# Ethiopia's Urban Health Extension Program

## Reference Tools for Service Delivery

**For use by:**
**Urban Health Extension Professionals (UHE-ps)**

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# Purpose

The purpose of this reference tool is to help UHE-ps provide quality and standardized service to urban target population within health extension program.

This reference tool has the following objectives;

- To help UHE-ps comply with national standard health service provision;
- To help supervisors, city/town health offices, health center staffs and other stakeholders provide standardized on-site supportive supervision, coaching and mentoring to UHE-ps.

This reference tools are developed for use primarily by UHE-ps. In addition this tool can be used by UHE-p supervisors, city/town health office experts, health center staff and other stakeholders.

The tools provide flow charts, protocols, algorithms and standard operating procedures for quality service provision of HIV, TB, Nutrition, MNCH, Family planning and Reproductive Health and WASH services.

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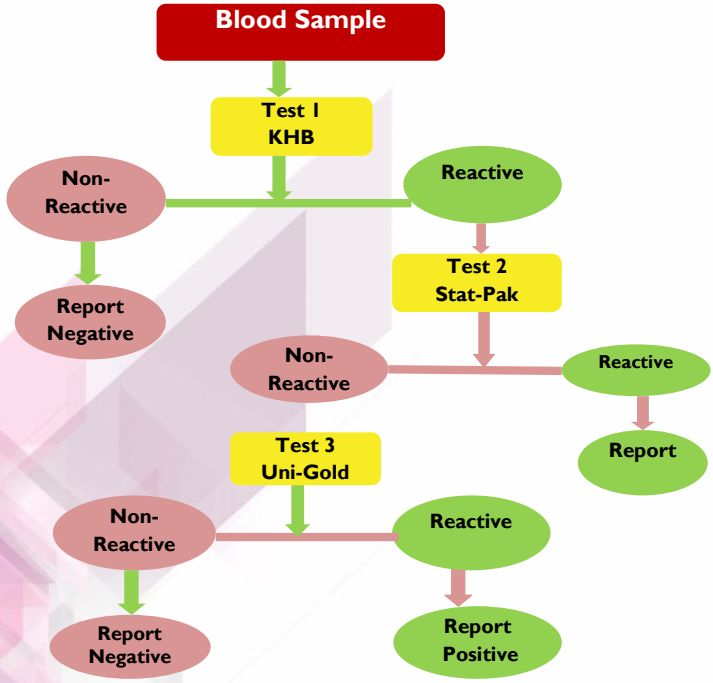
## List of Priority Populations for HIV Testing in Ethiopia

Based on vulnerability and risk of contracting HIV infection, the following priority populations are identified by the government of Ethiopia for free of charge HIV testing.

- Pregnant women
- Widowed
- Most at risk population : Female Sex Workers , daily laborers , truck drivers
- TB patients
- STI cases
- Discordant couples
- Orphans and vulnerable children
- Sexually active high school and university students
- HIV ex-posed children/contacts/ family index cases
- Adults or adolescent with medical indications or suggestive signs and symptoms of HIV
- Prisoners
- Uniformed Forces

## Algorithm for Rapid HIV Testing in Ethiopia



## A Tool for Targeting HIV Testing and Counseling (HTC) Services

This tool helps UHE-ps to assess and determine individual's exposure to and risk of HIV infection and accordingly be able to prepare the individual for HIV testing. The tool guides UHE-ps on how to undertake effective communication with the individual to undertake risk assessment.

## Instructions to use this tool

### 1. Rapport building

Building rapport includes maintaining eye contact with a client; mirror posturing (matching a client's posture) and emotional mirroring/understanding to gain a clients trust and confidence. Rapport makes UHE-ps and clients comfortable with each other to disclose sexuality or discuss HIV vulnerability issues.

### 2. Determine HIV exposure and targeting HTC

The HIV risk assessment is an interactive process, i.e. the UHE-ps is a "facilitator" to help develop awareness of how the person might have been at risk. It is critical that the person "owns" his/her assessment. This process takes the person through denial, fear, and a deep-seated self- perception of risk that may take time to be re-assessed. This assessment process may happen in more than one visit.

### 3. Before completing the interaction, make sure that you have done the following;

- Service provision at the house hold level (condom promotion & demonstration, home based counseling & Testing);
- Provide a referral slip to the client to go to a clinical and/ or social service;
- Schedule an appointment to come back and visit the client for follow up;
- Thank the individual/group for their willingness to take part in the risk assessment process;
- Praise the individual/group for there continues efforts to prevent themselves and other from infection.

