


**WBPHCOT
Community  Health
Worker Training
Foundation Phase**

Screening Tools Booklet

2024

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Routine health screening for different household members

Household member	Screening by CHW	Health screening or test by clinic staff
Women	Pregnancy	Pregnancy test
	Teach breast self-examination	Breast cancer
	HIV risk	HIV test
	TB screening	TB test
	Sexually Transmitted Infections (STI) risk	STI test
	High blood pressure screen	Blood pressure reading
	Mental health	Mental health
	Diabetes screen	Diabetes glucose test
Men	HIV risk	HIV test
	TB screening	TB test
	STI risk	STI test
	Teach testicular self-examination	Testicular cancer screen Prostate cancer screen
	High blood pressure screen	Blood pressure reading
	Diabetes screen	Diabetes glucose test
	Mental health	Mental health
Older persons	Teach breast self-examination	Breast cancer
	Teach testicular self-examination	Testicular cancer Prostate cancer
	TB screening	TB test
	STI risk	STI test
	High blood pressure screen	Blood pressure reading
	Diabetes screen	Diabetes glucose test
	Mental health	Dementia and mental health
Children	Check <i>Road to Health</i> booklet (RTHB) for immunisations	Immunisations
	Check RTHB for vitamin A status	Vitamin A
	Check RTHB for deworming status	Deworming
	Growth monitoring	Growth monitoring
	HIV risk	HIV test
	TB	TB test



Referral checklist

Refer for services	
Correctly identify need for services	
Correctly identify appropriate service to meet need	
Check whether community member understands the reason for referral and process of referral	
Accurately and completely fills in the community services referral form and community services referral register	
Obtains parent/guardian/caregiver consent in the case of a child	
Ensures that caregiver has copy of parent's death certificate in case of referral of an orphan	
Check for back referral form	
Check if follow-up action is required after referral takes place	
Asks community member about referral experience	
Continually check for updated contact information for referral services and organisation	



HIV and STIs

| HIV Screening Tool

Read the following questions to all sexually active individuals and offer HIV testing in the home, if available, or refer them for HIV testing if you tick **any answer** in the **yes** and **no** columns.

Question	Yes	No
1. Have you been tested for HIV in the last three months?		
2. Have you had more than one sexual partner in the last three months?		
3. Do you suspect that your partner has other sexual partners outside of your relationship?		
4. Have you had sex, including anal sex, without a condom in the last three months?		
5. Do you share needles or blades with other people?		
If you answered yes to questions two, three, four, or five and had an HIV test in the last three months that was negative, you and your partner may be in the window period and should return to the clinic for a second HIV test to confirm your HIV status.		

Note to the CHW: Explore understanding of these concepts.

Message for HIV-positive household members

If you are HIV positive and are not taking medication to keep yourself healthy, go to the clinic to talk to the nurse about starting treatment. You may also qualify for medicine that will prevent you from getting TB.

| Condom Use

How to use a male condom

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



Step 1: Check the condom package to make sure that there are no cracks, holes or open sides. Condoms from an open or damaged packet should not be used. Condoms should not be left in the heat or in direct sun.

Check the expiry date on the condom packet. If the date stamped on the condom packet has passed, then it has expired and should not be used because the rubber will not be protective. When opening the condom care should be taken not to damage the condom. Avoid tearing the packet with the teeth or sharp fingernails.

Step 2: The condom should only be put on when the penis is erect. Check which way the condom will unroll (the rolled-up bit should be to the outside), then hold the condom at the teat/tip and squeeze the air out of the teat/tip. Leave a small section at the top for the semen to fill. The condom should be gently unrolled down the full length of the penis, making sure there are no air bubbles because they may cause the condom to break during sexual intercourse. The condom should remain in place throughout intercourse.



It is important that oil-based lubricants such as Vaseline, mineral oil, baby oil, or cooking oil, are not used with male (outside) or female (inside) condoms as these will cause the condom to break up. This means that the condom will no longer offer any protection.



Step 3: After sexual intercourse, the penis should be slowly removed from the partner while it is still erect. Hold the condom at the base of the penis to prevent it from slipping off. The condom should be removed from the penis carefully.

Step 4: A knot should be tied in the condom to prevent the fluid from spilling, and then it should be wrapped in a tissue and thrown away in the bin or burned. It should never be left lying around where children and other people can come into contact with it. Always wash your hands.

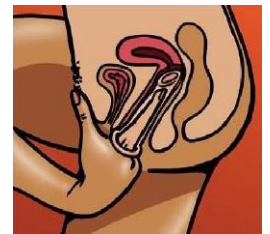


How to use a female condom

The female (inside) condom is a long tube of thin rubber or plastic. It has a small closed end and a large open end. The most common female (inside) condom is the Cupid, which has an 8-sided ring on the open end and a round sponge in the closed end. The FC2 female (inside) condom has a round ring on the open end and another round ring in the closed end. Both kinds of female (inside) condoms have lubricant and can be inserted up to an hour before intercourse if necessary. Do not use a female (inside) condom and a male (outside) condom at the same time.



Step 1: Check the condom package to make sure that there are no cracks, holes or open sides. Condoms from an open or damaged packet should not be used. Condoms should not be left in the heat or in direct sun. **Check the expiry date on the condom packet.** If the date stamped on the condom packet has passed, then it has expired and should not be used because the rubber will not be protective. Gently push the condom inside the package to one side to allow room to tear open the package. Carefully remove the condom using the fleshy part of the fingers and not fingernails.



Step 2: To insert the Cupid Female condom, squeeze the end of the condom containing the sponge with two fingers. Insert the end with the sponge inside the vaginal opening and push the condom inside the vagina as far as it will go so it rests against the cervix. Make sure the sponge opens once it is inserted. The sponge or ring not only make it easier to insert the condom, but it holds the condom in place during sex. The outer ring stays outside of the vagina. To make insertion easy, you can squat or lie on your back or put one foot on a chair.

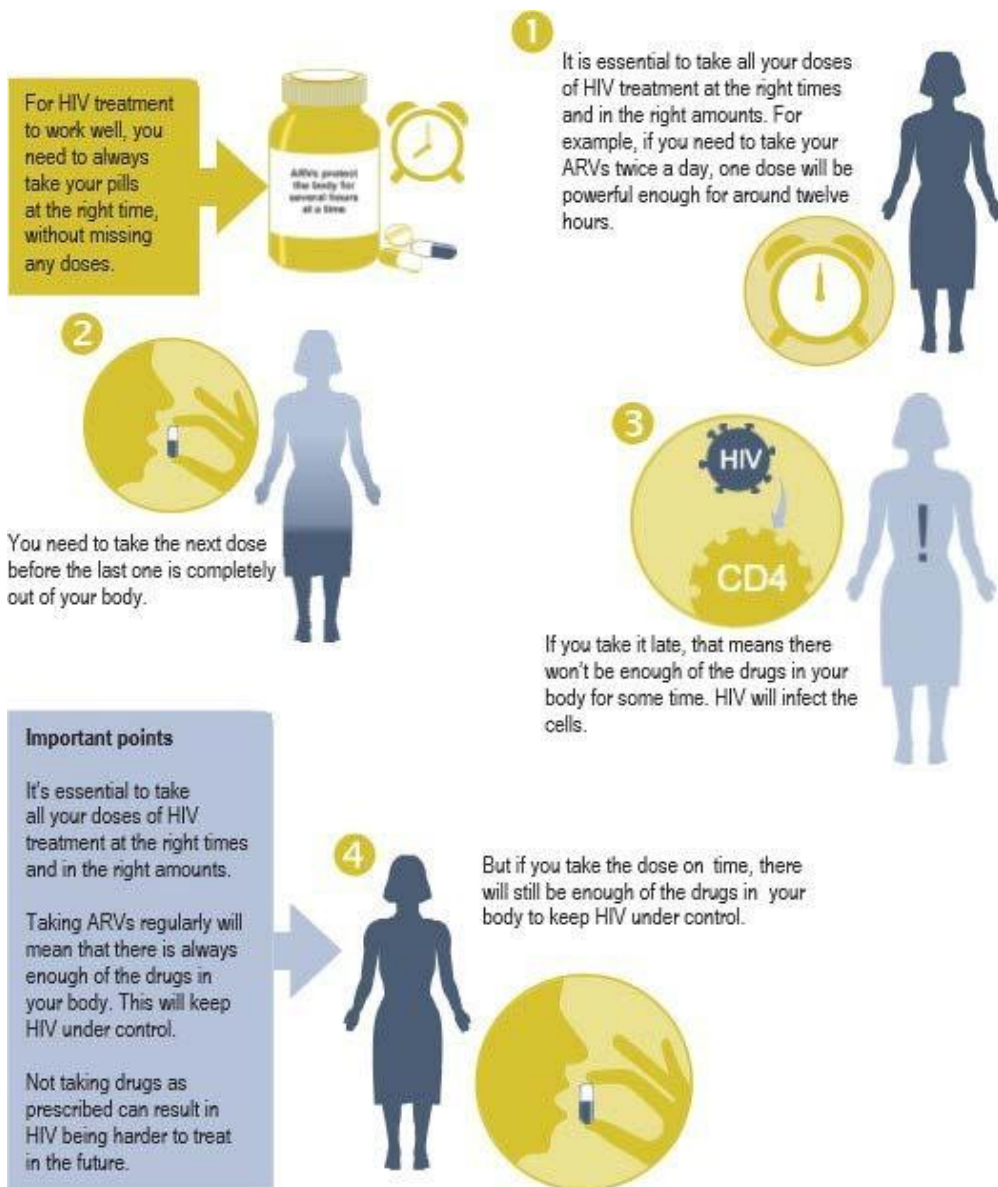


Step 3: Guide the erect penis into the condom, making sure it does not enter around the side. The female condom is loose-fitting and will move during sexual intercourse. If it feels like the outer ring is being pushed in while having sex, stop and pull the outer ring back to its original position.

Step 4: To remove the condom, twist the outer ring to keep the sperm inside then gently pull the condom out of the vagina. Wrap it in a tissue and dispose of it appropriately by throwing it in a waste bin. Do not use the condom again. You must always use a new condom every time you have sex.

It is important that oil-based lubricants such as Vaseline, mineral oil, baby oil, or cooking oil, are not used with male (outside) or female (inside) condoms as these will cause the condom to no longer offer any protection.

Guide on Suppressed Viral Load



This can be used in your discussion to show what happens to the viral load in the body.

Common Side Effects of antiretroviral medicine

Common side effects (Go to clinic within a week)	Allergic reactions and urgent side effects (Go to clinic immediately)
Muscle pain	Difficulty breathing
Diarrhoea	Rash
Nervousness or anxiety	Difficulty swallowing
Strange dreams	Swollen eyes
Loss of appetite	Swollen tongue
Difficulty sleeping	Blisters or sores
Burning or tingling feet	Vomiting
Dizziness	Fever
Headaches	Abdominal pain
Weakness or fatigue	Jaundice (yellowing of skin or eyes)

An allergic reaction is a very bad reaction of the immune system that can occur right after a person starts taking medicine.

It is an emergency and must be treated immediately.

| Screening for STI

Read the following questions to all sexually active individuals and refer them to the clinic for an STI assessment if you tick **any answer** in the **yes** and **no** columns.

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



Tuberculosis

| TB Screening Tool for Adults

Read the following questions to all adults in the household and refer them to the clinic for a TB test if you tick **yes** for any answer.

Question	Yes	No
1. Do you have a cough for two weeks or longer, <i>or</i> if you are HIV positive, are you coughing?		
2. Do you have a fever for more than two weeks that hasn't gone away?		
3. Have you lost weight and you don't know why?		
4. Are you sweating a lot at night?		

Note to the CHW: Please read the following to the community member.

If you are HIV positive and you have been coughing for 24 hours, you should go to the clinic as soon as possible for a TB test.

If you are HIV positive, you should be screened for TB whenever you go for your checkup appointments at the clinic.

| TB Screening Tool for Children

Read the following questions to all children or their caregivers in the household and refer them to the clinic for a TB test if you tick **yes** for any answer.

Question	Yes	No
1. Do you have a cough for two weeks or longer that has not improved on treatment?		
2. Do you have a fever for more than two weeks that hasn't gone away?		
4. Have you lost weight and you are not growing properly? (Check the child's <i>Road to Health</i> booklet.)		
5. Are you feeling tired, and you don't feel like playing?		
6. Do you have night sweats or swollen glands?		

| Common Side Effects of TB Treatment

Non-urgent side effects (Go to clinic immediately)	Ask the patient
Loss of appetite	Are you eating well?
Dizziness	Do you feel dizzy?
Weakness	Do you feel weak?
Muscle pain	Do you have muscle pain?
Burning or tingling in hands or feet	Do you feel burning or tingling in your hands or feet?

Additional Points

- Some TB medicines can turn urine a dark or orange colour.
 - This is normal, and the patient does not need to go to the clinic.
- TB medicine weakens birth control pills.
 - Women can and should still use the birth control pills, but the clinician may have to change the dose.

Urgent side effects (Go to clinic immediately)	Ask the patient
Difficulty breathing or chest pain	Is it hard to breathe? Are you having chest pain?
Rash	Do you have a rash anywhere on your body?
Vomiting	Have you been vomiting or felt nauseous?
Difficulty swallowing	Have you had trouble swallowing?
Jaundice	Has your skin changed colour?
Swollen eyes	Have your eyes been swollen?
Swollen tongue	Has your tongue been swollen?
Changes in vision	Has your vision changed? Can you see as well as you usually do?
Hearing loss	Can you hear as well as you usually do?

CHW TB Home Visit Checklist

CHW name: Date: Household name/number:			
Task	Done	Not done	Comments/Notes
Protect yourself during each home visit by:			
Face mask			
Wearing gloves if using a lancet for HIV testing or handling blood, sputum, or other bodily fluids			
Check for the following side effects:			
Rash/itching			
Nausea/vomiting			
Abdominal pain			
Joint pain			
Poor appetite			
Blurry vision			
Numbness of hands or feet			
Check for treatment adherence:			
Observe taking of medication (when appropriate)			
Check calendar or other reminders or count pills			
Give treatment adherence tips			
Refer to facility if not adhering to treatment			

Referral of vulnerable groups for preventive treatment:			
All children under five years old			
Children older than five years and adults who are HIV positive <i>except</i> pregnant women with CD4 count >100			
Refer anyone else in the household who has had a cough for two weeks			
Educate on cough hygiene			
Educate on preventing TB spread			
Educate on infection control			

| Home Visit Checklist Tool

Please refer to Chapter 9: Treatment Adherence for further information to support the patient in adhering to treatment.

Community Health Worker TB home visit checklist

CHW name:			
Household name/number:			
Date:			
Task	Done	Not done	Comments/Notes
Ensure self-protective behaviour during home visit			
Check for side effects using the side effect checklist			
Check for treatment adherence:			
<ul style="list-style-type: none"> Observe taking of medication (when appropriate) 			
<ul style="list-style-type: none"> Check calendar or other reminders or count pills 			
<ul style="list-style-type: none"> Provide treatment adherence tips 			
<ul style="list-style-type: none"> Refer if not adhering to treatment 			
Refer vulnerable groups for preventive treatment:			
<ul style="list-style-type: none"> Children under five years old 			
<ul style="list-style-type: none"> HIV-positive children older than five years and adults 			
<ul style="list-style-type: none"> Pregnant women 			
<ul style="list-style-type: none"> Elderly 			
Screen and collect sputum for:			
<ul style="list-style-type: none"> Anyone else who has had a cough for two weeks 			
<ul style="list-style-type: none"> People living with HIV who have been coughing for a day 			
Educate on cough hygiene			
Educate on preventing TB spread when contagious			
Educate on preventing transmission indoors (infection control measures)			



Noncommunicable Diseases

Support the client to make healthy lifestyle choices

- Show the client the healthy lifestyle choices that will help to decrease their risk of having NCDs. Show the pictures below and read the headings for each.
- Ask the client: *“Which healthy lifestyle choice do you need to work on? Choose one at a time!”*

<p>Keep active</p>	<p>Eat healthily</p>	<p>Don't smoke or use tobacco</p>	<p>Look after your mental health</p>	<p>Avoid alcohol and drugs</p>	<p>Have safer sex</p>
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STEP 1. ASK what the client knows

- Read together the advice for that healthy lifestyle choice.
- *“What are the benefits of making this healthy lifestyle choice?” “What are the risks of not doing so?”* Acknowledge what they know already.

STEP 2. ALERT the client to the facts

- *“Can I give you more information about the benefits and risks?”*
- If they agree, read through the benefits and risks associated with that lifestyle choice (see table on next page).

STEP 3. ASSESS if the client is feeling ready to make a healthy lifestyle choice

- *“How important is making this change for you? How confident do you feel that you can do it?”*

No, I'm not ready.

I'm not sure.

Yes, I am ready.

STEP 4. ASSIST (help) the client to make a healthy lifestyle choice

- Be respectful and avoid judging, criticising, or blaming. It is the client's right to make their own health decisions.

If your client is **NOT READY**, consider saying or asking:

- *“Change is hard, I respect your decision.”*
- *“Can you think of any positive things that might come from making this change?”*
- *“What do you think is stopping you from feeling ready to make this change?”*
- *“Can you think of ways to overcome these difficulties.”*
- *“If you change your mind in the future, I am here to help you.”*

If your client is **UNSURE**, consider saying or asking:

- *“It’s great that you are starting to recognise how important making this healthy lifestyle choice is.”*
- *“Take some time to think about how you would go about making this change in your life and how it might help you?”*
- *“When you feel able to make a decision, I am here to help you.”*




If your client is **READY**, consider saying or asking:




- *“Congratulations, you seem ready to make this healthy change!”*
- *“How will you fit this healthy lifestyle choice into your day?”*
- *“What will make it difficult to do this healthy lifestyle choice?”*
- *“What can you do to overcome this challenge?”*

STEP 5. ARRANGE support and follow up

- Together set reasonable target/s: *“What do you think you can achieve by the next time we see each other?”*
- “Who will support you to maintain this healthy lifestyle choice?”. Schedule a follow-up visit.

