a water and sanitation specialist.

Preparation of different strengths of chlorine solution

	2%	**0.5%**	**0.2%**	**0.05%**
HTH powder (70% active chlorine)	30 grams in 1 litre of water or 2 lvel tablespoons in 1 litre of water	7.5g in 1 litre of water or 1 level teablespoon in 2 litres of water	3g in 1 litre of water or 2 level teablespoon in 10 litres of water	0.7g in 1 litre of water or 0.5 level teablespoons in 10 litres of water
NaDCC At 8.68g active chlorine per tablet	4 tablets in 1 litre of water	1 tablet in 1 litre of water	4 tablets in 10 litres of water	1 tablets in 10 litres of water

	2%	0.5%	0.2%	0.05%
Liquid bleach (5% active chlorine)	400 ml of bleach in 600 ml of water (total amount one litre)	100 ml of bleach in 900 ml of water (total amount one litre)	40 ml of bleach in 960 ml of water (total amount one litre)	10 ml of bleach in 990 ml of water (total amount one litre)
Examples of use	To disinfect dead bodies, stools and vomit in cholera outbreak	To disinfect dead bodies, surfaces, blood, vomit, stool, PPE, vehicles etc. in Ebola outbreak	To disinfect wards, floors, toilets, shower units, kitchen, beds etc. in cholera outbreak	To disinfect hands and skin

Use of disinfectants

- Always take care when using disinfectants because they are dangerous. Always wear gloves, a face mask and goggles, and an apron or overalls to protect your clothes.
- When specialists are available, always follow their advice on preparing, handling and using disinfectants.
- Do not touch 1:10 disinfectant with your hands or let it touch your bare skin. **Always use thick gloves for protection.**

43. Social mobilization and behaviour change

Overview

- During an epidemic, it is important to work with the community to change risky behaviour quickly in order to stop the disease from spreading.
- Our goal in an epidemic is to identify barriers to change and, working with the community, develop a strategy that will mobilize communities to protect themselves by adopting safer, less risky behaviour.
- Safer behaviours may include agreeing to and accepting vaccinations, washing hands with soap at the five critical times, regularly wearing mosquito repellent, consistently using a mosquito net, or agreeing to be isolated from others while sick.

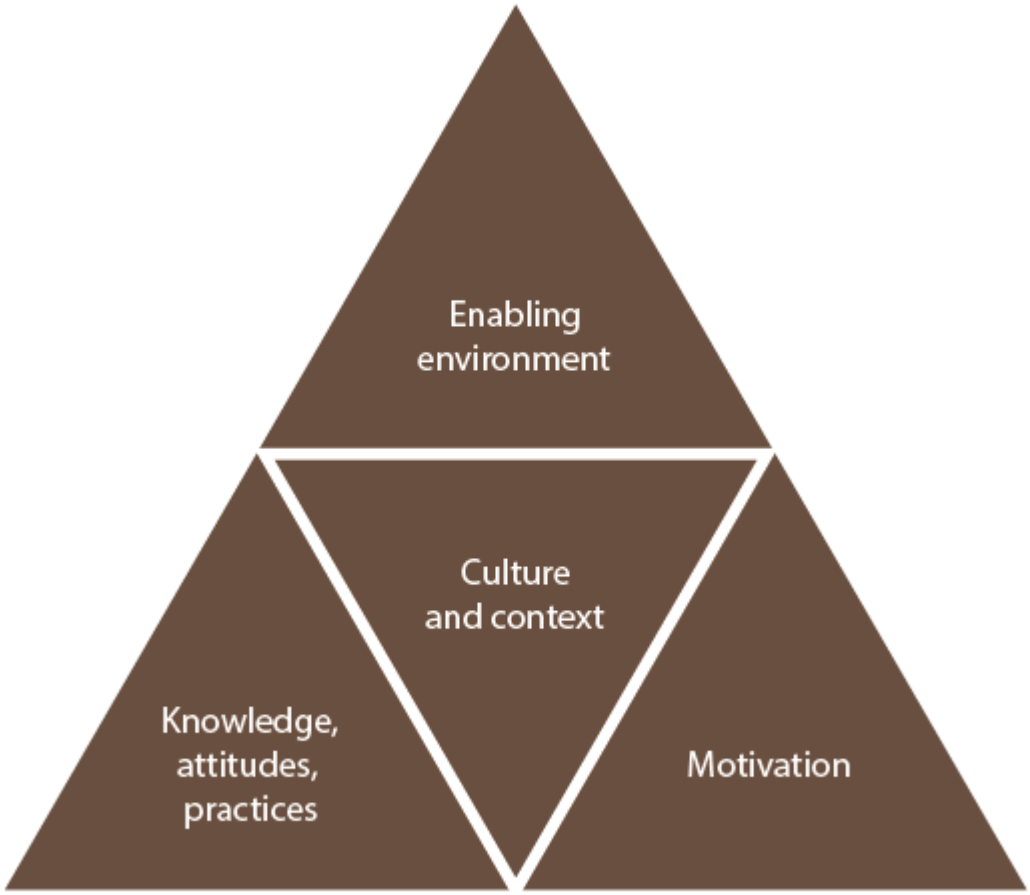
What you need to know

- People in your community must be involved in efforts to change their behaviour. Fear, grief, social norms, cultural and religious beliefs, traditional practices and misinformation all influence behaviour and need to be taken into account when health interventions are planned.
- Simply providing information about an epidemic will not cause people to change their behaviour. Consider the five stages of behaviour change.
- It is important to talk to people about their beliefs, norms, ideas and fears with respect to the disease, to listen carefully to what they say, and take their opinions into account. Once you understand what people know, believe and do, you can begin to think about influencing their behaviour. You can decide how you will share with people the information you have about the disease, its symptoms, how it is spread, and how it is treated.
- Any social mobilization or behaviour change strategy you use must place the community at its centre, including when you identify solutions and strategies.

What is behaviour change in an epidemic?

In any context, behaviour change involves three elements. Before people will change their behaviour:

1. They need to know what, why and how they should change. They need knowledge.
2. They need to have the right equipment, access and capacity. They need an enabling environment.
3. They need to be motivated to change.



Community messages

23. Encouraging healthy behaviours in a community