## Tool to Assist UHE-Ps in Determining Possible HIV Exposure and Target HTC

| SN | Target population | Question | Yes | No | If 'yes', consider HTC for: |
|---|---|---|---|---|---|
| 1 | Questions about adolescents and adults | Is any person of reproductive age in the household widowed or divorced? | | | The widowed or divorced person |
| | | Are there women in the age category 15-24 years who ever had sex in the household? | | | Any women 15-24 years old who ever had sex |
| | | Is anyone in the household a truck driver or transport worker? | | | The transport worker and his/ her spouse |
| | | Has the person of reproductive age had a STI, particularly genital ulcers, during the past 5 years? | | | The transport worker and his/ her who have a history of STI |
| | | Does anyone in the household suffer from wasting or chronic diarrhea or TB? | | | Those members of the household who suffer from wasting or chronic diarrhea or TB |
| 2 | Questions about children | Does any child in the household suffer from recurrent/chronic diarrhea, or recurrent pneumonia, or TB, or persisting oropharyngeal candidiasis, or persisting fever? | | | Those children of the household who suffer from any of the mentioned problems<br><br>Refer the child to health centers |
| | | Are there any children under 5 in the household for which the mother did not receive HCT during pregnancy? (unknown exposure) | | | The mother and/or the child, to establish status of mother and exposure of the child |
| | | Are there any exposed children (from HIV positive mother) in the household who do not yet have a final diagnosis? | | | Refer child for appropriate PMTCT, ART eligibility, cotrimoxazole eligibility, follow- up, and final diagnosis |

## HIV Pre-test Counseling Protocol

This protocol provides UHE-ps a checklist to ensure that each pre-test counseling component are addressed/discussed with the client.

| Step 1: Introductions and Orientation to the Session | | 2-4 minutes |
|---|---|---|
| 1.1 | Introduce yourself to client | |
| 1.2 | Describe your role as UHE-p counselor | |
| 1.3 | Explain confidentiality | |
| 1.4 | Review the rapid test process with client | |
| 1.5 | Address immediate questions and concerns of the client | |

| Step 2: Assess Risk | | 6-7 minutes |
|---|---|---|
| 2.1 | Assess client's level of concern about having/acquiring HIV | |
| 2.2 | Explore most recent risk exposure/behavior - when? With whom? Under what | |
| 2.3 | Assess client's level of risk | |
| 2.4 | Assess pattern of risk | |
| 2.5 | Identify risk triggers, vulnerabilities and circumstances | |
| 2.6 | Assess partner's risk | |
| 2.7 | Assess communications with partners | |
| 2.8 | Assess for indicators of increased risk | |
| 2.9 | Summarize and reflect back client's story and risk issues | |

| Step 3: Explore Options for Reducing Risk | | 4-5 minutes |
|---|---|---|
| 3.1 | Explore triggers/situations which increase the likelihood of high risk behavior | |
| 3.2 | Place risk behavior in the larger context of client's life | |
| 3.3 | Review previous risk reduction attempts | |
| 3.4 | Assess condom skills | |
| 3.5 | Identify entire range of options for reducing risk | |
| 3.6 | Summarize risk reduction options/discussion | |

| Step 4: HIV Test Preparation | | 3-4 minutes |
|---|---|---|
| 4.1 | Discuss client's HIV test history and behavioral changes in response to results | |
| 4.2 | Discuss the client's understanding of the meaning of positive and negative HIV test results, and clarify if theme is misunderstanding? | |
| 4.3 | Assess client's readiness to be tested and receive the test results. | |
| 4.4 | Weigh and discuss the benefits of knowing your sero-status and preparing for the future. | |
| 4.5 | Determine client's test decision | |

## HIV Post-test Counseling Protocol: For Negative Test Result

This protocol provides UHE-ps a checklist to ensure that each of post-test counseling components for negative test results are addressed/discussed with the client.

| | | |
|---|---|---|
| **Step 1: Provide Negative HIV Test Result** | | **2-3 minutes** |
| **1.1** | Inform client that the test results are available | |
| **1.2** | Provide results clearly and simply (show the client his/her test result) | |
| **1.3** | Explore client's reaction to the test result | |
| **1.4** | Review meaning of the result | |
| **1.5** | Note the need to consider the test result in reference to most recent risk exposure | |
| **Step 2: Negotiate Risk Reduction Plan** | | **4-6 minutes** |
| **2.1** | Identify priority risk reduction behavior (s) that the client will be most motivated about or capable of changing. | |
| **2.2** | Identify a reasonable yet challenging incremental step toward changing the identified behavior | |
| **Step 3: Identify Support for Risk Reduction** | | **2-3 minutes** |
| **3.1** | Emphasize the importance of the client discussing with a trusted friend or relative the intention and content of the plan | |
| **3.2** | Establish a concrete and specific approach for the client to share the plan with his/her friend or relative | |
| **Step 4: Negotiate Disclosure and Partner Testing** | | **2-3 minutes** |
| **4.1** | Remind client that his/her results does not indicate partners' HIV status | |
| **4.2** | Explore client's feelings about telling partners about HIV negative test result | |
| **4.3** | Support client to encourage / refer partner for testing | |
| **4.4** | End session, provide the client with motivation and encouragement | |

## HIV Post-test Counseling Protocol: For Positive Test Result

This protocol provides UHE-ps a checklist to ensure that each of post-test counseling components for positive test results is addressed/ discussed with the client.