“Which healthy lifestyle choice will you tackle next?”

	Advice	Benefits of choosing this healthy lifestyle	Risks of not choosing this healthy lifestyle
 <p>Keep active</p>	<ul style="list-style-type: none"> • Aim for at least 30 minutes brisk exercise 5 days a week. • Get more active with daily tasks like housework and gardening; walk instead of taking transport; use the stairs instead of lifts; play outside with your children; dance. 	<p>Regular physical activity:</p> <ul style="list-style-type: none"> • Makes your heart, muscles, and bones stronger. • It strengthens your body to fight disease. Makes you feel better. 	<p>If you are not physically active, it can lead to:</p> <ul style="list-style-type: none"> • Heart disease, stroke • Overweight and obesity • Stiff and sore joints • Being stressed
 <p>Eat healthily</p>	<ul style="list-style-type: none"> • Eat a variety of food. • Use moderate-sized portions. • Eat fruit, vegetables, nuts, and legumes. • Choose brown bread or rice over white. • Use less salt and avoid salty food. • Avoid or use less sugar and sugary drinks. 	<p>Healthy eating will:</p> <ul style="list-style-type: none"> • Give you more energy. • Stop you becoming overweight. • Help prevent you from getting sick. • Cutting down on salt is an important way of preventing and controlling high blood pressure. 	<p>Unhealthy eating can lead to:</p> <ul style="list-style-type: none"> • Being overweight • Diabetes, hypertension, heart disease, stroke • Cancer • Worsening of your illness (HIV, TB)
 <p>Don’t smoke or use tobacco</p>	<ul style="list-style-type: none"> • Don’t start smoking. • If you do smoke or use tobacco, try to stop. Ask for help if you need it. 	<p>Stopping tobacco use or smoking will:</p> <ul style="list-style-type: none"> • Save you money. • Help prevent you from developing the risks listed above. • Give you more energy. 	<p>Smoking or using tobacco can lead to:</p> <ul style="list-style-type: none"> • Lung disease, cancer, high blood pressure, heart disease, stroke, tooth decay

			<ul style="list-style-type: none"> • Harm to your children and unborn baby. • Early death
 <p>Look after your mental health</p>	<ul style="list-style-type: none"> • Get enough sleep. • Spend time with supportive friend or family. • Find a creative or fun activity to do. • Get regular exercise • Ask for help when you need it. 	<p>Looking after your mental health will help you:</p> <ul style="list-style-type: none"> • Reduce your risk of hypertension, stroke, and heart attacks. • Cope with work and life challenges. • Have good relationships. • Have confidence and good self-esteem. • Enjoy the world around you. 	<p>Stress and anxiety can lead to:</p> <ul style="list-style-type: none"> • Difficulty sleeping • Difficulty concentrating and getting your work done. • Relationship difficulties • Smoking and drinking alcohol more than usual • Hypertension, which puts you at risk for heart attack and stroke.
 <p>Avoid alcohol and drugs</p>	<ul style="list-style-type: none"> • Avoid alcohol and drugs. • If you do drink alcohol or use drugs, try to stop. Ask for help if you need it. 	<ul style="list-style-type: none"> • Stopping alcohol and drugs will give you control of your life and prevent or reduce the harm it causes. 	<p>Alcohol and drugs can:</p> <ul style="list-style-type: none"> • Damage your brain and body • Affect how you function at work, school, at home • Put you at risk for catching STIs and HIV, and being involved in crime and violence
 <p>Have safer sex</p>	<ul style="list-style-type: none"> • Use condoms reliably • Have only 1 partner at a time. • If you are HIV negative, test for HIV between partners. • Consider male medical circumcision. • Advise your partner/s and children to test for HIV. 	<p>Having safer sex will:</p> <ul style="list-style-type: none"> • Help you avoid STIs and HIV. • Prevent unwanted pregnancies. • Reduce the stress around getting HIV, STIs and becoming pregnant. 	<p>Unsafe sex can lead to:</p> <ul style="list-style-type: none"> • HIV infection and other STIs • Unwanted pregnancies

| Maximum weight for height table

- A **healthy weight** is one that does not increase the risk of developing NCDs.
- If a person weighs more than the maximum weight for their height, then they are at risk for diabetes, hypertension, heart disease, stroke, joint pains, and mental illness.
- **Step 1:** check what your client's height is - ask the client if they already know what their height is or measure.
- **Step 2:** find where the client's height is in the table below.
- **Step 3:** move across in the table to find out what the maximum weight for that client is.
- **Step 4:** check your client's actual weight today and work out if their actual weight is more or less than their maximum weight for height.
- If their weight is more than the maximum, discuss how they can achieve a healthy weight. See 'Support the client to reach a healthy weight'.

If the client's height is...	...then their weight should not be more than...
145 cm	53 kg
146 cm	53 kg
147 cm	54 kg
148 cm	55 kg
149 cm	56 kg
150 cm	56 kg
151 cm	57 kg
152 cm	58 kg
153 cm	59 kg
154 cm	59 kg
155 cm	60 kg
156 cm	61 kg
157 cm	62 kg
158 cm	63 kg
159 cm	63 kg
160 cm	64 kg
161 cm	65 kg
162 cm	66 kg
163 cm	66 kg
164 cm	67 kg
165 cm	68 kg
166 cm	69 kg
167 cm	70 kg
168 cm	71 kg
169 cm	71 kg
170 cm	72 kg
171 cm	73 kg
172 cm	74 kg

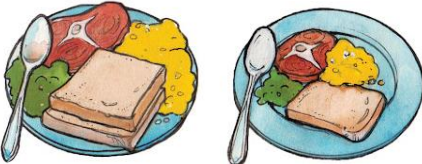



If the client's height is...	...then their weight should not be more than...
173 cm	75 kg
174 cm	76 kg
175 cm	77 kg
176 cm	77 kg
177 cm	78 kg
178 cm	79 kg
179 cm	78 kg
180 cm	81 kg
181 cm	82 kg
182 cm	83 kg
183 cm	84 kg
184 cm	85 kg
185 cm	86 kg
186 cm	86 kg
187 cm	87 kg
188 cm	88 kg
189 cm	89 kg
190 cm	90 kg
191 cm	91 kg
192 cm	92 kg
193 cm	93 kg
194 cm	94 kg
195 cm	95 kg
196 cm	96 kg
197 cm	97 kg
198 cm	98 kg
199 cm	99 kg
200 cm	100 kg

Support the client to reach a healthy weight

Being overweight can lead to diabetes, hypertension, heart disease, stroke, joint pains and mental illness.

Maintaining a healthy weight will help you to have more energy, lower your chance of diabetes, hypertension, heart disease and stroke and will help your mental health.

Take action to have a healthy weight!

Decide how and what you eat.	Decide how to get more active.
<p>How are you going to eat?</p> <ul style="list-style-type: none"> • Eat smaller portions. • Try using a smaller plate. • Avoid second helpings. 	<p>How are you going to get more active?</p> <ul style="list-style-type: none"> • Aim for 30 minutes a day at least 5 times a week. • Pick an activity that you enjoy and that you can fit into your day. • Sit less and move more. • Whenever you walk anywhere, walk as fast as you can, to make you short of breath and your heart beat faster. 
<p>What are you going to eat?</p> <ul style="list-style-type: none"> • Cut down on starch like samp, mielie meal, rice, white bread. • Avoid fast foods like chips and fried chicken. • Cut down or cut out sugar: <ul style="list-style-type: none"> - Use less sugar in tea and coffee. - Avoid sweet treats like sweets, biscuits, cakes, vetkoek, donuts. - Avoid sweetened drinks – fizzy drinks and concentrated fruit juices are full of sugar! • Eat fresh fruit and vegetables. 	<p>What can you do to get more active?</p> <ul style="list-style-type: none"> • Walk whenever you can – to the shop with your child instead of sending them on their own; around your neighbourhood; instead of using transport. • Find/make some steps and step up and down for 1 minute at a time at your own pace. Rest for 1 minute and repeat. Slowly increase the time you spend stepping and decrease the rest periods in between. • Instead of just visiting a friend go for a walk together. • Dance or play soccer with the children instead of watching TV. • Start an exercise group. 

What stops you from having a healthy weight? Find ways to overcome these challenges.

| Screen for symptoms of Cardiovascular disease (CVD)

Ask the following questions to screen to for symptoms of CVD:

Questions		Yes	No
1	Do you ever get chest pain?		
2	<p>Have you ever had symptoms where you were worried you may be having a stroke, but they got better on their own in less than 24 hours?</p> <p>For example:</p> <ul style="list-style-type: none"> • Have you ever developed sudden weakness or numbness of the face, arm, or leg, especially on one side of the body? • Have you ever had sudden decreased vision in one/both eyes or double vision? • Have you ever had difficulty speaking or understanding others? • Have you ever had difficulty walking, balancing or co-ordinating movements? 		
3	Do you ever get severe pain or cramp in your leg/s when you walk up a hill or far distances that goes away as soon as you stop and rest?		
<p><i>If yes to any questions, refer the client to the clinic for a further risk assessment and management.</i></p>			

Hypertension – how to check a blood pressure (BP)

To get a true blood pressure measurement, the client should try to avoid these things for 30 minutes before having their BP check:

- Drinking alcohol, tea, or coffee
- Eating a meal
- Smoking/using tobacco
- Having a hot shower
- Exercising.

These instructions apply to most automatic BP machines with an arm cuff.

1

Prepare the client:

- Explain to the client how you will take the blood pressure and ask permission to proceed.
- If the client agrees, invite them to sit and relax for 5 minutes before taking their BP. Explain this will help to give a true reading.



2

Clean your hands

- Clean your hands with alcohol-based hand sanitiser well, for at least 20 seconds.
- Allow them to dry fully.



3

Position the client

Ask the client to:

- Sit next to a table with their left arm resting on the table so it is at the level of their heart.
- Turn their palm facing up.
- Place both feet flat on the ground.
- Expose their upper arm (roll up their sleeves or take their arm out of jersey/jacket).
- Avoid moving or talking during measurement.

Avoid moving or talking during measurement.

Expose skin of upper arm – roll up sleeve or remove arm from sleeve

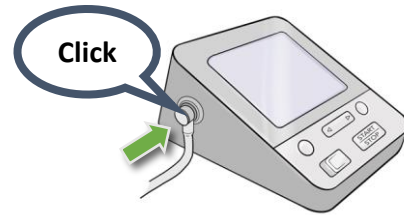
Sit straight with back

Rest arm on a table at level of heart with the palm of hand

Uncross legs



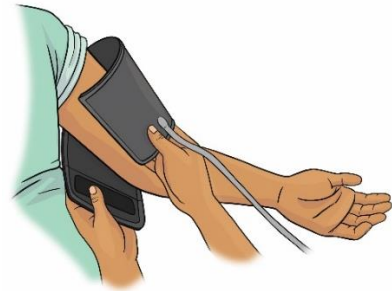
Feet flat on the ground



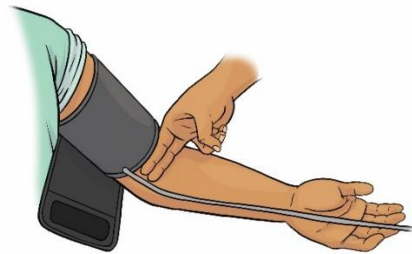
Put the cuff on the client

Ensure the cord from the BP cuff is connected to the machine.

Check that you have the cuff the correct way round. Look at the picture to see where the grey cord should be.

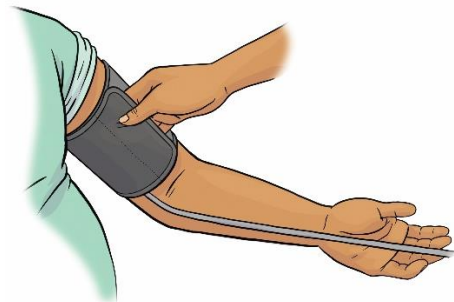


The cuff should be about 2 finger spaces above the bend of the client's elbow.



4

- Position the cuff so that the tube tracks down along on the inside of the arm and fasten the cuff using the Velcro.
- If using a BP cuff that does not specify a 22-42cm circumference range, check that you are using the correct cuff size: a standard cuff (12cm) for a normal arm and a larger cuff (15cm) for an arm with a circumference of 33cm or more (large clients, with increased weights).
- If the cuff is not large enough to fit around the client's arm, you will need to refer the client to the clinic for a BP screen - this client is at increased CVD risk and needs a formal CVD assessment.



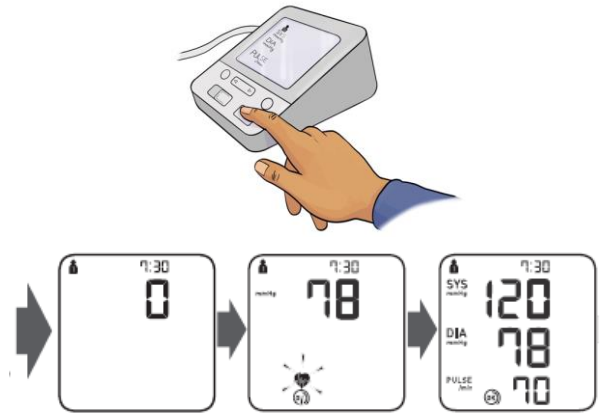
Check that the cuff is tight enough so that it doesn't slip down, but you should still be able to fit 1-2 fingers between the arm and cuff.



Take the BP measurement

5

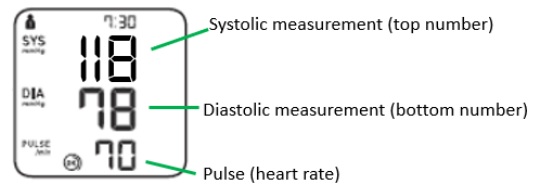
- Turn the machine on.
- Press the [START/STOP] button and wait for a reading to show. This may take up to one minute.
- You will see numbers flashing up on the screen as it takes the measurement. Wait until all the numbers stop flashing and all the figures are shown.
- If an error symbol appears, check that the cuff is in the correct position and the cord is straight. Press the [START/STOP] button again.



Record the reading

6

- Once the measurement is done, write the numbers down.



BP = 118/78 Pulse = 70

Repeat reading

7

- Wait 2-3 minutes and repeat.
- Press [START/STOP] button.
- Write the second measurement down.
- If this measurement is very different to the first reading, take a 3rd measurement.



Interpret and act

8

- Use the lowest reading to interpret and decide if further action is needed – see the hypertension section in the NCD chapter of the Participant Manual.



9

Clean your hands




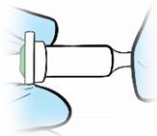



- Clean your hands with alcohol-based hand sanitiser well, for at least 20 seconds.
- Allow them to dry fully.



| Screening for diabetes – how to check a glucose

Only do the test in someone who is **not known** to have diabetes.

You will need the following materials and equipment to do check a glucose:

						
Glucometer machine	Testing strips	Clean gloves	Lancet	Sharps container**	Cotton wool	Medical waste bag

**** Tip:** If a travel sharps container is not available, a plastic laundry detergent container has the basic features of a good sharps disposal container: it is made of a heavy-duty plastic and is able to close with a tight-fitting cap. It has puncture-resistant lid, it stands upright and is leak-resistant. If used, label carefully to warn of hazardous waste inside the container.




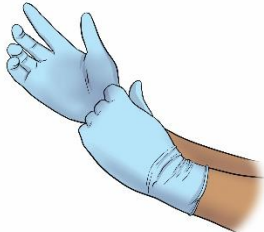

Use universal precautions for prevention of transmission of HIV, Hepatitis B and other blood borne diseases:

- Cover any cuts or open skin on your hands with a plaster.
- Wear gloves when performing any procedure involving blood. Avoid washing or reusing gloves.
- Manage sharps and waste carefully.
 - Ensure you immediately dispose of a sharp in appropriate sharps container.
 - Avoid filling the sharps container more than three-quarters of its capacity.
 - Ensure you immediately dispose of blood-stained materials in a medical waste bag.
 - Take sharps containers and medical waste to the clinic to safely be disposed of.

In the event of a needlestick injury:

- Stay calm, don't panic. Immediately rinse the wound.
- If not already done, dispose if sharp in medical sharps container.
- Explain what has happened to the client and explain that you will need to contact your OTL. Your OTL may need to come to ask client some questions and do some tests.
- Contact the OTL within the next 30 minutes.

These instructions apply to most glucose checking equipment

1	<p>Prepare the client</p> <ul style="list-style-type: none"> • Explain the process and ask permission. • If the client agrees, proceed. 	
2	<p>Clean your hands</p> <ul style="list-style-type: none"> • Clean your hands with alcohol-based hand sanitiser well, for at least 20 seconds. • Allow them to dry fully. 	
3	<p>Prepare equipment</p> <ul style="list-style-type: none"> • Check that glucometer battery is in working order. • Prepare test strip: <ul style="list-style-type: none"> ○ Check the expiry date on the test strip container. ○ Do not use test strips past the expiry date. ○ Remove a test strip from the test strip container. ○ Close the cap tightly. • Carefully open the lid of the travel sharps container. 	 <p>Check battery Check expiry & close lid tightly Carefully open</p>
4	<p>Put on gloves</p> <ul style="list-style-type: none"> • Put on a clean pair of gloves. 	
5	<p>Client to clean hands</p> <ul style="list-style-type: none"> • Ask the client to wash their hands well with soap and water. <p>Or</p> <ul style="list-style-type: none"> • If no running water, ask them to clean their hands well with hand sanitiser for at least 20 seconds. Ensure hands are fully dry before doing the test. 	

Insert test strip into glucometer

6

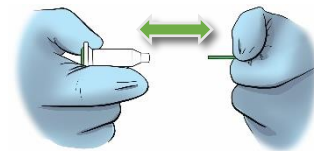
- Insert the metallic end of the test strip into the meter. This will turn the glucometer on.
- The exact instructions for this depend upon the type of glucometer used. Usually, the meter turns on and then “Preparing to test” or similar appears.
- When “Apply drop” appears or a droplet icon starts flashing, the glucometer is ready for the client’s blood (see next steps).



Prepare lancet

7

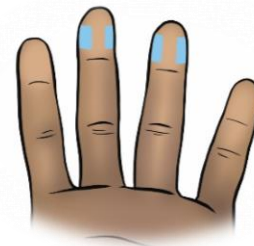
- Pick up the lancet and twist off the protective cap.
- Then pull the cap straight out and off.



Position the client’s hand and choose a finger

8

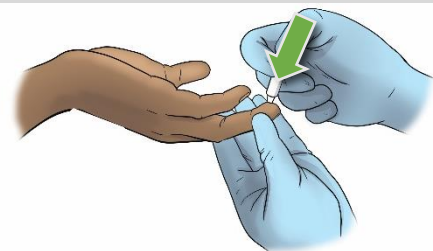
- Use the client’s left hand unless left-handed.
- Position client’s hand with palm facing up.
- Choose a finger. The middle- or ring-finger are usually used. Using the client’s non-dominant hand and the side of the finger pad is less painful because the sides have fewer nerve endings.
- Holding the client’s finger steady, firmly place a new sterile lancet on the side of the finger pad.



Prick the client’s finger

9

- Press the push-button on the top of the lancet device to activate it and prick the finger.









Discard sharp

10

- Discard the used lancing device into a sharps container for disposal when next visiting the clinic.



<p>11</p>	<p>Prepare blood drop</p> <ul style="list-style-type: none"> • Gently massage the finger in the direction of the fingertip to obtain a fresh well-formed drop of blood. 	
<p>12</p>	<p>Obtain blood sample</p> <ul style="list-style-type: none"> • Holding the client's hand and finger as still as possible, bring the glucometer to the finger and carefully touch the yellow edge of the test strip to the blood drop. Do not put blood on top of the test strip. • 'Analysing' appears on the screen when there is enough blood in the test strip. • The exact instructions for this may depend upon the type of glucose meter and test strips used. 	
<p>13</p>	<p>Stop the bleeding</p> <ul style="list-style-type: none"> • Place cotton wool on the fingertip and ask the client to hold it in place. 	
<p>14</p>	<p>Record the measurement</p> <ul style="list-style-type: none"> • Ensure the glucometer is held the right way up before reading the measurement. • Record the measurement. 	
<p>15</p>	<p>Interpret and act</p> <ul style="list-style-type: none"> • Use the diabetes section in the NCD chapter in the Participant Manual to interpret the reading and decide whether further action is needed. 	
<p>16</p>	<p>Clean up</p> <ul style="list-style-type: none"> • Discard used test strip, cotton wool and gloves into a red waste disposal bag ready to dispose of in the medical waste bin next time you visit your clinic. 	

| Foot screen in the client with diabetes

Ask permission to look at the feet of the client with diabetes to check for problems that could lead to gangrene or amputation.

Check all over both feet, on top and under on the sole of the foot, and especially between the toes and around the toenails and answer the following:		Yes	No
1	Are there any cuts or cracks in the skin?		
2	Are there any areas of redness/peeling skin in between the toes?		
3	Are there any blisters, sores, or ulcers?		
4	Are there any areas of intense redness?		
5	Are there any new lumps or new areas of swelling?		
6	Is there is any pus (check especially around the toenails)?		
<i>If yes to any questions, refer the client to the clinic for a foot examination and management to prevent gangrene or amputation.</i>			

| Breast self-awareness

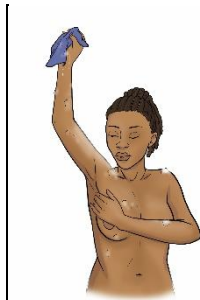
**Breast cancer is common, and it is treatable.
Be aware of your breasts to pick up breast cancer early.**

If we find breast cancer when it is early, it can be cured. If you are aware of the shape of your breasts and how they feel, this will help you notice if breast cancer develops.

From age 18, everyone, women and men, should check their breasts regularly.

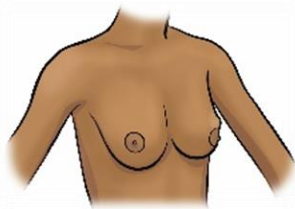
- If you are a woman, it is normal for breast tissue to change with your monthly cycle.
 - Try to become familiar with what is normal for you.
 - Check about 1 week after your monthly period ends.
 - If you are pregnant or breastfeeding, your breasts might look and feel different to how they did before.

Look and feel for changes in your breasts. Check in the mirror, when you wash, and on lying down.

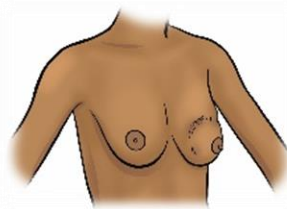


Check your skin, under your arms, each breast and the nipples.

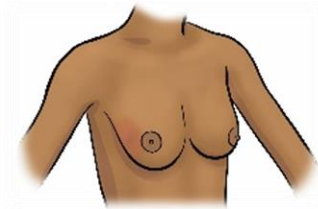
Here are the things you should look out for that could be the start of breast cancer:



A hard lump in your breast or under your arm



A change in the shape of one breast: new dimples, wrinkles, bulges or ridges



A new rash on one breast – there might be redness, swelling, scales, sores, itchiness



Pain in one breast that does not go away after your monthly period



Your nipple becomes pushed inward instead of sticking out

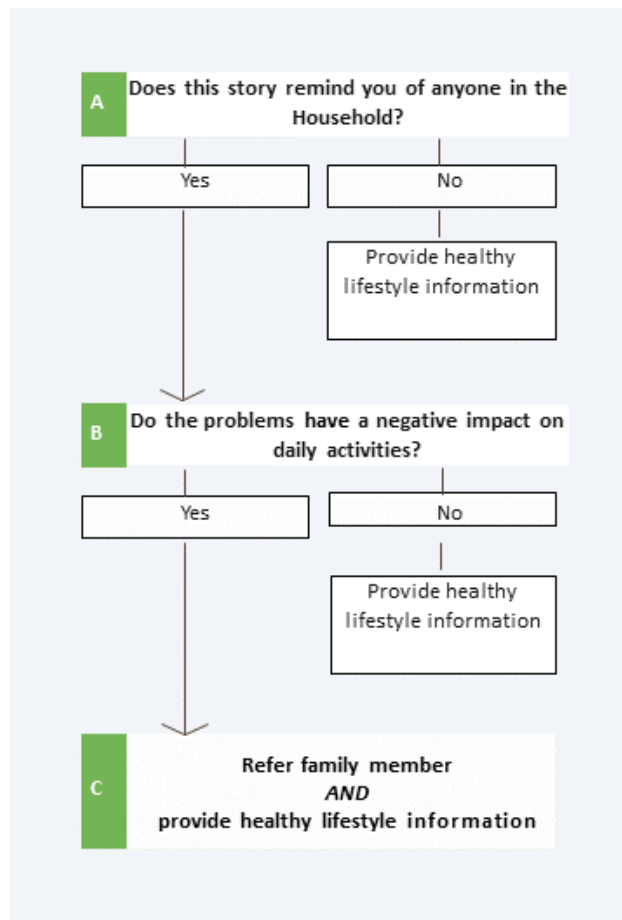
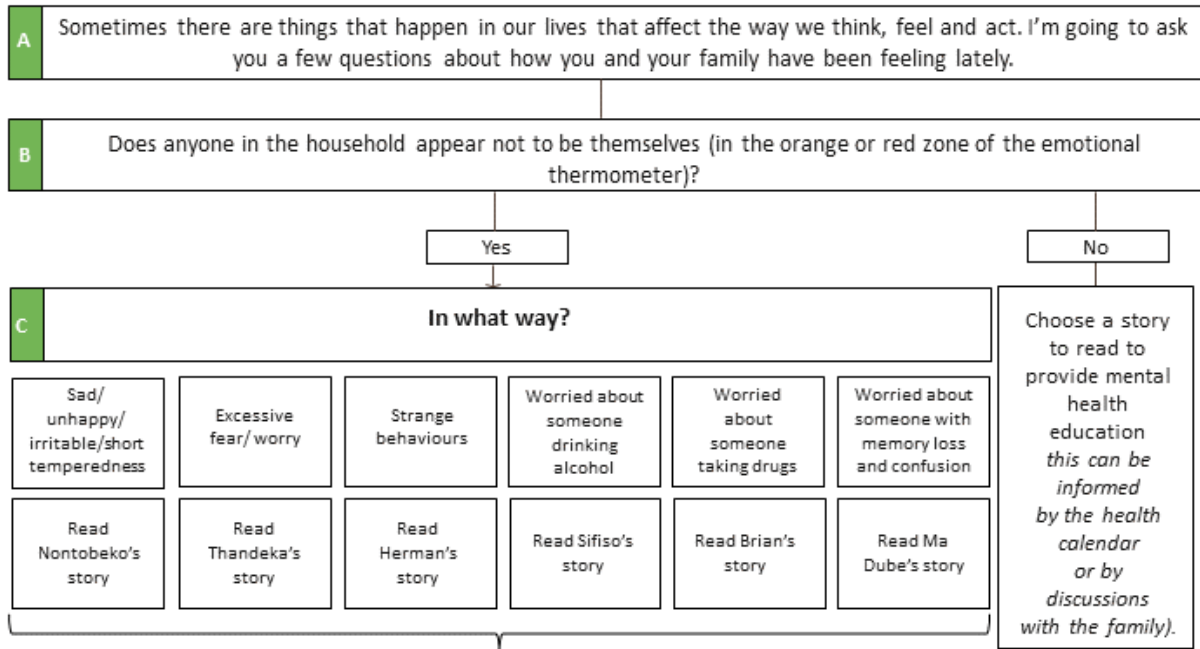


Blood or fluid coming out of only one nipple

**If you find a lump or something unusual, don't panic!
Most breast lumps are not cancer but go to the clinic to have it checked out.**

| Mental Health and Substance Use

Mental Health Questions



Stories

Nontobeko



Nontobeko is often sad and worried.



She has lost her appetite.



She feels life is not worth living.



She no longer spends time with her friends.

Read the Story

Nontobeko is a 40 year old, married woman whose husband lost his job three months ago. Her husband used to drink quite a lot before he lost his job, but now he is spending more and more time at the shebeen where he spends the money she gets from her children's grants on alcohol. Nontobeko is constantly thinking about how she is going to feed her children. She cannot stop worrying about what is going to happen to her family. She feels tired all the time and that life is not worth living. Her appetite is often low and she has lost about 8 kgs over the past two-months. At night she has difficulty falling asleep. If she wakes up in the night she cannot get back to sleep. She reports feeling irritable and often shouts at her children. When she goes to church, she battles to concentrate when she is praying. She also finds that she does not enjoy singing like she used to. After church, Nontobeko does not socialise with her friends like she always did in the past. She is embarrassed about her husband and what they may say about his drinking problem – so goes home as soon as the service is over. As a result she has no-one to share her problems with and feels more and more desperate about her future and that of her family.

Discussion

Ask: What has happened in Nontobeko's life?



Nontobeko is often sad and worried.



She has lost her appetite.



She feels life is not worth living.



She no longer spends time with her friends.

Summarise: Nontobeko's story is a common experience that can happen to anyone. Negative things that happen can affect how we feel and can also change how we function. It affects how we feel about life, what we think about ourselves and how we behave. These negative feelings are considered to be severe if they are experienced daily and lasts for more than 2 weeks. Other signs to be concerned about is when a person's mood affects their relationships and they cannot complete everyday household tasks. Some people may have thoughts of committing suicide. Suicidal thoughts need immediate attention. People who suffer from these symptoms can get help and they do get better!

Summarise: When looking at the pictures and listening to the story is there someone in the household who reminds you of Nontobeko?

Thandeka



Thandeka was mugged.



She now finds it hard to sleep.



She keeps thinking of the incident.



She does not want to talk about the incident.

Read the Story

Thandeka is a 40-year-old woman who lives in an informal settlement near a small town where she works at a supermarket. She is married with four children. Thandeka was going home after work one day when she was mugged. She had just got off the taxi and was walking along the road when a man approached her and demanded her phone and money. When she refused, he took out a knife and told her he would stab her if she did not do what he said. Thandeka was very scared and tried to run away but the man grabbed her arm and forced her to hand over her things. The man was disturbed by another person who came to help Thandeka. Although she was not hurt, she has not been able to return to work since the incident which seems to have changed her. She often finds herself thinking about the incident and cannot seem to forget some of the things that happened. She finds herself crying sometimes without reason and has difficulty falling asleep. Thandeka is very worried she is going to be attacked again and has started thinking about her own death and often worries about who would look after the children if she died. Her friends no longer visit her because she does not talk to them when they do. Each time her family tries to talk to her about the incident she gets upset.

Discussion

Ask: What has happened in Thandeka's life?



Thandeka was mugged.



She now finds it hard to sleep.



She keeps thinking of the incident.



She does not want to talk about the incident.

Summarise: When a child or an adult experiences or witnesses something that is shocking, s/he may become fearful, or feel helpless and keep remembering the shocking (traumatic) event. Children may also behave in a way where they repeat one behaviour over and over again. Because such shocks can happen to anyone, most think that this is the way some people cope with shock or trauma in their lives.

Ask: When looking at the pictures and listening to the story is there someone in the household who reminds you of Thandeka?

Herman



He complains of hearing voices.



Herman is anxious and suspicious.



He spends most of the time on his own.



He no longer takes care of his appearance.

Read the Story

Herman is a 23 year old young man living at home with his parents. His mother has noticed that over the past few months, his behaviour has changed and become increasingly strange. He used to be very enthusiastic about his life but now he says that he has no motivation and does not want to follow his dreams. He used to drink alcohol socially, but no longer wants to spend time with his friends and is not currently using any substances. He complains of hearing voices that other people cannot hear. He jumps from topic to topic when he talks to someone and is often impossible to understand. He is unable to concentrate on work and tells friends and family that he believes someone has been following him when he leaves the house and spying on him in his bedroom at night. He has lost his job as a petrol attendant in town because of complaints from customers about his behaviour. He now spends all of his time on his own and wanders around aimlessly in the township and no longer takes care of his appearance.

Discussion

Ask: What has happened in Herman's life?



He complains of hearing voices.



Herman is anxious and suspicious.



Herman spends a lot of time on his own.



He no longer takes care of his appearance.

Summarise: A person who thinks feels and acts in a way that makes it difficult for them to live their lives or their behaviour makes it difficult for their families to function is in need of care. These people may see or hear things that others do not. They may also talk in a way that is not understandable or talk to themselves as if another person is present. These behaviours should be present over a month or longer.

Ask: When looking at the pictures and listening to the story is there someone in the household who reminds you of Herman?

Sifiso



Sifiso's drinking has gotten worse.



He lost his job because he was drunk at work.



He gets into fights at the shebeen.



When he drinks he becomes aggressive.

Read the Story

Sifiso is married and has three children. He lost his job as a taxi driver three months ago because he used to sometimes drink before going to work. Since then his drinking problem has gotten worse and he drinks alcohol daily. He is now drinking more alcohol more often and has started drinking earlier in the day. He often spends the whole day at the shebeen. He says that he drinks alcohol to relax. When he drinks, he says or does whatever he likes and gets quite aggressive, demanding the money his wife gets from the children's grants to buy alcohol. Due to heavy drinking, his hands tremble, he sweats a lot and is restless. His wife is very worried about him but he refuses to get help and says he does not have a problem.

Discussion

Ask: What has happened in Sifiso's life?



Sifiso's drinking has gotten worse.



He lost his job because he was drunk at work.



He gets into fights at the shebeen.



When he drinks he becomes aggressive.

Summarise: Drinking everyday or in large quantities in one sitting can have an effect on a person's health, as our bodies become used to alcohol and a person may drink more and more to get the same effects. This can make a person want to take alcohol every day to make them feel better.

Ask: When looking at the pictures and listening to the story is there someone in the household who reminds you of Sifiso?

Brian



Brian often skipped school.



His mother is very worried about him.



He smokes dagga and whoonga with his friends.



He often steals money from his Mother's purse.

Read the Story

Brian is a 17-year-old boy who lives with his divorced mother and sister, age 12. Brian started using dagga with his friends to relax and be cool. Over time he has spent more and more time hanging out in shebeens and smoking with the wrong crowd. He has lost interest in his school work and has dropped out of school. He spends all day watching TV or hanging out on the corner smoking with his friends. His mother found him stealing from her purse and is really worried as he disappears from home for days and she is concerned he may be using whoonga. He has moved from smoking only dagga to smoking whoonga.

Discussion

Ask: What has happened in Brian's life?



Brian often skipped school.



His mother is very worried about him.



He smokes dagga and whoonga with his friends.



He often steals money from his Mother's purse.

Summarise: Adolescents and young adults experiencing these symptoms start taking less interest in how they dress or look, their academic performance declines as does their relationships with family and friends. Some changes in eating and sleeping behaviour may also be present. They are focused on drinking or using drugs.

Ask: When looking at the pictures and listening to the story is there someone in the household who reminds you of Brian?

Ma Dube

Read the Story

Meet Ma Dube, a 80-year-old, was always very neatly dressed and a person that many people in her church and community looked up to. She was dedicated in raising her 6 children and loves her 12 grandchildren. Her youngest daughter moved in with her 2 years ago after Mr Dube died. Ma Dube is often alone at home because her daughter is out a lot and she does not spend much time at home. Ma Dube suffers from diabetes and hypertension and lately her eyesight and hearing have become worse. Over the last 6 months she has become more and more forgetful and confused. One of her neighbours found her walking in the street and she could not remember where she lived. She and her family had lived in the neighbourhood for many years. The neighbour spoke to Ma Dube's daughter who said that they thought their mother was depressed since the death of their father. They felt that she was becoming a problem for them. She could no longer cook and she could also not look after the children.

Discussion

From the story we learn that Ma Dube has the following challenges:

- Medical problems
- Forgetful/ memory problems
- Problems with sleeping
- Wandering around
- Can' do normal activities of life
- Depression

These problems are common amongst older people and can be challenging for everyone involved to deal with.