| | |
|---|---|
| **Step 1: Provide Positive Test Result** | **3-5 minutes** |
| **1.1** | Inform client that the test results are available. |
| **1.2** | Provide preliminary results clearly and simply |
| **1.3** | Review the meaning of the result |
| **1.4** | Allow the client time to absorb the meaning of the result |
| **1.5** | Explore client's understanding of the result |
| **1.6** | Acknowledge the challenges of dealing with an initial positive result |
| **1.7** | Discuss living positively |
| **Step 2: Identify Sources of Support and Provide Referrals** | **4-10 minutes** |
| **2.1** | Assess who client would like to tell about his/her positive test results |
| **2.2** | Identify person, family member, or friend to help the client through the process of dealing with HIV |
| **2.3** | Identify current health care resources |
| **2.4** | Address the need for health care providers to know client's test result |
| **2.5** | Explore client's access medical services |
| **2.6** | Identify needed medical referrals |
| **2.7** | Discuss situations in which the client may want to consider protecting his/her own confidentiality |
| **2.8** | Provide appropriate referrals |
| **Step 3: Negotiate Disclosure and Partner Testing** | |
| **3.1** | Remind client that his/her result does not indicate the partner's HIV status |
| **3.2** | Explore client's feelings about telling partners about his/her HIV positive test |
| **3.3** | Identify partners that are at risk and need to be informed of their risk for HIV |
| **3.4** | Discuss possible approaches to disclosure of sero-status to partners |
| **3.5** | Anticipate potential partner reactions |
| **3.6** | Support client to refer partner for testing |
| **3.7** | Practice and role-play different approaches to disclosure |
| **3.8** | Provide the client with support |
| **Step 4: Address Risk Reduction Issues** | |
| **4.1** | Assess client's plan to reduce risk of transmission to current partners |
| **4.2** | Explore client's plan for reducing the risk of transmission to future partners |
| **4.3** | Address disclosure of HIV status to future partners |
| **4.4** | Encourage the client to protect others from HIV |

# Protocol to Develop Nutrition Care Plan for the Management of Malnutrition among Adult living with HIV

This protocol aims to help UHE-ps assess the nutritional status of adults living with HIV, classify nutritional status and develop nutrition care plan based on the classification.

| ASSESS<br>PLAN HISTORY | LOOK AND FEEL | CRITERIA | CLASSIFICATION | TREATMENT |
|---|---|---|---|---|
| Refer to records (or if needed ask to determine the following)<br>1. Has the client lost weight in the past month or since the past visit?<br>2. Has the client had:<br>▪ Active TB or is on treatment for it?<br>▪ Diarrhoea for more than 14 days?<br>▪ Other chronic OIs or malignancies? (e.g., esophageal infections)<br>▪ Mouth soars or oral thrush<br>3. Has the client had noticeable charges in his/her body composition, specially his/her fat distribution?<br>▪ Thinning of limbs and face<br>▪ Change in fat distribution on the limbs, breasts, stomach region, back or shoulders?<br>4. Has the client experienced the following?<br>▪ Nausea and/or vomiting?<br>▪ Persistent fatigue?<br>▪ Poor appetite | 1. Check for edema on both feet and sacrum. In adults, rule out other causes of symmetrical edema (e.g., pre-eclampsia, severe proteinuria [nephrotic syndrome], nephritis, acute filariasis, heart failure, wet beri-beri)<br>2. Measure weight (kg) and height (cm).<br>3. Compute BMI (adults)<br>4. Measure MUAC (pregnant and post-partum women and/or adults who cannot stand straight)<br>5. Examine for conditions that cause secondary malnutrition (see above and in "History")<br>6. Examine/observe for complications and danger signs:<br>▪ Severe anemia (paleness, pallor of the palms)<br>▪ Severe dehydration<br>▪ Active TB<br>▪ Bilateral severe | **Bilateral pitting edema**<br>**Adults (non-pregnant/post-partum)**<br>BMI < 16 kg2 m<br>If BMI cannot be measured, use MUAC cut-off below )<br>**Pregnant/post partum women**<br>MUAC < 180 mm | SEVERE/MODERATE malnutrition with complications<br>If client has any of the danger signs or severe edema (e.g., severe dehydration, poor appetite, bilateral edema)<br>Acute malnutrition without complication | Admit or refer for inpatient care.<br>NUTRITION CARE PLAN A (RED) |
| | | **Adults (non pregnant/post-partum)**<br>BMI 16 – 16.99 Moderate<br>BMI 17 – 18.49<br>(If BMI cannot be measured, use MUAC cut-off below)<br>**Pregnant/post-partum women**<br>MUAC 180 – 210 mm | MODERATE MALNUTRITION | NUTRITION CARE PLAN B (YELLOW) |
| | | **Regardless of BMI or MUAC:**<br>Confirmed unintentional weight loss of > 5% since the last visit<br>Reported weight loss: e.g., loose clothing which used to fit | SIGNIFICANT WEIGHT LOSS | |
| | | **Regardless of BMI or MUAC:**<br>Chronic lung disease<br>TB<br>Persistent diarrhea<br>Other chronic OI or malignancy | Sighs of SYMPTOMATIC DISEASE | |
| | | Adults (non pregnant/post-partum)<br>BMI ≥ 18.5<br>(if BMI not possible, use MUAC)<br>Pregnant/post-partum women<br>MUAC ≥ 210 mm<br>In the absence of signs of symptomatic disease and significant weight loss | NORMAL | NUTRITION CARE PLAN C (GREEN) |