What the older person might THINK, FEEL, and ACT

THINK

An older person with memory loss and confusion may experience or show the following:

- Difficulty in remembering things
- Struggle to learn new things
- Forget how to do some things that they could do before
- Forget what things are called or what they are used for
- Difficulty in counting
- Become distracted and struggle to focus or pay attention to a conversation, or to something they are busy doing
- Find it challenging to plan their day
- The person may speak in a way that doesn't make sense




FEEL

- Depressed [refer to the pamphlet on Depression]
- Feel isolated, abandoned, don't care anymore about anything - hopeless
- Sad about all the losses of loved ones or things not achieved in their life

ACT

- Short temper, snap or cry easily
- Withdraw from everyone/keeps to himself
- May display strange behaviour, such as wandering away from home
- Become abusive or aggressive
- Problems with activities of daily life for example refuse to bath, wash or dress
- Socially inappropriate behaviours such as screaming, scratching in other people's belongings or sexually inappropriate behaviours

What family members or community members might THINK, FEEL and ACT

<ul style="list-style-type: none"> • Crazy, old stupid person • Possessed / bewitched 	<ul style="list-style-type: none"> • Not “right in the head” • Can’t control themselves 	
<ul style="list-style-type: none"> • Helpless • Worried • Frustrated • Confused about what to do 	<ul style="list-style-type: none"> • Sad because the person they knew is not the same any more • Feel embarrassed by the person’s behaviour • Feel angry or burdened by the extra responsibility 	
<ul style="list-style-type: none"> • Short tempered with the person • Become abusive or aggressive to the older person • The neighbours and community might stigmatise the person and their family members 		

What can you do to help?



Connect to community resources e.g. churches, join activity groups, exercise groups



Our Emotional Thermometer

When we have a fever, we use a thermometer to check our physical health. To explain our emotional health we also use the image of a thermometer.



The **green zone** is when we can cope with the normal stress of life.



The **orange zone** is when everything starts to become too much.



The **red zone** is when we can't do the normal everyday things that we used to do.

The **orange zone** is when everything starts to become too much, and we begin to struggle to cope with doing normal everyday things. When we reach the **red zone**, we can't do the normal everyday things that we usually do.

These things include:

- Seeing or speaking to friends and family.
- Cooking.
- Cleaning or going to work.

We like to identify early signs when someone is mentally troubled so that we can refer a person and prevent their thermometer from going red. If the steps we take to get better work, we feel better and go back to the **green zone**. This means we are well enough and can continue with our everyday life.



Maternal Health

| Family Planning

Contraceptive Methods

The table below provides a list and description of family planning methods, how each method works, and some information that clients should know when deciding on the right family planning method for them. The methods are listed by how well each one works.

How well it works	Method	Description	How it works	General information
Works very well; do not rely on client's ability to use them correctly	Male sterilization (vasectomy)	Permanent contraception to block or cut the vas deferens tubes that carry sperm from the testicles	Keeps sperm out of ejaculated semen	Three months delay in taking effect while stored sperm is still present; does not affect male sexual performance; voluntary and informed choice is essential
	Female sterilization (tubal ligation)	Permanent contraception to block or cut the fallopian tubes	Eggs are blocked from meeting sperm	Voluntary and informed choice is essential
	Copper intrauterine devices (Cu IUDs)	Small, flexible plastic device containing copper sleeves or wire that is inserted into the uterus	Copper damages sperm and prevents it from meeting egg	Starts working straight away to prevent pregnancy and is suitable for most women
	Hormonal intrauterine device (IUD)	A T-shaped plastic device inserted into the uterus that steadily releases small amounts of hormone each day	Blocks sperm and egg from meeting	Decreases amount of blood lost with menstruation over time; reduces menstrual cramps; no menstrual bleeding in a group of users
	Implants	Small, flexible rods or capsules placed under the skin of the upper arm; contains progestogen hormone only	Blocks sperm and egg from meeting and prevents release of eggs from the ovaries, which is called ovulation	Healthcare provider must insert and remove; can be used for three to five years depending on implant; irregular vaginal bleeding is common but not harmful
	Progestogenonly pills (POPs) or "the mini pill" (during breastfeeding)	Contains only progestogen hormone, not oestrogen	Blocks sperm and egg from meeting and prevents ovulation	Must be taken at the same time each day

Works well when commonly used; works very well when used correctly and consistently	Progestogen-only injectables	Injected into the muscle or under the skin every two or three months, depending on product	Blocks sperm and egg from meeting and prevents ovulation	Delayed return to fertility (about one to four months on the average) after use; irregular vaginal bleeding is common but not harmful
	Monthly injectables or combined injectable contraceptives	Injected monthly into the muscle; contains oestrogen and progestogen	Prevents ovulation	Irregular vaginal bleeding is common but not harmful
	Lactational amenorrhea method	Temporary contraception for new mothers whose monthly bleeding has not returned; requires exclusive or full breastfeeding day and night of an infant less than six months old	Prevents ovulation	A temporary family planning method based on the natural effect of breastfeeding on fertility
	Combined oral contraceptives or “the pill” (plus hormone patch and vaginal ring)	Contains two hormones (oestrogen and progestogen)	Prevents ovulation	Reduces risk of endometrial and ovarian cancer
	POPs or “the mini pill” (not breastfeeding)	Contains only progestogen hormone, not oestrogen	Blocks sperm and egg from meeting and prevents ovulation	Must be taken at the same time each day
Works only slightly well when commonly used; works well when used correctly and consistently	Male condoms (see Chapter 1: Understanding HIV for more information on the use of male condoms)	Sheaths or coverings that fit over a man’s erect penis	Forms a barrier to prevent sperm and egg from meeting	Also protects against sexually transmitted infections, including HIV
	Withdrawal (coitus interruptus)	Man withdraws his penis from his partner’s vagina and ejaculates outside the vagina, keeping semen away from her external genitalia	Tries to keep sperm out of the woman’s body, preventing fertilization	Proper timing of withdrawal is often difficult to determine, leading to the risk of ejaculating while inside the vagina
	Fertility awareness based methods	Based on the identification of naturally occurring signs and symptoms of fertile and infertile phases of the menstrual cycle	Abstinence or use of condoms during the fertile phase	Both partners must be motivated to abstain consistently from sexual intercourse or use condoms during the fertile phase and for each cycle
	Female condoms (see Chapter 1: Understanding HIV for more information on the use of female condoms)	Sheaths, or linings, that fit loosely inside a woman’s vagina, made of thin, transparent, soft plastic film	Forms a barrier to prevent sperm and egg from meeting	Also protects against sexually transmitted infections, including HIV

Emergency contraception

Can prevent many unwanted pregnancies following unprotected intercourse	Emergency contraception pills	Pills taken to prevent pregnancy up to five days after unprotected sex	Delays ovulation	Does not disrupt an already existing pregnancy
	Cu IUD	Small, flexible plastic device containing copper sleeves or wire that is inserted into the uterus	Copper damages sperm and prevents it from meeting egg	Can be used for all women, especially those who wish to use Cu IUDs as the ongoing contraception or those who can't take emergency contraception pills

It is important that women understand the importance of dual protection so that they can both prevent unintended pregnancies and protect themselves against STIs, including HIV.

| Antenatal Care (ANC)

Pregnancy Screening Tool

Read the following questions to your female clients, ages 14–45 or as appropriate. Refer them to the clinic for a pregnancy test if the answer to question one shows that they have missed a period and the answer to **any** of the other questions is **yes**.

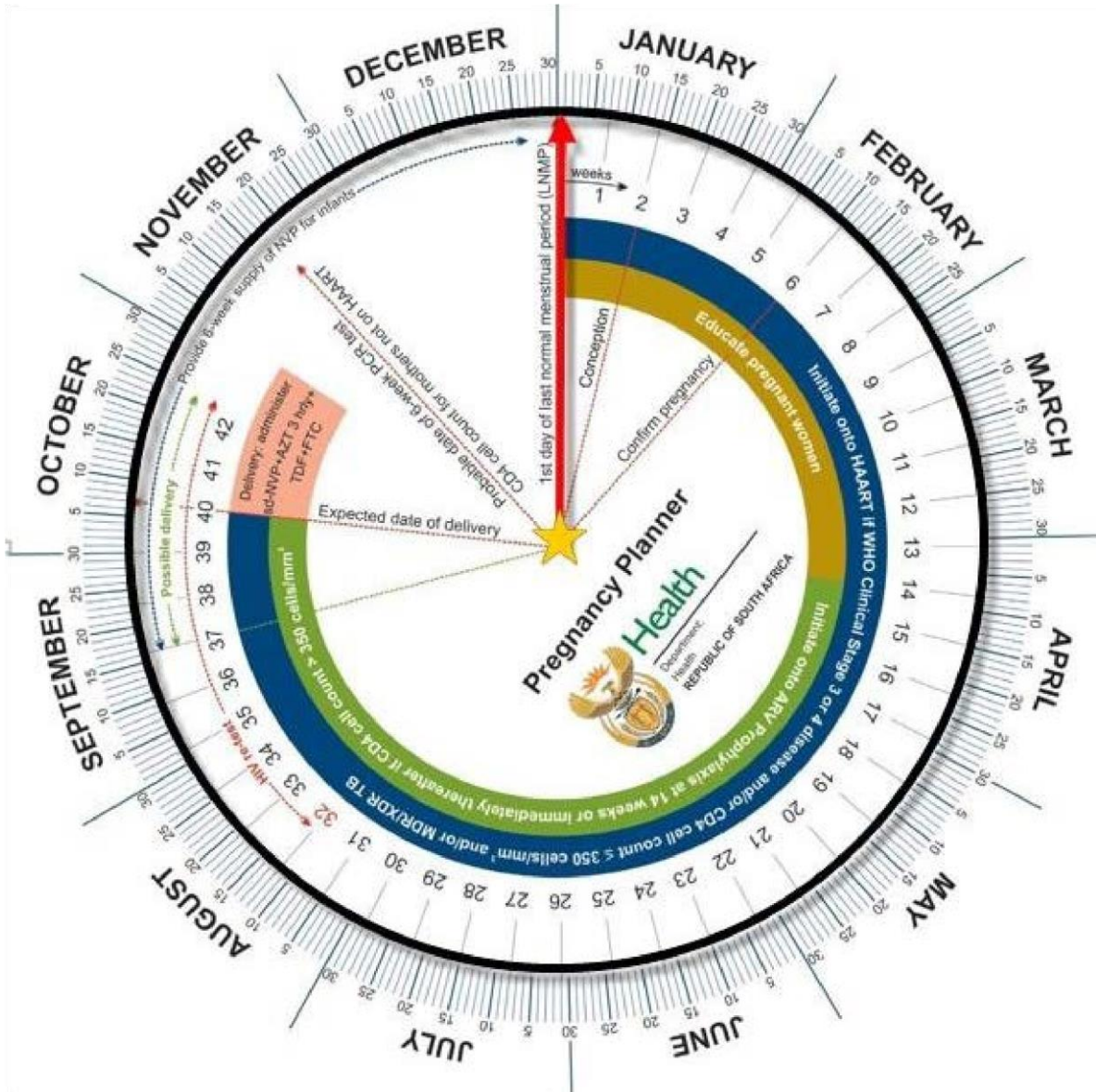
Question	Day	Month
1. When was the first day of your last normal menstrual period? (Your normal period is the period you have every month. This may be different from other women—e.g., the flow may be heavier, the number of days may be different.)		
Question	Yes	No
2. Have you been having sex without using any form of contraception?		
3. Are your breasts tender?		
4. Have you been feeling nauseous?		
5. Do you feel tired all the time?		

Note to the CHW: Use the pregnancy planner wheel to determine whether the date of the last menstrual period indicates a missed period and possible pregnancy.

Instructions for the pregnancy planner wheel are as follows:

1. Print out two copies of the pregnancy planner wheel. On one copy, cut along the thick black line. This will give you the inner wheel. On the other copy, cut around the entire wheel. This will give you the outer wheel. Attach the two wheels with the writing facing you by placing the inner wheel on top of the outer wheel and putting a brad, grommet, pin, or other connection through the star. This should allow both wheels to be moved freely.
2. Use the outer wheel to line up the day and month of the last menstrual period with the thick red line labelled “first day of last normal menstrual period.”
3. Find today’s date. If today’s date falls after the dotted red line labelled “confirm pregnancy,” this indicates a missed period and possible pregnancy.
4. The dotted red line labelled “conception” indicates the probable conception date. If the household member had unprotected sex in the days surrounding that date, pregnancy is possible.
5. The dotted red line labelled “expected delivery date” gives the estimated date when the baby may arrive. The dotted green line labelled “possible delivery” indicates the period when the baby is considered full-term (37–42 weeks) and could arrive.

Pregnancy Planner Wheel



Importance of ANC

A pregnant woman can reduce many of the risks related to pregnancy and delivery if she regularly attends the antenatal clinic and receives proper care as follows:

- As soon as you learn that you are pregnant, go immediately to the health facility to initiate a series of a minimum of eight visits for proper monitoring of your pregnancy (if you are late to enroll, there may be fewer visits).
- Follow the six preventive guidelines to reduce risks during pregnancy and delivery:
 1. Get vaccinated against tetanus, if recommended by the clinic staff.
 2. Take the recommended dosage of iron to avoid anemia.
 3. Take the recommended dosage of folate, calcium, and any other nutrient supplements to support general health.
 4. Add foods of high nutritional value, such as cheese, eggs, groundnuts, and fruit, especially during the last months of pregnancy.
 5. Stop smoking, drinking alcohol, and taking other social drugs.
 6. Get tested for HIV to receive care and protect your infant.
- Take iron tablets with meals to reduce side effects (nausea, vomiting, and diarrhea). Taking iron tablets can result in dark-colored stools; this is no cause for worry.
- Avoid doing heavy work and get plenty of rest.

MomConnect Registration

CHWs can help pregnant women register by following the steps in the diagram.

The infographic is set against a yellow background with a green vertical bar on the left. At the top left is the 'momconnect' logo in blue and pink. To its right is a circular portrait of Dr. Aaron Motsoaledi, Minister of Health, with a pink speech bubble containing his quote: 'It is my dream to register all pregnant women in the country - and help you have the healthiest possible pregnancy.' Below the logo is the heading 'How to register:' followed by four numbered steps, each with an illustration and a text box. Step 1 shows a pregnant woman and a nurse. Step 2 shows a woman and a nurse with a mobile phone icon. Step 3 shows a hand holding a phone with a question mark icon and the text 'What is your due date?'. Step 4 shows a hand holding a phone with a checkmark icon and the text 'You're registered'. To the right of these steps is a section titled 'How to opt-out:' with instructions on dialing *134*550*1#. Below that is a section titled 'What happens when you have your baby:' with instructions to reply 'baby' to an SMS.

momconnect

How to register:

- 1** Ask a nurse to confirm you are pregnant.
- 2** We will help you register on a cellphone.
- 3** Answer a few simple questions about your pregnancy.
- 4** And you're registered - welcome to the family!

How to opt-out:
You can opt-out by simply dialling *134*550*1#. Please tell us why you don't want to receive messages anymore so that we can support you further and improve our service.

What happens when you have your baby:
If you've had your baby, congratulations on being a mother! Reply "baby" to this SMS for SMSs about caring for your baby. They will last until your baby is 1.

DR. AARON MOTSOALEDI MINISTER OF HEALTH

Common Problems in Pregnancy



Common issues in pregnancy	Suggestions
<p>Morning sickness</p> <p><i>Some mothers feel nauseous and vomit in the morning while others may feel like that all day.</i></p>	<ul style="list-style-type: none"> • Eat a dry biscuit, piece of bread, rice, or porridge when waking up in the morning. • Take liquids between meals and not with meals, • Avoid fried foods and foods with too much fat or spices. • It is better not to keep the stomach empty, so eat six small meals rather than three large meals a day.
<p>Slow digestion and constipation</p> <p><i>Some women can experience slow digestion, and this can cause stools to become hard and difficult to pass (constipation).</i></p>	<ul style="list-style-type: none"> • Drink at least two litres of water or other liquids every day. • Eat plenty of vegetables and fruits every day. • Eat whole wheat bread. • Do regular light exercises—e.g., fast walking every day • Importantly, advise the mother to avoid taking laxatives (medicines or herbs causing watery stools).
<p>Heartburn</p> <p><i>This is a burning feeling experienced in the throat and chest. It is more common in the later stages of pregnancy, and the mother most often feels it when she is lying down.</i></p>	<ul style="list-style-type: none"> • Eat small meals more often instead of a few large meals. • Avoid fried foods with too much fat or oil and spices. • Drink a cup of milk. • Avoid fizzy drinks. • Wait for about two hours before lying down after eating. • Sleep with the head higher than the stomach.
<p>Unhealthy cravings</p> <p><i>Occasional indulgence in unhealthy foods with lots of sugars, fats, or salt is fine, but this must not be done often. Instead, encourage the mother to choose fruits and vegetables when possible.</i></p>	<ul style="list-style-type: none"> • Sometimes pregnant women have unusual cravings for things, including non-food items, such as chalk, soil, or charcoal. Some of these can be dangerous to the mother or baby, so they must not be eaten. • Women may be embarrassed to admit that they are eating non-food items.

	<ul style="list-style-type: none"> • It is important to say that this is not unusual, but for the safety of the mother and baby, the mother should enlist a friend or family member to help her resist the urge.
<p>Anaemia</p> <p><i>Anaemia happens when the blood does not have enough iron in it. This is dangerous as the iron in the blood carries oxygen to all parts of the body. It is common in pregnancy.</i></p>	<ul style="list-style-type: none"> • Take iron tablets with food to reduce nausea. (The colour of stools and urine might be dark after taking iron tablets.) This is not dangerous, and her stools will return to normal when she stops taking the tablets. • Eat plenty of fresh vegetables, fruit, and whole wheat products, like whole wheat bread, to improve digestion. • Eat foods rich in iron such as meat, fish, eggs, milk, and leafy green vegetables such as spinach and lettuce.

Danger Signs in Pregnancy

Women and their family members should be educated on the danger signs in pregnancy.

If a pregnant woman experiences any of these symptoms, she should go to the clinic immediately to be checked:



- Pale tongue, gums, and inner eyelids (whitish in colour)
- Vomiting a lot, causing dehydration; dehydration signs are extreme thirst, less frequent urination, dark-coloured urine, fatigue, dizziness, or confusion
- Unusual swelling of hands, face, or legs
- Headaches
- Seizures (fits)
- Weakness, dizziness, fainting
- High fever
- Coughing a lot
- Sores, warts, or blisters on or near the vagina
- Burning when passing urine
- Tired and out of breath
- Baby not moving
- Bleeding from the vagina
- Mother not gaining weight
- Putting on too much weight (this can cause high blood pressure)
- Labour pains, especially before 37 weeks
- Has the water broken early? If so, what colour is the water (e.g., yellow, green)?

Initial/First ANC Visit Checklist

Initial/first ANC home visit			
Mother's name: _____ Date: _____ Household ID: _____			
CHW name: _____			
Visit general description: At this visit, you will check if the mother went to the clinic to confirm her pregnancy and enrol in ANC.			
	Yes	No	Comments:
Was this visit conducted within the first 14 weeks of pregnancy?			Conducted at _____ weeks
	Done	Not done	Comments:
1. The mother has booked at ANC clinic.			
If <i>not</i> booked, encourage mother to book as early as possible and before 14 weeks of pregnancy.			
2. Connect the mother to MomConnect so that she can receive messages that are appropriate for her stage of pregnancy.			
3. Educate mother on how to take care of herself during pregnancy:			
a. Get enough rest.			
b. Do some basic exercises.			
c. Eat healthy foods.			
d. Do not drink alcohol, use drugs, or smoke.			
e. Get immunized against tetanus if recommended by clinic.			
f. Take supplements of iron, folate, and calcium.			
g. Take micronutrient supplements as per the clinic instructions.			

h. Attend at least eight ANC clinic visits.			
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4. Educate the mother on the Prevention of mother-to-Child Transmission of HIV (PMTCT):			
a. Basics about HIV infection			
b. How to prevent HIV infection			
c. How taking ARV medications every day for life will prevent HIV infection from getting worse and will keep her healthy			
d. PMTCT: <i>it is possible</i> to prevent passing HIV to your baby, but you must seek the help of clinic staff			
e. HIV testing			
f. Concerns she may have about HIV testing, HIV treatment, and PMTCT			
a. Signs of STIs and the tests to look for them			
g. Importance of full STI screening during ANC			
h. Educate mother about advantages of HIV testing			
i. Refer for further HIV counselling and testing at the local health facility			

Follow-Up ANC Home Visit Checklist

Follow-up ANC home visit			
Mother's name: _____ Date: _____ Household ID: _____			
CHW name: _____			
Visit general description: At each follow-up visit, you will check if the mother completed her previous clinic appointment.			
			Comments:
When was this visit conducted? Recommended schedule: Between 14 and 24 weeks of pregnancy Between 24 and 28 weeks of pregnancy Between 28 and 32 weeks of pregnancy			Conducted at _____ weeks
	Done	Not done	Comments:
1. Mother has registered at ANC clinic and completed the correct number of ANC clinic visits for this point in her pregnancy.			
Check what tests were done and what recommendations were made at the visit.			
If <i>not</i> , encourage mother to book as soon as possible.			
2. Remind and discuss with the mother:			
a. Importance of healthy eating and exercise			
b. Cutting back on doing heavy or very tiring exercise			
c. Not using alcohol or drugs and not smoking			
3. If mother is HIV positive, check treatment adherence and educate the mother on PMTCT:			
a. Check adherence to ARVs by asking specific, open-ended questions such as "How many pills have you missed since you began taking your HIV medication?" Discuss any difficulties with adherence and agree on a plan to adhere.			
b. Discuss how taking ARV medications every day for life will prevent HIV infection from getting worse, keep her healthy, and help prevent passing HIV to her baby.			
c. Check if she has had a viral load test done and what the result was. If the mother does not know, work with OTL and clinic staff to assess adherence and provide counselling, if needed.			
d. Inform that an HIV-positive mother will be giving her infant medication every day for a period to			

provide additional protection for the baby. Her baby will also have an HIV test at birth and periodically after that.			
e. Encourage disclosure of HIV status to partner and family.			
f. Address concerns she may have about PMTCT.			
g. Reinforce condom usage every time she has sex.			
h. Ask about signs of STIs including genital discharge, sores, rashes, or pain.			
i. Encourage screening and treatment for STIs.			
4. After 24 weeks, discuss birth preparation and emergency planning:			
a. Discuss where she plans to give birth.			
b. Encourage birthing at a health facility.			
c. Discuss support during labor.			
d. Discuss transport plan in case of labor or another emergency.			
e. Discuss homecoming arrangements.			
f. Discuss plans for baby care if mother will return to work.			
g. Have plans been agreed upon by family and key contacts?			
h. Note any difficulties and share with OTL.			
5. Discuss infant care:			
a. Infant feeding options, encouraging exclusive breastfeeding for the first six months			
b. Infant immunisations			
6. Assess for risks and danger signs in pregnancy.			
7. Refer to clinic if you have any major concerns.			

Nutrition during Pregnancy and Breastfeeding



Meals

- During pregnancy, eat three meals each day plus one extra small meal or snack (food taken in between meals).
- During breastfeeding, eat three meals each day plus two extra small meals or snacks.
- Eat balanced meals with a variety of healthy foods.
- Fortified or enriched foods can be good sources of nutrients.
- No special food is required to produce breast milk.
- Adolescent mothers need more food, extra care, and more rest.

Drink

- Drink whenever you are thirsty.
- Avoid taking tea or coffee with meals and limit the amount of coffee you drink during pregnancy.

Supplements

- Take iron, folate, and calcium supplements during pregnancy.
- Take iron tablets with meals to increase their effectiveness.

Weight

- Maintaining a healthy weight:
 - Generally, you can expect to gain between 11 kg and 16 kg during your pregnancy. You can expect to gain about 1–1 ½ kg in the first three months and 1 ½ to 2 kg each month for the rest of your pregnancy.
 - If your pregnancy weight gain is in the healthy range, you are more likely to return to your pre-pregnancy weight after the baby is born.
 - Maintain a healthy weight by keeping an active lifestyle that includes walking and other exercises that you are already doing. Ask the nurse if you wish to start a new kind of exercise or have questions about your current activities.
- Loss of weight: x Avoid trying to lose weight during pregnancy. This can put you at risk for having a miscarriage, stillbirth, or other pregnancy-related complications.
 - If you find yourself losing weight, go to the clinic for an evaluation. There may be a medical reason for your weight loss.
- Not gaining weight: x Not gaining weight throughout pregnancy can put you at risk for premature delivery and low birth weight for the baby.
 - Not gaining weight can be due to a number of different reasons. Loss of appetite and morning sickness are common, especially in the first trimester. Eating smaller portions several times a day may help, as will avoiding spicy and fatty foods.
 - During the second and third trimesters, steady weight gain is important as the baby's growth requires an increase in calories and nutrients that are found in healthy foods. Foods high in healthy fats such as avocados, nuts, beans, and peas are good choices to increase the calories needed.
- Avoid excessive weight gain:
 - Gaining too much weight during pregnancy can put you and your baby at risk for complications during and after birth. You could be at risk for diabetes, high blood pressure, and heart disease, and these can lead to a condition called preeclampsia, which is also dangerous for your baby.
 - Eat a healthy diet that includes vegetables and fruit, avoid high sugar snacks and drinks, and walk or do other regular exercise to help avoid gaining too much weight.

Hygiene

- Practice good hygiene when preparing food and drink.
- Cook meat, eggs, and fish until they are well done (no pink in the meat, eggs are not runny).
- Wash raw fruits and vegetables in clean water before eating.
- Wash your hands with soap and clean water before preparing foods and after using the toilet or changing baby's nappy.



Anaemia in Pregnancy



Causes of Anaemia

- **Not enough iron in the body.** Anaemia is usually caused by lack of iron in blood. This happens when a person doesn't eat a balanced diet with enough foods rich in iron, or the body can't use the iron from the food that a person eats.
- **Malaria.** Malaria destroys some of a person's blood. It also prevents the body from making new blood.
- **Parasites/Worms.** People infected with worms like hookworm or bilharzia lose blood.
- **Losing Blood.** Heavy menstruation or losing a lot of blood during childbirth may make a girl or woman anaemic.
- **Illness or Infection.** People with illnesses like diarrhoea, measles, and HIV are more likely to be anaemic.

Signs

- Brittle fingernails
- Paleness or whiteness of skin, lips, gums, lining of the eyelids, nail beds, palms

Symptoms

- Weakness and tiredness
- Dizziness and headaches
- Trouble paying attention

Preventing Anaemia in Pregnancy

Iron Supplementation

Pregnant woman: When you discover that you are pregnant, go to the health facility to get iron pills to maintain your strength and health during the pregnancy and to prevent anaemia.



- Pregnant women have an increased need for iron.
- Iron pills are important to prevent anaemia and will help to keep mother and baby healthy.
- Liver is also a good food source of iron for pregnant women.
- Ask the clinician for folate and calcium tablets to support general health.

Father: Help make sure your pregnant wife or partner gets iron, folate, and calcium during ANC.

Pregnancy and Alcohol



Drinking Alcohol Can Hurt the Baby!

Everything a woman eats and drinks while pregnant affects the baby. Alcohol may hurt a baby's growth. The baby may have physical and behavioural problems that can last for the rest of their life.

Children born with the most serious problems caused by alcohol may:

- Be born small
- Have trouble paying attention and learning in school
- Need special teachers and schools
- Have problems eating and sleeping
- Have problems seeing and hearing
- Have trouble following directions and learning how to do simple things
- Have trouble getting along with others and controlling their behaviour • Need medical care all their lives

Pregnancy Danger Signs

Danger sign: leakage of fluid or blood

- Leakage of fluid can result in infection in mother or baby.
- Loss of blood is a sign of a complication of pregnancy.

Danger sign: swollen face and hands, convulsions

- Swollen face and hands are signs of a dangerous condition associated with high blood pressure in the mother that can also harm her baby.
- Convulsions can cause the death of the mother and her baby.

What to do: *Go immediately* to the nearest health facility to receive care. Take a pregnant woman who is having convulsions to the nearest health facility.

Danger sign: fever

- Fever is serious because it is a sign of infection that may cause a miscarriage, a stillbirth, or premature delivery.

Danger sign: very pale tongue, palms of the hands, or very pale inner part of the eyelid

- Very pale tongue, palms of the hands, or inner part of the eyelid are signs of severe anaemia.
- Severe anaemia is dangerous because it can result in problems in the mother and can cause a premature delivery or may result in a stillbirth or a low birth weight baby.

Danger sign: decreased foetal movement

- If you feel the baby moving less than usual or if movement has stopped for a day or more, this may mean the baby is not well.

What to do: *Go immediately* to the nearest health facility to receive care.

Birth Preparedness Checklist

Birth preparedness

Mother's name: _____ Date: _____ Household ID: _____ CHW Name: _____

To ensure that the mother is fully prepared for the birth process, the CHW should assist her with creating a birth plan. A birth plan is a preparation tool that can help the mother to be more organized.

A birth plan should be created for all women who are more than six months pregnant and should be completed for all women at the seventh month of pregnancy.

Questions you must ask the mother to help her with her birth plan

	Done	Not done
1. Which clinic will you deliver at?		
2. How will you get to the clinic? (mode of transport)		
3. Do you have clothes for the baby?		
4. Who will take care of the children when you are at the clinic?		
5. Did you pack your bag to take with you to the hospital/clinic?		
6. Did you carry your ID, your partner's ID, and your ANC card?		
7. Did you take your medication (e.g., ARVs and other chronic meds)?		
8. Who will accompany you to the clinic?		
9. Do you know the due date on which you are expected to deliver your baby?		

| Postnatal and Infant Care (PNC)

Kangaroo Mother Care: Step-by-Step Method

- Dress the baby in a woollen cap and nappy. If the room is cold, the baby can wear a shirt that is open in front.
- Place the almost naked baby directly on the unclothed chest of the mother.
- A shirt, blouse, T-shirt, or dress can then be worn over the baby,
- The mother's shirt, blouse, or T-shirt can be tucked into a belt or trousers to prevent the infant from slipping out.
- Sometimes a blanket or cotton towel can be tied around the mother as a binder to hold the infant firmly. The binder can be tied, pinned, or tucked in to keep it in place. A shirt or blouse can be worn over the binder.
- If the mother is unable, the father or support person can do skin-to-skin care.

Danger Signs for the Baby

There are danger signs for the baby that require immediate attention.

The mother or family can get *immediate assistance* via the MomConnect app before taking the baby to the clinic.

Danger Signs for Infant: Make Sure That the Infant Is Taken to the Clinic or Hospital Immediately

Fever	Change in skin colour (greyish, yellow, blue, or darker than before)
Not responding—not having reflexes for pain and touch	Feeding poorly
Ongoing vomiting	A weak or abnormal cry
Convulsions (fits)	Red umbilicus (belly button)
Discharge (pus) from eye	Swelling of the head
Danger signs for the mother	Pain when urinating
Urine dribbling	Pain in perineum (area between vulva and anus)
Pus draining from perineum	Abdominal pain
Foul-smelling discharge	High fever
Bleeding	Paleness of the skin
Shortness of breath	

Breastfeeding Tips for Small Babies

- Babies less than 1500 grams (1.5 kg) may not be able to breastfeed at first.
- For small babies unable to suckle at first: Try the underarm hold for more support or the alternate underarm hold.
- If the baby is sleeping, wake the baby every two to three hours for breastfeeding.
- Place in kangaroo mother care position.
- Express milk and feed the baby with a cup.
- Express the milk every two to three hours to keep the milk supply up.
- Put the baby to the breast to let him lick the nipple and perhaps suckle a little.
- Once the baby can suckle, he should be put on the breast frequently to cause milk production.
- Continue feeding with a cup until the baby can get all he needs directly from the breast.

Breastfeeding Positions and Attachment

The CHW should assist the mother to find what works best for her.

Ask the mother to breastfeed. Watch her and help her to use the best positions for the baby and the best positions for holding babies. The mother should try them all until a position is found that suits the mother and the baby. Common holds include:

- Sitting position: baby is across front of mother; mother's hand is supporting baby's head, with mother's arm supporting baby's body
- Side-lying: mother is lying down with baby next to her; baby can feed from either breast, depending on what is most comfortable for mother
- American football: baby is under mother's arm with feet towards mother's back; mother's arm supports baby's body, with mother's hand supports baby's head

Signs of proper attachment:

Tease the infant's lower lip with the nipple for the infant to open their mouth wide.

The infant's mouth covers a large part of the areola (there is more areola showing above rather than below the nipple).

The infant's chin touches the breast.

Both lips are turned outwards.



Signs of correct suckling:

Slow and regular sucking at the following rhythm: two sucks and one swallow.

The infant takes slow, deep sucks, sometimes pausing.

Suckling is comfortable and pain free.

The mother hears her baby swallowing.

The breast is softer after the feed.

Expressing Breast Milk

If mother is breastfeeding but can't be with the baby all the time, because she can express milk, squeeze milk out of the breasts so that somebody else can feed the baby for her. It is important that this is done correctly so that the baby does not become sick.



Clean a container for expressed breast milk:

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

Wash the container in soap and clean water, then rinse off all the soap.

Pour boiling water into the container and leave it for a few minutes, then empty the container out.

The boiling water will kill most of the germs.

Express milk into the empty container.

This must be done each time the mother expresses breast milk.



Safely store breast milk:

The breast milk may be kept out of the fridge for six to eight hours, but if stored in the fridge, it will last for eight days. Remember to store the breast milk in a clean container with a tight lid.

Express milk by hand.

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

The woman should put her thumb above her nipple and her fingers below it, on the areola or just outside it. Support the breast with the other fingers or other hand. Press the breast towards the chest. Sometimes when there is milk in the breast, it is possible to feel the ducts.

The woman should feel for small lumps on the edge of the areola with her forefinger and thumb. These lumps are ducts filled with milk. They are like pods, or peanuts. If the woman can feel them, she should press on them. Press the breast behind the nipple and areola between the fingers and thumb. Press on the larger ducts beneath the areola. Press towards the chest, not towards the nipple.

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

Express one breast for at least three to five minutes until the flow slows, then express the other side; repeat both sides.

Cup and Spoon-Feeding

Often small babies, babies with low birth weight, and babies who have breathing difficulties will have difficulty sucking from a bottle. In this case, it is better to feed baby from a cup or spoon. Even for older babies, some mothers may find it easier to cup feed as it is easier to clean cups than it is to clean bottles.

How to cup feed:

The mother/caregiver should always wash their hands with soap and water before feeding the baby. Use a small, clean, and sterile cup.

Wrap the baby in a blanket to prevent the baby's hands from knocking the cup and hold the baby closely. Support the baby's head and sit the baby upright or semi upright in the caregiver's lap.

Hold the cup to the baby's lips; the baby might start trying to suck. Hold the rim of the cup to the baby's upper lip and tip it slightly so that the milk just reaches the baby's mouth; the baby will then start lapping the milk with the tongue. Keep the cup tilted and let the baby control the pace at which the milk is taken.

How to spoon-feed:

The mother/caregiver should always wash their hands with soap and water before feeding the baby. Use a small, clean, and sterile spoon.

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

Formula Feeding



In cases where a woman is unable to breastfeed, she will give her baby formula. Proper hygiene will ensure that the formula is safe to feed her baby.

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

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

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

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

Add the required scoops into the cup of cooled water. Stir well. Feed the baby using the cup and throw away any formula left over from the feed. Once the baby has finished feeding, wash the cup and the utensils well.

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

Cleaning and sterilizing cups, bottles, and teats:

Whether the mother is using expressed breast milk or formula, it is extremely important that the cups, bottles, and teats used to feed the baby are clean and sterile. Otherwise, the baby will be at risk for infection, diarrhoea, and other serious illnesses. Bottles and teats are more difficult to clean than cups.