## Screening Questions to Identify TB Suspect Cases

The purpose of this tool is to help UHE-ps identify and refer TB suspect cases by asking the following screening questions.

| Screening question to identify suspected TB cases Question: | | | |
|---|---|---|---|
| S.N | | Yes | No |
| 1 | Has an individual had a cough for > 2 weeks? | | |
| 2 | Has an individual has blood stained sputum? | | |
| 3 | Has the individual had chest pain? | | |
| 4 | Has the individual had fevers for >2 weeks? | | |
| 5 | Has the individual had loss of appetite? | | |
| 6 | Has the individual had an observed weight loss? | | |
| 7 | Has the individual has night sweats for >2 weeks? | | |
| 8 | Has the patient in close contact with someone with TB in the past year? | | |

**Interpretation of result:**

1. If the 'YES' to question 1, the individual is a pulmonary TB suspect. Regardless of 'Yes' answers to the other questions, refer the patient to health facility for TB evaluation. If an individual has a cough of less than two weeks and shows with any of the other symptoms, refer the individual to health facility for TB evaluation

Source: *FMOH Tuberculoses, leprosy, and TB/HIV prevention and control program manual, 2012.*

## Screening Questions to Identify TB in HIV Positives (Adults & Adolescents)

The purpose of this tool is to guide UHE-ps identify and refer TB in HIV positive adults and adolescents individuals by asking the following TB screening questions. Ask every HIV POSITIVES these screening questions.

| Screening Questions to Identify TB In HIV Positives (Adults & Adolescents) | | | |
|---|---|---|---|
| S.N | Question | Yes | No |
| 1. | Do you have cough currently? (current cough = within the last 24 hours) | | |
| 2. | Do you have fever? | | |
| 3. | Have you lost weight? | | |
| 4. | Do you have night sweats? | | |

**Interpretation of result:**

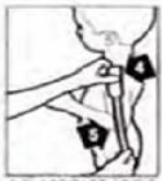
1. If response is 'YES' to any one of the above questions, the individual is a TB suspect (screened positive) and should be referred to the health facility for TB evaluation.
2. If the response is 'NO' to all four questions, the individual is not TB suspect (screened negative). Please re-screen the individual after 3-6 months.

Source: *FMOH Tuberculoses, Leprosy, and TB/HIV prevention and control program manual, 2012.*

# Procedure on how to measure Middle Upper Arm

**1. Locate tip of shoulder**

**2. Tip of shoulder**
**3. Tip of elbow**



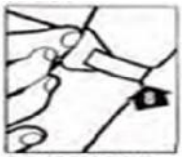
**4. Place tape at tip of shoulder**
**5. Pull tape past tip of bent elbow**

**6. Mark midpoint**

*Estimate the midpoint of the left upper arm.*

*Ask the mother to remove any clothing that may cover the child's left arm. If possible, the child should stand erect and sideways to the measurer.*

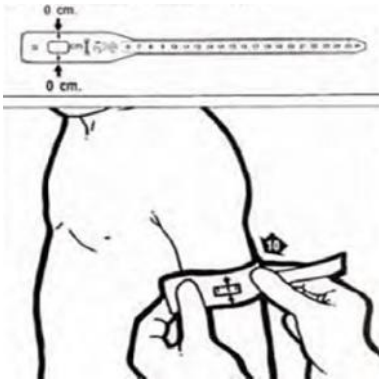
*Straighten the child's arm and wrap the tape around the arm at the midpoint. Make sure the numbers are right side up. Make sure the tape is flat around the skin.*



**8. Tape too tight**

*Inspect the tension of the tape on the child's arm. Make sure the tape has the proper tension and is not too tight or too loose (arrows 8 and 9). Repeat any step as necessary.*

**ARM CIRCUMFERENCE "INSERTION" TAPE**




**10. When the tape is in the correct position on the arm with correct tension read the measurement to the nearest 0.1 cm.**

**Immediately record the measurement**

**INTERPRETATION**

| Target Groups | MUAC (in cm) | Malnutrition |
|---|---|---|
| Children under five | 11–11.9 | Moderate acute malnutrition (MAM) |
| | < 11 cm | Severe acute malnutrition(SAM) |
| Pregnant women/adults | 17–21 cm | Moderate malnutrition |
| | 18–21 cm with recent weight loss | |
| | < 17 cm | Severe malnutrition |
| | < 18 cm with recent weight loss | |



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# Procedure to Calculate Body Mass Index (BMI)

The purpose of this tool is guide UHE-ps on how to calculate BMI, interpret the result by using the BMI chart on the next page and provide relevant nutritional counseling and referral.

**NOTE: DO NOT USE BMI FOR PREGNANT WOMEN. USE MUAC INSTEAD.**

**Step 1: Measure Weight**

- Make sure the scale pointer is at zero before starting.
- Ask the patient to remove any heavy clothes.
- Ask the patient to stand straight and unassisted in the middle of the scale.
- Record weight to the nearest 0.1 kg.

**Step 2: Measure Height**

- Ask the patient to remove her/his shoes and stand erect (knees straight and feet together), with heels, buttocks, shoulder blades, and back of head against the wall, eyes facing straight forward.
- Record height to the nearest 0.5 cm.