Clean and sterilise cups:

The caregiver should always wash their hands in soap and water before cleaning the baby's cups. Wash and scrub the cup in hot soapy water each time it is used.

Rinse off all the soap.

Dip the cup into boiling water or pour boiling water over the cup just before using it. Try not to use cups with lids or rough surfaces where milk could stick and allow bacteria to grow.

Clean and sterilise bottles and teats:

Always rinse bottles and teats immediately after use.

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

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



Put the teats into a bowl and cover them with boiling water. Teats need to be turned inside out and scrubbed using salt or something rough. Let them stand for 10 minutes.

Common Problems after birth

Both mothers and babies may experience issues after birth. It is important to identify the issue and make certain that the correct steps are taken to address it.

If you are not sure about how to help the mother deal with the issue, refer the mother to the clinic or hospital.

The following tables describe common problems that are experienced by mother and babies and provide some tips for how these problems can be dealt with.

Common Problems in Mother

Issue	Description	Tips to help
<p style="text-align: center;">Postnatal depression</p>	<p>Postnatal depression is when a woman feels depressed after she has given birth.</p> <p>It may happen soon after delivery or up to a year later.</p> <p>Some of the signs of postnatal depression are:</p> <ul style="list-style-type: none"> • Feeling very anxious • Crying for no apparent reason • Feeling very sad • Not being able to sleep • Feeling overwhelmed • Not thinking that she can care for herself and/or the baby • Feeling that she doesn't love the baby 	<ul style="list-style-type: none"> • Become familiar with the family/partner support she has. • Check if that support is enough or if more is needed to help her cope with dealing with the new baby and other responsibilities she may have already had prior to giving birth. • Remind the new mother and other household members that postnatal depression is common. • Encourage the new mother to talk to clinic staff and to you about changes in her mood or behaviour. • Explore the woman's normal coping strategies for dealing with stress and suggest new ways that she might try. • Encourage the new mother to go for an evaluation at the clinic if her symptoms continue, are severe, or cause her to worry that she may cause harm to herself or her baby. • Check if there are any postnatal support groups in the area, and if there are, suggest the mother join the support groups.

<p>Painful breasts (engorgement)</p>	<p>The breasts become full and painful when they are not emptied of all milk.</p> <p>This can happen due to:</p> <ul style="list-style-type: none"> • Starting to breastfeed late following birth, poor attachment of the baby to the breast • Feeding not being often enough • Feeding time not being long enough <p>The breasts will look tight and shiny because of the swelling, and they may stop flowing, which can be very painful.</p> <p>Engorgement can lead to breast infection called mastitis, so it is important to relieve it as soon as possible.</p>	<ul style="list-style-type: none"> • Insert cold cabbage leaves into the bra; change every few hours. • Wear a bra to support the breasts, if possible a bra without wires. • Apply warm and then cold cloths to the breasts. • Let the baby drink as much as possible. • Massage the breasts gently to stimulate the milk flow. • Take a warm bath or shower then stimulate milk flow and/or apply cold cloths.
<p>Mastitis and blocked ducts</p>	<p>Mastitis is an infection of the breast. Blocked ducts are milk ducts that become blocked, and the milk builds up behind them, causing pain. The main cause of both blocked ducts and mastitis is poor drainage of all or part of the breast.</p> <p>Poor drainage may be caused by:</p> <ul style="list-style-type: none"> • Not breastfeeding often enough because the mother is busy, there has been a change in feeding routine, or when baby starts feeding less often because they sleep through the night • The baby not suckling properly due to poor attachment to the breast • Mother has a cracked nipple due to poor attachment at the breast—this not only leads to mother breastfeeding less often because of the pain, but the crack also provides an entry way for germs to enter the breast • Pressure from tight clothes, usually a bra, especially if she wears it at night • Pressure from lying on the breast, which can block one of the ducts • Pressure from the mother’s fingers, which can block milk flow during breastfeeding • Lower part of a large breast draining poorly because of the way the breast hangs 	<ul style="list-style-type: none"> • Refer mother to clinic immediately. • Look for the cause of drainage and correct it. • Express breast milk frequently and get rid of the expressed breast milk. • Start the feed on the unaffected breast. • Gently massage and express the affected breast while her baby is suckling from the unaffected one. • Show her how to massage over the blocked area and over the duct, which leads from the blocked area right down to the nipple. This helps to remove the block from the duct. She may notice that a plug of thick material comes out with her milk. Discard the expressed breast milk. • Apply warm and cold compresses. • Alternating warm and cold often provides relief.

<p>Sore nipples</p>	<p>This is usually common when the baby is poorly attached. The baby does not have enough of the breast in the mouth and only sucks the nipple. This becomes very painful to the mother, and she may feed the baby less often or for shorter periods in order to avoid pain. As a result, the baby will not be fed enough, and her milk supply will decrease.</p>	<ul style="list-style-type: none"> • If the mother has to take the baby off the breast for any other reason, she should put her finger gently into the baby's mouth to break the suction first. • To ease the sore nipples, advise her to apply breast milk to the affected area to help it heal. • Give support: build the mother's confidence and explain that the soreness is temporary, and that soon breastfeeding will be completely comfortable. • She should express her breast milk frequently and use this to feed her baby by cup. • Refer her to the clinic if the skin of the nipple and areola is red, shiny, or flaky or if there is itchiness or deep pain or if the soreness continues. Get the mother in a comfortable position, either sitting or lying down. • Advise mother not to wash her nipples more than once a day and not to use soap or rub hard with a towel. Breasts do not need to be washed before or after feeds; normal washing as for the rest of the body is all that is necessary. Washing removes natural oils from the skin and makes soreness more likely. • Advise her not to use lotions and ointments, because these can irritate the skin.
<p>Mothers who are HIV positive</p>	<p>Breast conditions such as sores on the nipples, cracked nipples, mastitis, and breast abscesses may increase the risk of HIV through breastfeeding. When a mother has sores on the nipple or cracked nipples, if the baby is allowed to suckle from the affected breast, the baby may suckle blood that has more HIV in it than in the breast milk.</p>	<ul style="list-style-type: none"> • She should not feed the baby from the affected breast. Instead, she should express the breast milk from the unaffected breast and feed the baby using a cup. • She should also express from the bleeding breast and dispose of the milk to prevent engorgement and maintain her milk supply.

Common Problems in Babies

Problem	Assess	Tips to help
<p>The baby does not want to feed.</p> <p><i>When a baby refuses the breast, it can be very upsetting for the mother. Listen to her story or experiences before asking to look at or hold the baby.</i></p>	<p>Check for any of the danger signs in the checklist at the beginning of this chapter.</p> <p>Assess the mothers breastfeeding technique and identify any potential issues.</p>	<p>Refer to breastfeeding solutions for proper positions and latching on techniques.</p> <p>Encourage the mother to spend time bonding with the baby using the kangaroo mother care method.</p>
<p>The mother does not have enough milk. A mother sometimes thinks she does not have enough milk. She may have been told this by other women, or she may be looking for a reason to change to formula feeding.</p>	<p>Why does the mother think she doesn't have enough milk? Is someone else telling her this? Does the mother feel confident about how to latch the baby properly? Ask how often the baby has a wet nappy. A breastfed baby should have at least six wet nappies per day. If the baby has six wet nappies, the baby should be getting enough milk.</p>	
<p>The baby has a blocked nose.</p> <p><i>If the baby has a blocked nose, it can make it hard for the baby to drink and breathe at the same time.</i></p>	<p>Check for any of the danger signs in the checklist at the beginning of this chapter.</p>	<p>The mother can use a piece of paper towel or tissue to clean the baby's nose. She can roll it into a point and gently move it around in the nostril. She should clean both nostrils in this way. If the mucous is dry, it helps to wet the tissue with clean water.</p>
<p>The baby cries a lot.</p>	<p>Check for any of the danger signs in the checklist at the beginning of this chapter.</p>	<p>If everything is fine, then advise the mother to carry and comfort the baby kangaroo style—skin to skin if possible. If there are any problems, then refer the baby to the nearest clinic.</p> <p>Reassure the mother that occasionally some babies just cry a lot.</p>
<p>The baby is too small to breastfeed.</p>	<p>Continue to monitor growth frequently.</p>	<p>Let the mother express breast milk into baby's mouth.</p> <p>Let the mother express breast milk and feed baby by cup or with a teaspoon.</p>

Early Postnatal Home Visit Checklist: First Week after Delivery

PNC home visit: week one

Mother's name: _____

Date: _____

Household ID: _____

CHW Name: _____

General description: Most mothers are discharged the same day they deliver their baby. It is important to visit mothers who have delivered with their babies the same day to help them settle in and to look for and tell the mother what the danger signs for both she and her baby are and that she needs to look out for these danger signs. The first 24 hours following delivery are the most important period for the safety of both mothers and babies, because it is during this time that serious problems can happen.

Use this checklist for any postnatal care visits during the first week after delivery.

	Comments:
When was this visit conducted?	Conducted at _____ days
Recommended schedule for first week after delivery:	
Within 24 hours after delivery	
Day three after delivery	
Day seven after delivery	

	Done	Not done	Comments:
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1. Ask how the last day/last few days have gone.

2. Routine PNC for mother:

a. Check for excessive bleeding.			
b. Check for signs of infection (fever, redness, pain, etc.).			
c. Check breasts for signs of mastitis.			
d. Check for signs of depression.			
e. Ask if she has a suitable family planning method.			

3. Educate mother and family on:

a. Basic care for mother			
b. Complications and danger signs for mother and baby			
c. Importance of seeking help if mother has any danger signs			
d. Importance of family and partner support (encouragement, help, comfort)			

4. Routine PNC for newborn:

a. Check breathing and skin color.			
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b. Educate mother on danger skin colors (pale, grey, yellow, blue) and how to check.			
c. Show how to clean the baby's eyes and cord.			
d. Show how to keep the baby warm.			
e. Educate mother and family on danger signs: discharge, bleeding, yellow eyes or skin, blue skin color, baby not moving or responding, baby being very irritable.			
5. Feeding:			
a. Encourage exclusive breastfeeding.			
b. If mother is breastfeeding skin- to-skin, make sure that the baby (including baby's head) is covered to avoid the baby getting cold.			
c. Check for problems or challenges with attachment and whether the baby and mother are in correct position.			
d. Remind mother of danger signs: poor feeding or not feeding at all.			
e. Remind mother that full milk will come in around two to three days after birth, and this may cause discomfort; give tips on alleviating engorgement.			
f. Discuss how to manage breastfeeding if mother is returning to work.			
g. Demonstrate how to encourage and talk to the baby.			
6. PMTCT:			
a. Check whether HIV-positive mother is taking her ARV medication.			
b. Check and educate about giving baby ARV medication to prevent HIV.			
c. Check whether mother has received the birth PCR HIV test results by days three to six after delivery.			
d. Emphasize importance of repeating the PCR HIV test when baby is 10 weeks old.			
e. PMTCT for HIV-negative mothers: Discuss importance of using condoms to prevent HIV infection during the breastfeeding period.			
f. PMTCT for HIV-negative mothers: Discuss importance of retesting for HIV during the breastfeeding period. If a mother becomes HIV positive during the breastfeeding period, she should start ARV treatment.			

7. Follow-up:

a. Refer to clinic if you have any concerns about mother or baby.			
b. Remind mother about taking baby for a clinic visit when baby is six days old.			
c. Make an appointment for next PNC home visit.			

Follow-Up Postnatal Home Visit Checklist for One Week after Delivery

Follow-up PNC home visit			
Mother's name: _____		Date: _____	
Household ID: _____			
CHW Name: _____			
Visit general description: Educate, check, and support. Check with the mother to see how things are going physically and emotionally.			
Use this checklist for postnatal care visits conducted any time after the first week after delivery.			
			Comments:
When was this visit conducted?			Conducted at: _____
Recommended schedule:			Circle one: days weeks
Day 14 after delivery			
Seven to eight weeks after delivery			
	Done	Not done	Comments:
1. Ask how the last few days/weeks have gone.			
2. Routine PNC for mother:			
a. Check for excessive bleeding.			
b. Ask about signs of infection (fever, redness, pain, etc.).			
c. Check breasts for signs of engorgement or mastitis.			
d. Ask/check for signs of depression.			
e. Ask if she has a suitable family planning method.			
f. Check that mother has attended recommended postnatal visits at the clinic (six weeks after delivery).			
3. Educate mother and family on:			
a. Basic care for mother			
b. Complications and danger signs for mother and baby			
c. Importance of seeking help if mother or baby has any danger signs			
d. Importance of family and partner support (encouragement, help, comfort)			

4. Routine PNC for newborn:			
a. Check breathing and skin colour.			
b. Educate mother on danger skin colours (pale, grey, yellow, blue, darker than before) and how to check.			
c. Check how the mother or family member is bathing the baby, cleaning the baby's eyes, and caring for the cord.			
d. Check/show how to keep the baby warm.			
e. Check and remind mother and family on danger signs: discharge, bleeding, yellow eyes or skin, blue skin colour, baby not moving or responding, baby being very irritable.			
f. Check <i>Road to Health</i> booklet to make sure that baby was weighed and immunized at the six-week clinic visit.			
g. Educate mother and family on importance of talking, singing, and playing with baby to help baby develop language.			
5. Feeding:			
a. Check how mother is managing with breastfeeding.			
b. Check for problems or challenges with latching the baby in the right position, making sure mother is in correct position.			
c. Remind mother how to feed baby with the head covered and skin-to-skin contact to keep baby warm.			
d. Address any breastfeeding problems she may be having; provide encouragement.			
e. Remind mother of danger signs: poor feeding or not feeding at all.			
f. Give tips on alleviating engorgement.			
g. Discuss how to manage breastfeeding with returning to work, if applicable.			
6. PMTCT:			
a. Check whether HIV-positive mother and exposed baby are taking their ARV medication.			
b. Encourage mother to keep up with ARV medication for both her and baby to keep them both healthy.			
c. PMTCT for HIV-negative mothers: Encourage use of condoms and retesting for HIV.			

During the breastfeeding period to prevent HIV infection:			
7. Follow-up:			
a. Refer to clinic if you have any concerns about mother or baby.			
b. Remind mother to take baby for a clinic visit when baby is six weeks old.			
c. Make appointment for next PNC home visit.			

Self-Care during the Postnatal Period

A woman who has just given birth can reduce many of the risks related to the postpartum period if she takes proper care of herself and her baby.

- Practice good hygiene.
- Wash your hands with soap and water before handling the baby, at least after using the toilet, changing the baby's napkin/diaper, and cleaning the house.
- Add foods of high nutritional value, such as eggs, groundnuts, and fruit, especially while breastfeeding.
- Take additional time to rest.
- Know the danger signs for you and baby.
- Refer to the *Road to Health* booklet on preventive care for the baby.



Postnatal Danger Signs

If the woman is treated in a timely fashion, she will regain her health sooner and prevent a small problem from becoming an emergency or a complication.

Danger signs: pain when urinating, foul-smelling vaginal discharge, pain in the perineum (area between vulva and anus), pus draining from perineum, abdominal pain

- These may be signs of infection.

Danger sign: fever

- This may be a sign of infection.
- Fever may be a symptom of malaria.

Danger sign: feeling ill

- This may be a sign of infection, anaemia, malaria, depression, or other problem during the postnatal period.

Danger sign: swollen breasts; red, tender, or sore nipple

- This may be a sign of infection in one or both of her breasts or nipples. If an HIV-positive woman is breastfeeding and has an infection in her breasts or nipples, it increases the risk of mother-to-child transmission of HIV.

Danger sign: urine dribbling

- This may be a sign that a woman has a hole between her vagina and the urinary tract.

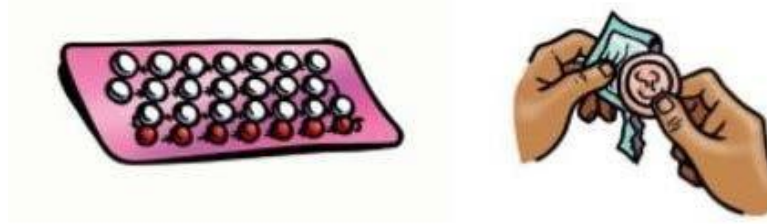
Danger sign: shortness of breath

- This may be a sign of pneumonia or TB.

What to do: If you have any of the danger signs listed above, *go as soon as possible* to the nearest health facility to receive care.

Postnatal Family Planning

A woman who has just given birth can become pregnant again as soon as four weeks after giving birth if she is not breastfeeding exclusively. She can ensure adequate birth spacing periods and prevent unwanted pregnancy if she takes steps to ensure that she and/or her partner adopts an appropriate family planning method.



- It is important for your own well-being, as well as your baby's and family's well-being, for the next pregnancy to be delayed for at least two years.
- It is necessary to think about protecting yourself from pregnancy before you begin having sex again. Talk with a health worker about the methods that are best for you. Some methods can be used immediately after giving birth while some cannot.
 - Women who are breastfeeding can talk with a health worker about the methods that are best for them. There are some methods that are not recommended for women who are breastfeeding.
 - Women who are not breastfeeding should begin to plan some sort of family planning before having intercourse. Remember that a woman can get pregnant before she has her first normal period after giving birth.
 - Women should consider dual protection—using condoms in addition to a second contraceptive method—to prevent HIV and other STIs as well as to prevent pregnancy.
- Traditionally, women have been told to abstain from intercourse until at least six weeks after giving birth. In reality, the only reason you should not have sex is if you do not want to have sex or because you feel it will not be comfortable for you. If you choose to have sex while you still have discharge (lochia), then use a condom to protect yourself from an infection.
- Always practice safer sex.



Child Health and Nutrition

Infant Health Checklist, Birth to Two Months

Infant's name: _____ Date: _____ Caregiver's name: _____

Household ID: _____ CHW name: _____

Use this health checklist when visiting a household with an infant less than two months old. This will help you remember the important topics that you need to check up on and discuss with the family.

	Done	Not done	Comments:
Infant (birth to two months old):			
1. Check that the infant has a Road to Health booklet.			
2. Check that the infant has been registered before one month old.			
3. Routine PNC for infant:			
a. Check breathing and skin colour.			
b. Educate mother on danger skin colours (pale, grey, yellow, blue, darker than before) and how to check.			
c. Check and remind mother and family on danger signs: discharge, bleeding, yellow eyes or skin, blue skin colour, baby not moving or responding, baby being very irritable, infant under two months with a fever.			
d. Are the immunisations up to date for the infant's age?			
e. Have follow-up visits been completed at six days and six weeks?			
f. Check how the mother or family member is bathing the infant, cleaning the infant's eyes, and caring for the cord.			
g. Check/show how to keep the infant warm.			
4. Feeding:			
a. Check how mother is managing with breastfeeding.			
b. Check for problems or challenges with latching the infant in the right position, making sure mother is in the correct position.			
c. Show/remind the mother how to feed the infant with the head covered and skin-to-skin contact.			

d. Remind mother of danger signs: poor feeding or not feeding at all.			
e. Provide tips on relieving engorgement.			
f. Discuss how to manage breastfeeding with returning to work, if applicable.			

| Newborn Cord Care

An infection in the umbilical cord could put the baby’s life in danger. Keep the cord clean and dry until it heals to prevent infection.

- The umbilical cord has connections to organs inside the tummy. It can get infected easily, and infections can spread readily to the rest of the body, causing serious complications that may endanger the life of the baby.
- Keep the cord clean. At each nappy change, clean the cord with surgical spirits or chlorhexidine.
- If there is bleeding from the cord, take the baby immediately to the nearest health facility.
- Do not apply harmful substances like ash, clay, mud, and so forth.

Danger sign: The base of the cord gets red and swollen and/or there is a foul smell or pus.

What to do: Go *immediately* to the nearest health facility to receive care.

| Low Birth Weight Infant Care

The low-birth-weight newborn is very fragile. It is important to take good care of them to promote good health.

- To avoid a dangerous drop in the baby’s body temperature, especially soon after the birth:
 1. Dry the baby with a clean cloth; discard the wet cloth.
 2. Wrap the body, including the head, with a fresh, dry cloth or several cloths as required.
 3. Ask the mother and another family member to practice continuous skin-to-skin contact, also known as Kangaroo Mother Care (see below).
 4. Do not bathe the baby until the end of the first week.
- Practice exclusive breastfeeding, day and night, at least 10–12 times a day.
- Wash your hands with clean water and soap every time before touching a low birth weight baby in order to protect them from infections.
- Visit the health center and get your baby weighed once a week to make sure the baby is growing well.
- The Kangaroo Mother Care method is an effective way of maintaining the body temperature in low birth weight babies, at birth for all babies, or during transport of sick babies.

- Advantages of the Kangaroo Mother Care method:
 1. Skin to skin protects the newborn from becoming too cold.
 2. The baby is near the breast, which makes breastfeeding on demand easier.
 3. The breathing movements of the mother stimulate the breathing of the preterm infant.
 4. The kangaroo method does not stop the mother from carrying out most of her daily chores if she desires.
- The method can be used by any other members of the family.

| Newborn and Child Danger Signs

Illness in the newborn can become serious quickly and put the baby's life in danger. It is important that the mother and the family members know how to recognize danger signs in the newborn that require immediate care by a qualified healthcare provider.

What to do: If you see *any* of the newborn and child danger signs, *go immediately* to the nearest health facility to receive care.

- During transport, use the kangaroo care method and breastfeed the sick baby if possible.
- When the baby is sent home, follow the instructions of the health care provider, and if the general condition of the baby does not improve, bring the baby back to the health facility.



Child is coughing and breathing fast (more than 50 breaths per minute)



Child under 2 months old has a fever and is not feeding



Child is vomiting everything



Child has diarrhoea, sunken eyes, and a sunken fontanelle



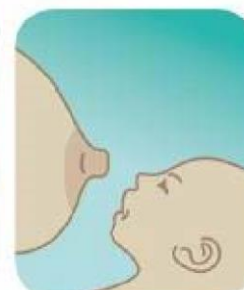
Child is shaking (convulsions)



Child has signs of malnutrition (swollen ankles and feet)



Child is not moving or does not wake up



Child is unable to breastfeed

| Breastfeeding Frequency

Breastfeed your baby on demand, at least eight times day and night, to produce enough milk and provide your baby enough food to grow healthy.



- Frequent breastfeeding helps the milk to flow and ensures your baby grows well. If you think that you don't have enough milk, increase the breastfeeding frequency and be sure to empty the breast before switching to the other.
- Breastfeeding increases bonding between mother and child.
- Ensuring proper positioning and attachment to baby gets adequate breast milk and helps to avoid breast problems such as sore and cracked nipples.
- Advise mothers with nipple and breast problems to seek immediate care from a health worker.

| Breastfeeding Positions

Ask the mother to sit comfortably, draw the baby toward herself, and not lean toward the infant.

- The infant is able to look up at the mother's face, not be flat to her chest or abdomen.
- The infant's stomach is against the mother's stomach.
- The infant's head, back, and buttocks are in a straight line.
- The infant is brought to the breast; the mother does not bring the breast to the infant.
- The baby's whole body is supported, not just the head and shoulders.
- One arm of the baby is behind the mother's back.
- The mother holds her breast with her fingers in a C shape, the thumb being above the dark part of the breast (areola) and the other fingers below.
- Fingers are not in scissor hold (two fingers on each side of the nipple) because this method tends to put pressure on the milk ducts and can take the nipple out of the infant's mouth.



Partner or family member: Make sure mother has plenty of water within reach while she is breastfeeding. Bring her a nutritious snack and check that she is keeping a good position so that she does not injure her arm, wrist, or neck.



1. American football

- This position is best used:
 1. After a Caesarean section
 2. When the nipples are painful
 3. To breastfeed twins
- The mother is comfortably seated with the baby under her arm. The baby's body passes by the mother's side, and the baby's head is at breast level.
- The mother supports the baby's head and body with her hand and forearm.

2. Sitting position

- This is the usual position of most mothers.
- Make sure the baby's and mother's stomachs are facing each other.

3. Side-lying

- This position is more comfortable for the mother after delivery, and it helps her to rest while breastfeeding.
- The mother and baby are both lying on their side and facing each other.

| Breastfeeding Attachment



Signs of proper attachment:

- Tease the infant's lower lip with the nipple in order for the infant to open their mouth wide.
- The infant's mouth covers a large part of the areola (there is more areola showing above rather than below the nipple).
- The infant's chin touches the breast.
- Both lips are turned outwards.

Signs of correct suckling:

- Slow and regular sucking occurs at the following rhythm: two sucks and one swallow.
- The infant takes slow, deep sucks, sometimes pausing.
- Suckling is comfortable and pain free.
- The mother hears her baby swallowing.
- The breast is softer after the feed.

Infant Health Checklist Age Two to Five Months

Infant's name: _____ Date: _____ Caregiver's name: _____			
Household ID: _____ CHW name: _____			
Use this health checklist when visiting a household with an infant two to five months old. This will help you remember the important topics that you need to check up on and discuss with the family. Ask the mother or caregiver for the baby's <i>Road to Health</i> booklet. Look at the booklet with her and help her to understand all the information in the booklet.			
	Done	Not done	Comments:
Infants (two to five months old)			
1. Nutrition and growth:			
a. Check how mother is managing with breastfeeding. Reinforce the importance of exclusive breastfeeding for six months.			
b. Address any breastfeeding problems she may be having; provide encouragement.			
c. Discuss how to manage breastfeeding with returning to work, if applicable.			
d. Check that the baby's weight is plotted on the RTHB and that the baby is growing well.			
2. Love, play, and talk for healthy development:			
a. Encourage the mother and other family members to be responsive to the baby's likes and dislikes. Remind them of the importance of talking, singing, and playing with the child every day.			
b. Ask the caregiver if she has any concerns about the baby's development.			
3. Protection from childhood illness and injury:			
a. Make sure that the baby's immunisations are up to date.			
b. Remind the caregiver of the importance of handwashing.			
c. If the baby is HIV exposed:			
<ul style="list-style-type: none"> • Check that the baby has been tested for HIV according to testing schedule and that all tests were negative. 			
<ul style="list-style-type: none"> • Check that baby is receiving cotrimoxazole. 			

<ul style="list-style-type: none"> • Check that the mother is receiving ARVs and is virally suppressed. 			
d. Discuss family planning with the mother and the importance of using condoms during sex (dual protection).			
4. Health care when sick:			
a. If the baby is ill, check for danger signs.			
b. Make sure that the caregiver knows the danger signs (see RTHB).			
c. Make sure the caregiver knows how to identify and treat diarrhoea (see RTHB).			
5. Extra care for children who need it:			
a. Check if the baby is receiving a child support grant (CSG).			
b. If the child is HIV positive or has another illness, ensure that the baby is on treatment. Check adherence and make sure that the baby attends a health facility regularly.			

Infant Health Checklist Age 6–12 Months

Infant's name: _____ Date: _____ Caregiver's name: _____

Household ID: _____ CHW name: _____

Use this health checklist when visiting a household with an infant 6–12 months old. This will help you remember the important topics that you need to check up on and discuss with the family. Ask the mother or caregiver for the child's *Road to Health* booklet. Look at the booklet with her and help her to understand all the information in the booklet.

	Done	Not done	Comments:
Infants (6–12 months old)			
1. Nutrition and growth:			
a. Discuss the importance of complementary feeding.			
b. Discuss how the mother can best use available foods and resources to provide a good diet for her child.			
c. Encourage the mother to continue breastfeeding until her child is at least two years old.			
d. Check the child's mid-upper arm circumference (MUAC). Refer to facility if necessary.			
e. Check that the child's weight is plotted on the RTHB and that the child is growing well.			
2. Love, play, and talk for healthy development:			
a. Encourage the mother and other family members to be responsive to the child's likes and dislikes. Remind the mother of the importance of talking, singing, and playing with the child every day.			
b. Ask the caregiver if she has any concerns about the child's development.			
3. Protection from childhood illness and injury:			
a. Make sure that the child's immunisations are up to date.			
b. Check that the child has received vitamin A according to the schedule.			


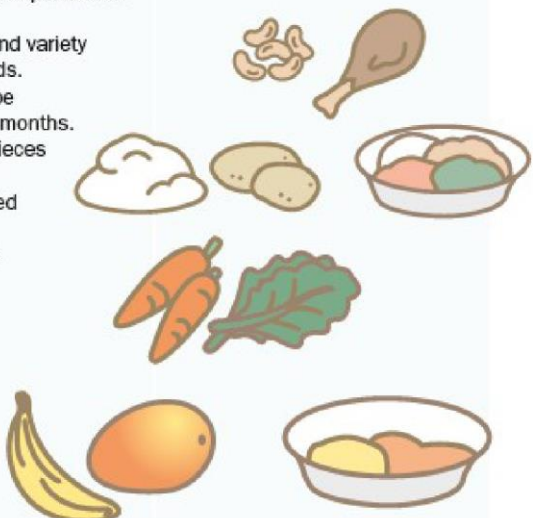
c. Remind the mother of the importance of handwashing.			
d. Advise on preventing household accidents.			
e. Advise the mother on how to protect her child's teeth.			
f. If the child is HIV exposed:			
<ul style="list-style-type: none"> • Check that the child has been tested for HIV according to testing schedule and that all tests were negative. 			
<ul style="list-style-type: none"> • Check that the child is receiving cotrimoxazole. 			
<ul style="list-style-type: none"> • Check that the mother is receiving ARVs and is virally suppressed. 			
g. Discuss family planning with the mother and the importance of using condoms during sex (dual protection).			
4. Health care when sick:			
a. If the child is ill, check for danger signs.			
b. Make sure that the caregiver knows the danger signs (see RTHB).			
c. Make sure that the caregiver knows how to identify and treat diarrhoea (see RTHB).			
5. Extra care for children who need it:			
a. Check if the child is receiving a child support grant.			
b. If the child is HIV positive or has another illness, ensure that the child is on treatment. Check adherence and make sure that the child attends a health facility regularly.			

South African National Immunisation Schedule (2017)

Age	Vaccine	How and where it is given	What it prevents
Birth	BCG	Right arm	Tuberculosis
	OPV (0)	Drops by mouth	Polio
6 weeks	OPV (1)	Drops by mouth	Polio
	RV (1)	Liquid by mouth	Rotavirus
	PCV (1)	Intramuscular right thigh	Pneumococcal diseases
	DTaP-IPV-Hib-HBV (1)	Intramuscular left thigh	Diphtheria, tetanus, whooping cough, polio, haemophilis influenzae B, hepatitis B
10 weeks	DtaP-IPV-Hib-HBV (2)	Intramuscular left thigh	<i>See above</i>
14 weeks	RV(2)	Liquid by mouth	<i>See above</i>
	PCV 2	Intramuscular right thigh	<i>See above</i>
	DtaP-IPV-Hib-HBV (3)	Intramuscular left thigh	<i>See above</i>
6 months	Measles (1)	Subcutaneous left thigh	Measles
9 months	PCV (3)	Intramuscular right thigh	<i>See above</i>
12 months	Measles (2)	Subcutaneous left arm	<i>See above</i>
18 months	DtaP-IPV-HibHBV (4)	Intramuscular left thigh	<i>See above</i>
6 years	Td (1)	Intramuscular left arm	Tetanus, diphtheria
Girls 9 years and above in public and special schools	HPV	Intramuscular left arm	Human papilloma virus infection
12 years	Td (2)	Intramuscular left arm	<i>See above</i>
<i>Note: Children living with HIV or other immune system compromise may be offered a modified immunization schedule.</i>			

Complementary Feeding

Starting when baby is six months of age, introduce complementary foods two to three times a day for your baby to grow healthy and strong.

6 months to 5 years		
Your child's age	What foods to give	How much?
6 – 8 months	<p>Continue breastfeeding on demand. Breastfeed first, then give other foods.</p> <p>Your baby needs iron-rich foods (dried beans, egg, minced meat, boneless fish, chicken or chicken livers, ground mopane worms). These foods must be cooked and mashed to make them soft and easy for your baby to swallow.</p> <p>Also, give your baby:</p> <ul style="list-style-type: none"> Starches (such as fortified maize meal porridge, mashed sweet potatoes or mashed potatoes) Mashed, cooked vegetables (such as pumpkin, butternut, carrots) Soft fruit without pips (such as avocado, bananas, paw-paw, cooked apples) <p>Give your baby clean and safe water to drink from a cup, regularly</p>	<p>Start with 1 – 2 teaspoons, twice a day.</p> <p>Gradually increase the amount and frequency of feeds.</p> 
9 – 11 months	<p>Continue breastfeeding on demand. Breastfeed first, then give other foods.</p> <ul style="list-style-type: none"> Iron rich foods are very important for your baby's growth Increase the amount and variety (different kinds) of foods. Food doesn't need to be smooth as in the past months. Give your child small pieces of foods they can hold (bananas, bread, cooked carrots) Avoid small hard foods that may cause choking like peanuts. Give your baby safe water to drink from a cup, regularly 	<ul style="list-style-type: none"> About a ¼ cup, then increase to half a cup by 12 months 5 small meals a day 



Your child's age	What foods to give	How much?
12 months up to 5 years	<p>Continue breastfeeding as often as your child wants up to 2 years and beyond. Give food before breastmilk.</p> <ul style="list-style-type: none">● Give a variety (different kinds) of foods (iron rich foods, starches, vegetables, fruits)● Give foods rich in vitamin A (liver, spinach, pumpkin, yellow sweet potatoes, mango, paw-paw, full cream milk, maas)● Give Vitamin C rich foods (oranges, naartjies, guavas, tomatoes)● Cut up foods in small pieces so that your child can eat on their own● Stay next to your child and encourage them to eat● If not breastfeeding, you can start giving pasteurized full cream cow's milk/maas or yoghurt. Follow up formula is not necessary● Give your child clean, safe water to drink from a cup, during the day	<ul style="list-style-type: none">● About 1 full cup● 5 small meals a day (A child has a small stomach, so they will not eat enough to last many hours)



Remember:

- From the age of 6 months, give your baby clean, safe-to-drink water from a cup during the day. Boil the water and cool before you give it to your child.
- Always stay next to your child when they are eating.
- Keep food and cooking utensils very clean to prevent diarrhoea.
- Always wash your hands and your child's hands with soap and water before preparing food, before eating, and after using the toilet and changing nappies.
- It's not necessary to buy baby food or baby cereals. Homemade foods are good.
- Don't give your child Rooibos tea or any other tea, coffee, creamers, condensed milk, flour water, sugar water, and cold drinks. These foods and drinks do not contain any nutrients and will not help your child to grow.
- Avoid giving your child unhealthy foods like chips, sweets, sugar and fizzy drinks.
- Infant formula increases risk of your baby getting diarrhoea, allergies, and breathing problems.

| Feeding a Sick Child

During illness, increase the frequency of breastfeeding, and for older children six months and above, offer additional food to help him/her recover faster.

For all infants and young children 0–24 months:

- Increased breastfeeding during illness helps the baby to recover faster and not lose as much weight.
- Continue to breastfeed during diarrhoea; breastfeed more frequently to replace the liquid lost.
- Breastfeeding during illness also gives comfort to the sick child.
- Sick mothers can continue to breastfeed their babies.

For infants six months and older:

- Take time to encourage the sick child to eat as their appetite may be decreased because of the illness.
- It is easier for a sick child over six months to eat small, frequent meals, so feed the child foods they like in small quantities throughout the day.
- It is important to keep feeding complementary foods to your child during illness to maintain child's strength and reduce weight loss.

For all infants and young children 0–24 months:

- Increased breastfeeding during illness helps your child to recover faster and regain the weight lost.

For infants six months and older:

- After illness, take time to patiently encourage your child to eat as their appetite may still be decreased because of the illness.
- Giving extra food after illness will also help your child to recover faster as well as regain the weight lost.