**Step 3: Convert Weight and Height to BMI**

- Convert centimeters to meters (1 m = 100 cm).
- Calculate BMI using the chart on the following page by identifying where weight and height intersect. For example, if the patient weighs 60 kg and is158 cm tall, her BMI is 24.

**Step 4: provide relevant nutritional counseling and referral**

- If BMI is below 18.5 or above 30, then refer the individual to health and social service providers.
- Provide relevant nutritional counseling as needed based on the BMI result.

# Body Mass Index (BMI) Chart

**Directions:** Find your weight in kilograms(or pounds) along the top of the table and your height in meters (or ft and inches) along the left hand side. Your BMI is the value at the point in the table where they interest

**NB: The chart does not apply to athletes, children, pregnant or lactating women.**

| Wt (Kg) | 45.5 | 47.5 | 50.0 | 52.3 | 54.5 | 57.0 | 59.1 | 61.4 | 63.6 | 65.9 | 68.2 | 70.5 | 72.7 | 75.0 | 77.3 | 79.5 | 81.8 | 84.1 | 86.4 | 88.6 | 90.9 | 93.2 | 95.5 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Ht (m) | | | | | | | | | | | | | | | | | | | | | | | |
| 1.52 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 |
| 1.55 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 36 | 37 | 38 | 39 |
| 1.57 | 18 | 19 | 20 | 21 | 22 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 33 | 34 | 35 | 36 | 37 | 38 |
| 1.60 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 32 | 33 | 34 | 35 | 36 | 37 |
| 1.63 | 17 | 18 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 31 | 32 | 33 | 34 | 35 | 36 |
| 1.65 | 16 | 17 | 18 | 19 | 20 | 20 | 21 | 22 | 23 | 24 | 25 | 25 | 26 | 27 | 28 | 29 | 30 | 30 | 31 | 32 | 33 | 34 | 35 |
| 1.68 | 16 | 17 | 17 | 18 | 19 | 20 | 21 | 21 | 22 | 23 | 24 | 25 | 25 | 26 | 27 | 28 | 29 | 29 | 30 | 31 | 32 | 33 | 34 |
| 1.70 | 15 | 16 | 17 | 18 | 18 | 19 | 20 | 21 | 22 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 29 | 29 | 30 | 31 | 32 | 33 |
| 1.73 | 15 | 16 | 16 | 17 | 18 | 19 | 19 | 20 | 21 | 22 | 22 | 23 | 24 | 25 | 25 | 26 | 27 | 28 | 28 | 29 | 30 | 31 | 32 |
| 1.75 | 14 | 15 | 16 | 17 | 17 | 18 | 19 | 20 | 20 | 21 | 22 | 22 | 23 | 24 | 25 | 25 | 26 | 27 | 28 | 28 | 29 | 30 | 31 |
| 1.78 | 14 | 15 | 15 | 16 | 17 | 18 | 18 | 19 | 20 | 20 | 21 | 22 | 23 | 23 | 24 | 25 | 25 | 26 | 27 | 28 | 28 | 29 | 30 |
| 1.80 | 14 | 14 | 15 | 16 | 16 | 17 | 18 | 18 | 19 | 20 | 21 | 21 | 22 | 23 | 23 | 24 | 25 | 25 | 26 | 27 | 28 | 28 | 29 |
| 1.83 | 13 | 14 | 14 | 15 | 16 | 17 | 17 | 18 | 19 | 19 | 20 | 21 | 21 | 22 | 23 | 23 | 24 | 25 | 25 | 26 | 27 | 27 | 28 |
| 1.85 | 13 | 13 | 14 | 15 | 15 | 16 | 17 | 17 | 18 | 19 | 19 | 20 | 21 | 21 | 22 | 23 | 23 | 24 | 25 | 25 | 26 | 27 | 27 |
| 1.88 | 12 | 13 | 14 | 14 | 15 | 16 | 16 | 17 | 18 | 18 | 19 | 19 | 20 | 21 | 21 | 22 | 23 | 23 | 24 | 25 | 25 | 26 | 27 |
| 1.91 | 12 | 13 | 13 | 14 | 15 | 15 | 16 | 16 | 17 | 18 | 18 | 19 | 20 | 20 | 21 | 21 | 22 | 23 | 23 | 24 | 25 | 25 | 26 |
| 1.93 | 12 | 12 | 13 | 14 | 14 | 15 | 15 | 16 | 17 | 17 | 18 | 18 | 19 | 20 | 20 | 21 | 22 | 22 | 23 | 23 | 24 | 25 | 25 |

**Underweight (BMI <18.5)**

**Healthy weight (BMI 18.5-24.9)**

**Over weight (BMI 25.0-29.9)**

**Obese (BMI 30.0-39.9)**

**Extremely obese (BMI 40 or above)**

*Source: Blended manual for health extension workers, Federal Ministry of Health with Open University*

## Pregnant Mothers Counseling Tool

This checklist ensures that UHE-ps provide standardized pregnant women counseling by applying GATHER counseling procedure. The checklist will help the UHE-ps to:-

1. Properly greet (G) and introduce the purpose of the visit to ensure that the client discuss well about her health;
2. Ask (A) probing questions , to make client focused discussion;
3. Tell (T) gestational related danger sign and information ;
4. Ensure client's understanding of what has been discussed (H), and enable the client to explain what has been discussed in her own word (E) and;
5. Inform about the return/next visit (R).

| Greet | Did you: |
|---|---|

- Greet pregnant woman using the local appropriate language
- Discuss in a comfortable and private place.
- Assure the pregnant woman of Confidentiality .
- Express caring and acceptance by words and gestures throughout the home visit?
- Explain what to expect?

| Ask | Did you: |
|---|---|

- Ask the pregnant woman's about her health?
- Encourage the pregnant woman to do two-thirds of the talking?
- Ask mostly 'open' questions?
- Pay attention to both what the client said and how it was said?
- Put yourself in the woman's shoes — expressing understanding of what she said without criticism or judgment?
- Ask about the pregnant woman's feelings?
- Ask about her preferences?

| Help | Did you: |
|---|---|

- Start the discussion focusing on the pregnant woman's preference(s)?
- Discuss the danger symptoms of pregnancy in relation to the gestational age?
- Give information about danger symptoms of pregnancy to help her make her own decisions?
- Avoid 'information overload'?
- Use words familiar to the client?
- Discuss the advantages of early reporting if she encountered danger symptoms during pregnancy?

| Tell | Did you: |
|---|---|

- Let the pregnant women know that the decision is hers?
- Help the pregnant women be able to realize common danger symptoms?
- Help her think over the consequences for her own or her baby's life?
- Advise the pregnant women without controlling and frustrating?
- Let the pregnant women decide?
- Make sure the pregnant women's choices are based on accurate understanding?
- List any medical, social, cultural or religious reasons for making a different decision – probably different from what you might like to achieve?

**Explain** **Did you:**

- Provide what the client needs, if there is no medical reason not to?
- Help her to explain in her own words how much she understands each of the danger symptoms of pregnancy?
- Explain using printed instructions, pictures and diagrams?

**Return** **Did you:**

- Plan when the next visit should be?
- Discuss with the pregnant woman if her husband or partner could be available for the next home visit?
- Assure her that it is her full right to go to any other health facility at any time?
- Thank the pregnant woman and encourage for antenatal care?

Source: *Blended manual for health extension workers, Federal Ministry of Health with Open University.*

## A Tool For Providing Postnatal Care (PNC)

This tool will help the UHE-ps undertake home based PNC service to the new born baby and new born mother. The tool used to discuss core health issues that should be discussed by UHE-ps to assess the health status and the care for the new born baby and mother. The UHE-ps should undertake at least four round of PNC visit though 6th weeks after birth (within 24 hours of the birth, on the third day, on the seventh day and at the sixth weeks).

### I. Initial Visit: NEW BORN BABY

The tool guide the UHE-ps undertakes the PNC for newborn mother.

| Ask and check | Action taken |
|---|---|
| **Identification of general danger signs** | |
| ▪ If the new born has difficulty of feeding or unable to feed<br>▪ Ask and check for sign of convulsion or convulsing now<br>▪ Ask and check whether the new born is lethargic or unconscious and if movement only when stimulated?<br>▪ If there is an observed fast breathing (the normal breathing in anew born is 40-60 breaths per minute) and assess if there is severe lower chest in-drawing.<br>▪ Does the baby seem too hot, or too cool? Take body temperature (Fever if the boy temperature is ≥ 37.5ºC and Hypothermia if ≤ 35.5ºC) | If there is any one of these danger signs, classify as:<br>POSSIBLE SERIOUS INFECTION<br>Refer URGENTLY to hospital or health centre. Keep the newborn baby warm and give him or her breast milk on the way. |
| ▪ Ask the mother if she noticed yellowish discoloration of the skin before 24 hours of age.<br>▪ Check if the palms of the hand and soles of the feet for yellow discoloration.<br>▪ Ask and check if there is swelling of the eyes or eye discharge<br>▪ Ask and check if the umbilicus is draining pus<br>▪ More than 10 pustules are found on the skin | If there is any one of these danger signs, classify as: POSSIBLE INFECTION OR JAUNDICE<br>Refer URGENTLY to hospital or health centre<br>Keep the newborn baby warm and give him or her breast milk on the way. |
| ▪ None of the above | NORMAL BABY<br>Breastfeeding and care to prevent infection and keep the baby warm. |

### II. Re-visit: NEWBORN BABY

Care during RE-VISIT: On the 3rd, 7th days and on the 6th week after delivery

| Ask and check | Action taken |
|---|---|
| ▪ Assess for danger signs | Act accordingly |
| ▪ Encouraging exclusive breast feeding | |
| ▪ Advise to hand wash before touching and caring the baby and to keep the baby's hygiene. | |
| ▪ Follow up immunization | Remind to immunization |

### III. Initial Visit: New Born Mothers

This tool guides the UHE-ps to undertake PNC for newborn mothers.