Infant Diarrhoea Treatment

Caregivers, if your child is suffering from severe diarrhoea, take them to the nearest clinic to get zinc. It will help the baby to get better faster.

For all infants and children 0–24 months of age:

- Increase the frequency of breastfeeding during illness and ask your health worker to give you zinc for the baby to recover faster.
- Follow the instructions given by the health worker on how to give the zinc to the baby; follow exactly the duration of treatment specified (10–14 days).
- Ensure that the infant does not get dehydrated. In order to prevent dehydration, give the child an oral rehydration solution (ORS) or sugar-salt solution (SSS). Make ORS/SSS for the child after each loose stool.

How to use a sugar-salt solution for children with diarrhoea



- Give a sugar-salt solution (SSS) in addition to feeds.
- Give SSS after each loose stool, using frequent small sips from a cup.
 - Half a cup for children under 2 years.
 - 1 cup for children 2 – 5 years.
- If your child vomits, wait 10 minutes then continue, but more slowly.
- If your child wants more than suggested, give more.
- Continue feeding your child.

- If the condition of the baby *does not improve*, take the baby to the nearest clinic for examination.

Child Health Checklist Age One to Five Years

Infant's name: _____ Date: _____ Caregiver's name: _____			
Household ID: _____ CHW name: _____			
Use this child health checklist when visiting a household with children one to five years old. This will help you remember the important topics that you need to check upon and discuss with family. Ask the caregiver for the child's <i>Road to Health</i> booklet. Look at the booklet with her and help her to understand all the information in the booklet.			
	Done	Not done	
Children (one to five years old)			
1. Nutrition and growth:			
a. Discuss the importance of the child eating a variety of healthy foods.			
b. Discuss how the mother can best use available foods and resources to provide a good diet for her child.			
c. Encourage the mother to continue breastfeeding until the child is at least two years old.			
d. Check the child's mid-upper arm circumference (MUAC). Refer to facility if necessary.			
e. Check that the child's weight is plotted on the RTHB and that the child is growing well.			
2. Love, play, and talk for healthy development:			
a. Remind the mother and other family members that children learn through play. It is important that the family members talk, sing, and read to the children every day.			
b. Ask the caregiver if she has any concerns about the child's development.			
3. Protection from childhood illness and injury:			
a. Make sure that the child's immunisations are up to date.			
b. Check that the child has received deworming and vitamin A according to the schedule.			
c. Remind the mother of the importance of handwashing.			

d. Advise on preventing household accidents.			
e. Advise the mother on how to protect her child's teeth.			
f. If the child is HIV exposed:			
· Check that the child has been tested for HIV according to the testing schedule and that all tests were negative.			
· Check that the child is receiving cotrimoxazole.			
· Check that the mother is receiving ARVs and is virally suppressed.			
g. Discuss family planning with the mother and the importance of using condoms during sex (dual protection).			
4. Health care when sick:			
a. a. If the child is sick, check for danger signs.			
b. b. Make sure that the caregiver knows the danger signs (see RTHB).			
c. c. Make sure the caregiver knows how to identify and treat diarrhoea (see RTHB).			
5. Extra care for children who need it:			
a. Check if the child is receiving a child support grant.			
b. If the child is HIV positive or has another illness, ensure that the child is on treatment. Check adherence and make sure that the child attends a health facility regularly.			

Child Malnutrition Screening Tool



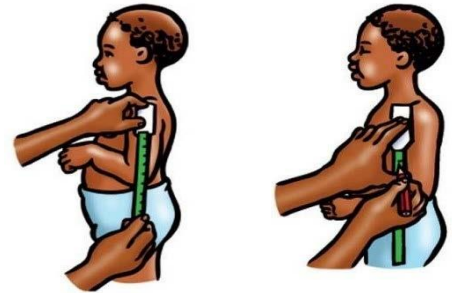
Step one: Ask the mother how old her child is. If the child is between six months and five years, ask her permission to do a quick, safe, and pain-free test on the child to see if the child is malnourished.

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

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

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

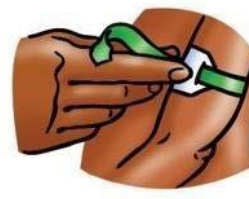
Step four: Holding the white part of the strip on the child's arm, thread the narrow coloured strip through the small window around the child's arm until the strip fits the child's arm closely.



Too loose



Too tight



Good

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

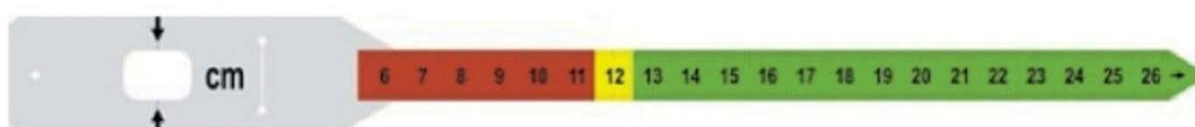
- Green indicates no acute malnutrition.
- Yellow indicates moderate acute malnutrition.
- Red indicates severe acute malnutrition.

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

Step seven: If the child's result is either yellow or red after completing the tests, make sure the mother takes the child to the clinic as soon as possible, as the child is at risk of malnutrition or already malnourished. This result may also be an indication of HIV and an opportunity to screen or refer the child for HIV testing.

If the MUAC results show that the child is healthy and you are not sure, always recommend that the mother or caregiver takes the child to a clinic for a healthcare worker to do a full test.

Print and cut out the mid-upper arm circumference malnutrition screening tool to check if the child could be malnourished.



| Vitamin A Supplementation for Children

Pregnant and breastfeeding women and children should eat papaya, mango, and other yellow/orange fruits as well as orange fleshed sweet potatoes, dark green leafy vegetables, liver, and milk to protect their health.

- Eating vitamin A rich foods will enrich the mother's breast milk with important nutrients to keep the baby healthy and strong.

When your baby is six months old, make sure they receive vitamin A supplementation every six months to make them strong.

- Ask the health worker to give vitamin A supplementation two times a year to your child between six months up to five years of age.
 - Vitamin A is important for your child's eyesight and will also help your child fight illness.
 - Be sure to bring your child to vitamin A supplementation sessions during child health days.
 - Vitamin A is also offered during health days/campaigns.
-

Parasites and Children

Caregivers, when your child is one year old, they must receive deworming medicine every six months to maintain healthy growth.

- Intestinal parasites cause young children to become anaemic, which will make them unwell and tired.
- Ask a health worker for deworming medicine to be given two times a year to your child between the ages of one and five years.
- Deworming is also offered during health days/campaigns.

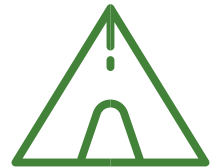
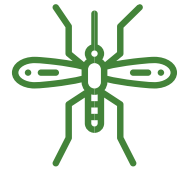
Travelling to regions with malaria:

- Malaria is an infection that is spread by mosquitos. It is present in some places in South Africa and in many other countries. It causes anaemia, which will make family members unwell and very tired.
- Family members with a fever who have been in an area with malaria need to be taken to a health facility for immediate treatment.

Malaria Prevention

If you travel to an area or country with malaria:

- Wear protective clothing that covers bare skin.
- Use bed nets.
 1. Check that there are no holes in the net.
 2. Tuck the net carefully around the bed so that there are no gaps and the net does not lie against your body while you sleep.
- Get rid of standing water (open buckets or containers, stagnant pools, or animal water troughs) around the house and compound.
- Family members, including children with fever, who live in or have visited a malaria area should seek treatment.





Oral Health

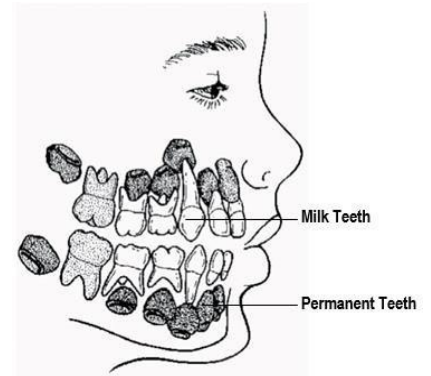
| Caring for Children's Teeth

For very young babies:

- Clean the new teeth using a soft, clean cloth.

For children one year and older:

- Parents or caregivers should start with a small, soft toothbrush with warm water to clean the teeth.
- When the child has become used to using a toothbrush, the parent or caregiver should use a small amount of fluoride toothpaste (the size of the child's small fingernail).



Special care for bottle fed children:

- The most common cause of rotten teeth in children is sugary drinks given in a feeding bottle. Parents or caregivers must not give children sweet drinks in a feeding bottle.
- Parents or caregivers must not let the baby go to sleep with the bottle in the mouth, especially if there is milk or some sweet drink in the bottle.

Remember: It is important to make sure that household members help children keep their teeth clean.

For young children, fluoride toothpaste should be used when they can spit out, and children who are brushing their teeth by themselves should be watched and helped by their parents/caregivers while they brush their teeth.

| Caring for Adult Teeth

- Choose the correct size of toothbrush that can fit in your mouth.
- Make sure that the bristles of the toothbrush are soft.
- Toothbrushes must be changed when the bristles are getting flat.
- Brush teeth at least two times a day, once in the morning and then before bedtime. If possible, teeth should also be brushed after meals. If it is not possible to brush teeth after a meal, rinse your mouth well. Rinse the mouth after eating and drinking if you cannot brush, especially after eating food with a lot of sugar in it (e.g., sweets, cakes, and fizzy drinks).
- Use fluoride toothpaste to make sure the teeth stay strong.

- Brush the tongue every time you brush your teeth.
- Eat healthy food. A healthy, balanced diet is needed. Good foods are fruit, vegetables, dairy products (milk and cheese), and starch. Some foods, like morogo, have vitamins, and mopani worms have a lot of protein. Do not eat too much cake, biscuits, or sweets since they are not good for the teeth. If you do eat sweets, rinse your mouth afterwards.
- Lower the amount of fizzy drinks.
- Avoid alcohol.
- Do not smoke cigarettes or hookah.
- Do not use chewing tobacco or snuff.
- Do not chew betel nut.
- Avoid piercing your lips, tongue, and cheek.
- Have your teeth checked regularly by an oral health worker (e.g., oral hygienist, dental therapist, or a dentist).

What can household members do if they do not have a toothbrush or toothpaste?

It is not always possible to buy toothbrushes and toothpaste.

- If the household member *does not have toothpaste*, water is enough. They should brush their teeth using just the toothbrush. Once they have cleaned their teeth with a toothbrush, they should rinse away the loose pieces of food.
- If the household member *does not have a toothbrush*, they should put some salt onto the pointing finger and use the finger as they would use a toothbrush.



Treatment Adherence

| Adherence Screening Tool

Read the following question to clients on ARV's or TB medicines and refer them to the clinic if the answer is **yes**.

Question	Yes	No
1. Have you missed two or more doses of your medicine in the last month?		

Treatment Adherence Checklist

	Done	Not done
Reviews treatment history, including:		
• Current regimen		
• Side effects		
• Other treatments		
Discusses current health status with patient, including:		
• Overall health and current problems		
• Latest relevant laboratory tests (e.g., CD4 count)		
• Goals for health		
Assesses patient's medication knowledge, behaviours, and attitudes, including:		
• Knowledge of HIV/TB/other medications		
• Understanding of drug resistance and implications		
• Attitudes about taking medications		
Reviews patient's/family's living situation, including:		
• Daily activities: work, school, and travel schedule		
• Eating patterns		

<ul style="list-style-type: none"> • Access to health centre 		
<ul style="list-style-type: none"> • Special factors: disclosure of diagnosis, medication storage issues 		
Describes proposed medication regimen, including:		
<ul style="list-style-type: none"> • Drug names 		
<ul style="list-style-type: none"> • Dosing 		
<ul style="list-style-type: none"> • Food requirements 		
<ul style="list-style-type: none"> • Special instructions/how to give 		
<ul style="list-style-type: none"> • Side effects 		
<ul style="list-style-type: none"> • Storage issue 		
<ul style="list-style-type: none"> • Assesses patient's readiness for regimen 		
<ul style="list-style-type: none"> • Reviews possible drug interactions 		
<ul style="list-style-type: none"> • Reviews with patient possible barriers to adherence (stigma, support system, work, living situation, travel to clinic to pick up medications, side effects, depression, etc.) 		
<ul style="list-style-type: none"> • Assists patient to identify possible barriers for their adherence 		
<ul style="list-style-type: none"> • Counsels patient to identify strategies to overcome barriers 		
<ul style="list-style-type: none"> • Documents treatment plan 		
<ul style="list-style-type: none"> • Gives information on drug names, dosing, frequency, food, and storage requirements 		
<ul style="list-style-type: none"> • Discusses potential side effects and a plan for response, including prescriptions 		
<ul style="list-style-type: none"> • Reviews logistics of filling and refilling prescriptions 		
<ul style="list-style-type: none"> • Makes plan for follow-up 		
<ul style="list-style-type: none"> • Schedules next appointment, discusses what should prompt an earlier visit 		
<ul style="list-style-type: none"> • Schedules support by other members of the healthcare team as appropriate (dietician, home visit, follow-up calls) 		
<ul style="list-style-type: none"> • Provides closure to adherence counselling session 		
<ul style="list-style-type: none"> • Asks patient to describe their treatment regimen, how to get refills, what to do if experiences side effects, when is next appointment, how to take meds, etc. 		



Social Grants

| Social Grants for Adults

Types of Social Grants for Adults

- Disability grant (DG)
- Grant for older persons
- Social relief of distress grant (SROD)

Disability Grant

The disability grant is given to people who are seriously disabled and, because of this, cannot find work. This may be due to a disability or illness like TB.

HIV and AIDS and Disability Grant

This grant is *only* for six months. If a person is unemployed but still fit for work, even though they have HIV or AIDS, the Department of Social Development will not automatically give them a social grant.

Grant for Older Persons

This grant is for elderly people who are now too old to work. It is available to all men and women who are 60 years or older.

Social Relief of Distress Grant

The SROD is for people who have already applied for a grant but are desperate and cannot survive until the grant comes through. The SROD is either given in food parcels or in cash depending on the province. It is given for a period of three months and is for temporary help only.

| Social Grants for Children

Birth registration is a requirement for receipt of a social grant for children.

Mothers must present an official ID document in order to register their baby's birth.

Types of Social Grants for Children

- Care dependency grant (CDG)
- Foster care grant (FCG)
- Child support grant

Care Dependency Grant

The CDG is for seriously disabled children under the age of 18 who need extra care. This grant is not given to everyone who is looking after a severely disabled child. The person's income is checked when deciding if the person can get the grant. This is called a means test. When they do this test, they will ask a lot of questions about how much money is earned by the family and if they own a house or a car, and so forth.

Foster Care Grant (FCG)

The Foster Care Grant (FCG) is for children who are not with their parents either because they have been abandoned or their parents have died.

The FCG is given to the family that temporarily cares for these children, not for poverty alleviation. The FCG is for children up to the age of 18 years. This can be extended up to the age of 21 years if the child is still at school.

Child Support Grant

The CSG helps to provide for the basic needs of South African children up to the age of 14 years whose parents or caregivers cannot support them because they do not have a job or they do not have money to care for their children. There are no special rules except that the parents or caregivers cannot be receiving any other money for the child (e.g., foster care grant) and cannot get assistance for more than six nonbiological children. (Nonbiological children are children who are not their own or who they are not related to.)



Child Abuse

| Warning Signs of Child Abuse and Neglect

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

Warning signs of emotional abuse in children:

- Child who is very quiet, scared, or worried about doing something wrong
- A child who listens very well (does exactly what you tell them to do immediately after you tell them to) or wants lots of attention, sits very quietly and does not want to do anything, or is very violent
- Child who seems not to be attached to the parent or caregiver
- Child who acts in a way that is out of place or wrong (e.g., rocking, thumb-sucking, having tantrums or bad moods)

Warning signs of physical abuse in children:

- Child has injuries often or unexplained bruises, welts, or cuts
- Child is always watchful and *on alert*, as if waiting for something bad to happen
- Injuries appear to have a pattern such as marks from a hand or belt
- Child does not like to be touched, moves backwards at sudden movements, or seems afraid to go home
- Child covers up injuries by wearing unsuitable clothing, such as long-sleeved shirts on hot days

Warning signs of neglect in children:

- Clothes do not fit the child (too big or small, dirty, or not suitable for the weather)
- Hygiene is consistently bad (e.g., does not wash the body, matted and unwashed hair, noticeable bad body smells)
- Illnesses and physical injuries are not treated
- Child is often left unsupervised (left alone) or allowed to play in unsafe situations and environments
- Child is late or missing from school often

Warning signs of sexual abuse in children:

- Child has a problem walking or sitting
- The child knows about and/or interest in sexual acts that are not right for their age, or even attracts attention using sexual behaviour
- Child makes strong efforts to avoid a specific person, without an obvious reason
- Child doesn't want to change clothes in front of others or take part in physical activities
- Child has a sexually transmitted infection or pregnancy when they are under the age of 18
- Child runs away from home

| Reporting Child Abuse

If you suspect a child is being abused, it is important to get the help they need. The law says that all healthcare workers have a duty to report any suspected child abuse to the police. This means that you should either call the South African police service on 10111, or go to the nearest police station.

| Helping an Abused Person

- *The key message is that the situation is not normal.* The victim does not deserve to be abused, and no one has the right to be physically or verbally violent to another.
- Tell the abused person that you care about them and that help is available.
- Let the person know that they have done the right thing by admitting there is a problem. It helps to say, "I am glad you told me; you have done the right thing."
- Do not push them for details.
- Let them know that this happens to other people.
- Let them know where they can get help (e.g., support and counselling, medical care, and protection against the abuser).
- Encourage the person to see a social worker, and if there has been physical violence, encourage the person to report the abuse to the police.
- If the person is feeling down and in need of some help to get through the tough situation, they may call Lifeline on their 24-hour Stop Gender Violence helpline 080 015 0150, or Childline South Africa 24 hours, 080 005 5555, for a child.



He who has **health** has hope,
and he who has hope has everything!





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