| Assess and check the mother | Things to look or Action to be taken |
|---|---|
| **Identification of general danger signs** | |
| Check the vital signs | • Check for vital sign; Check for hypertension, fever, and pulse<br>• Refer to health facility if the hypertension rose. |
| Assess the postnatal mother for danger signs | • Check for heavy bleeding (hemorrhage)<br>• Check the mother's genitals for tears and other problems<br>• Check if for infection (urinary tract or wound infection)<br>• Any amount of active vaginal bleeding after 24hours of delivery referred. |
| **Support for maternal nutrition** | |
| Counseling on postnatal nutrition | • To eat and drink in the first few hours<br>• Advised to take at least one or two additional meals every day<br>• The benefit of using iodized salt How to prevent vitamin A and iron deficiency?<br>• Provide vitamin A supplement and iron and folate tablet |
| **Emotional support for the mother** | |
| Assess the emotional stability and interest the mother for her baby? | • Encourage the father and family members to support and care for the new born mother<br>• Refer to the health facility if there is a sign of depression. |
| **Establishing optimum breastfeeding** | |
| Discuss the benefit of breast feeding | • Breast feeding within the first hour of delivery<br>• To feed the newborn with colostrums<br>• To breast feed the child until the age of 2 years.<br>• If a child gets sick and has a poor appetite, encourage the mother to breastfeed more frequently |
| Does the mother have any problems with breast feeding?<br>If yes, | • Check the mother for cracked nipples, or heat in the breast (mastitis or an abscess)<br>• Provide for anti pain and encourage her to keep breast feeding |
| Discuss about four signs of good positioning: | To begin with, the mother should sit comfortably.<br>• With the newborn's head and body straight<br>• Facing her breast, with baby's nose opposite her nipple<br>• With the new born's body close to her body<br>• Supporting the baby's whole body, not just the neck and shoulders. |

## IV. Re-visits- NEW BORN MOTHERS

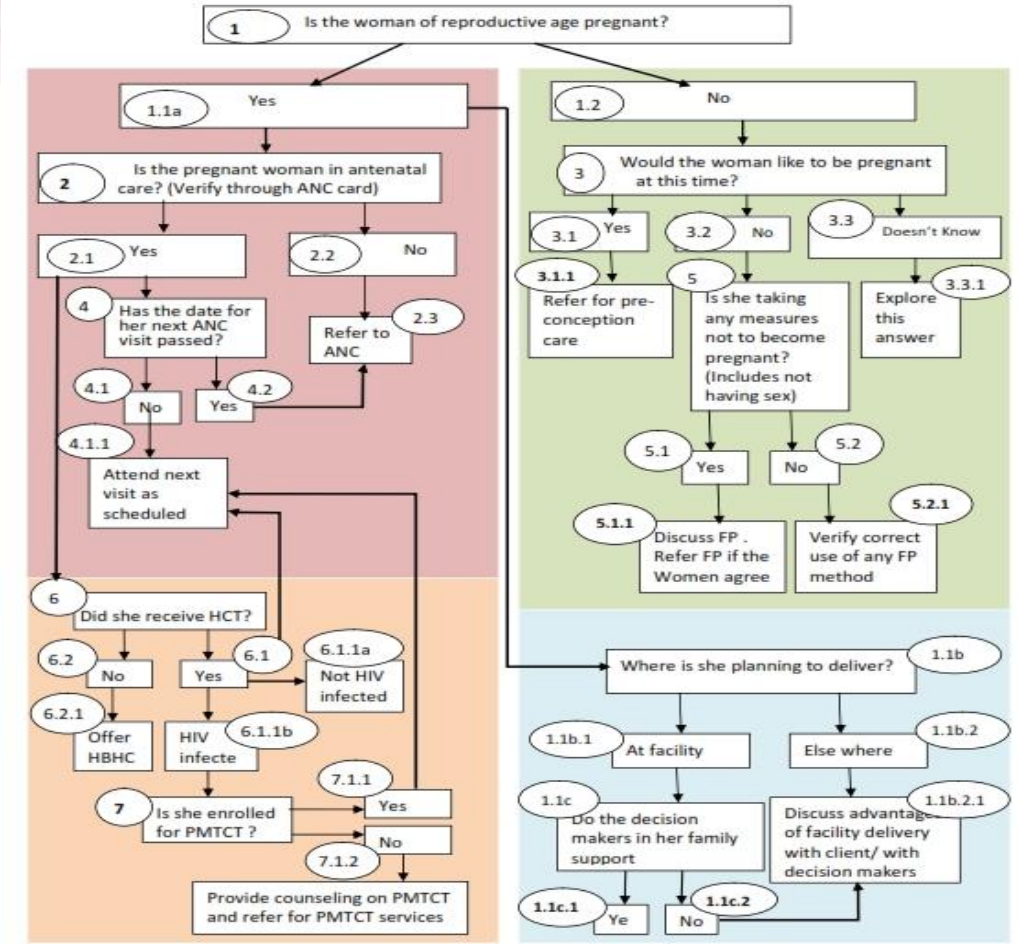
Care during Re-Visit: on the 3rd, 7th days and on the 6th week after delivery

| Assess and check | Action |
|---|---|
| | danger signs |
| heck the mother's vital signs | ▪ In every visit check for vital sign |
| Assess and check the postnatal mother | ▪ If she has fever, convulsion, foul smelling vaginal discharge - Refer to the health facility |
| **Hygiene and infection** | |
| Discuss about personal hygiene | ▪ Do the mother and baby look clean and well? Is the room clean and well |
| Discuss if any harmful traditional practices following | ▪ If yes, check the baby for any signs of tetanus (e.g. muscle spasms) |
| **Support for family** | |
| Discuss about family planning choice | ▪ Discuss the various option of FP<br>▪ Provide FP method if the choice method is available. If not , referred to the health facilities |
| **Immunization** | |
| Discuss with the mother about immunization | ▪ The benefit and schedule of the immunization<br>▪ Check if she finished her TT vaccines Encourage to visit the health facility |

Source: *Blended manual for health extension workers, Federal Ministry of Health with Open University*

# Reproductive Health Need Assessment Tool

The tool is used to guide UHE-ps in discussing and identifying the Reproductive Health (RH) service need of women -. The tool illustrates potentials option for health needs and option for RH services that should be provided to the women on the needs and preference of the client.



# Family Planning (FP) Counseling Steps for New Client

The purpose of this tool is to guide UHE-ps undertake counseling for FP on new clients. This tool entails steps on rapport building (R) with new clients, to explore (E) FP need, to guide decision making (D) on FP methods and on implementation (I) of chosen FP method; (REDI).

| | |
|---|---|
| **R – RAPPORT BUILDING** | |
| Greeting clients with respect | Welcome the client: offer a seat; introduce yourself |
| Make introduction | Tell your name to the client and ask client's name |
| Assure confidentiality and privacy | Affirm to the client that the subject would not be disclosed to any other person unless she/he want to;<br>ensure that there is nobody else listening to the talk and looking at the procedure |
| Explain the need to talk about sensitive issues | Explain the need to ask personal and sometimes sensitive questions |
| **E - EXPLORE** | |
| Ask the reason for visit | About previous FP method use, whether she has already decided on amethod, what s/he knows about FP methods |
| Explore client's knowledge about FP method/sand fill the knowledge gaps | Ask what she/he knows about the types of contraception and provide information based on the gap about how to use, effectiveness, advantages, disadvantages and complications, protection against ST/HIV |
| Ask reproductive history and fertility plan | Pregnancy history and outcomes, numbers and age of child. Whether s/he wants more children, if she wants contraception, the nature of contraceptive protection desired (Duration, hormone/non-hormone, etc) |
| Explore client's circumstances and relationships | Partner/spouse/family involvement and support for contraceptive use with particular emphasis on method(s) of interest, ability to communicate with the partner about FP decisions, history of violence and/or rape; other factors (soci-economic) that may influence contraceptive use, or use of method(s) of interest. |
| Explore issues related to sexual life | Questions/concerns/problems client has about sexual relation/practice; nature of sexual relationships (frequency, regularity) that may affect contraceptive choice and use whenever important. |
| Ask about STI/HIV knowledge/ history and help to perceive risks | Ask about knowledge, history of STI, any sign and symptom on the client/partner perceived risk of STI/HIV and explain the advantage of dual protection to reduce risk. |
| Rule out pregnancy | Ask about date of last birth, Breast feeding practice, last menstrual period and menstrual pattern, history of unprotected sex, recent abortion/ miscarriage etc |
| Screen client for possible medical conditions | Ask whether client has any known or suspected health problem, cardiovascular (including high blood pressure), liver, reproductive cancer, bleeding/spotting between periods/after sex, severe anemia, etc. |
| **D- DECISION MAKING** | |
| Help clients consider or remind thefollowing before making decision | 1. Eligibility<br>2. Side effect tolerance<br>3. STI/HIV risk protection<br>4. Potential barriers |
| Encourage to make her/his own decision | Reconfirm it is her/his choice, confirm that the decision is voluntary |
| **I – IMPLEMENTATION** | |
| Explain how to use method | When to start, how to use, and where to obtain the method, S/E and their Mx.; warning signs, explain the procedure if there is one |
| Identify barriers to implement decision & develop strategies to overcome barriers | Consider barriers like S/E, partner relation, cost and availability of method and deal with them like what to do with S/E, role of emergency contraceptive, options to switch, negotiation with partner, etc and provide written information (if any) |
| Make a follow-up plan | Timing of medical follow up or supply ensure that the client understood all information, remind the client to return or call whenever s/he has questions, concerns or problems |

## Family Planning (FP) Counseling Steps for Users of Modern FP Methods with Problems

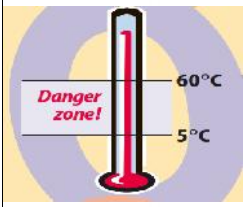
The purpose of this tool is to guide UHE-ps undertake counseling for FP for users of modern FP Methods with problems. This tool entails steps on rapport building (R) with returning clients with problem , to explore (E) problems related to current use of FP method, to guide decision making (D) on continuation or switching FP methods and on implementation (I) of decision made; (REDI).

| | |
|---|---|
| **R – RAPPORT BUILDING** | |
| Greeting clients with respect | Welcome the client: offer a seat |
| **E – EXPLORE** | |
| Ask the purpose for visit | Returning client with no problem or with problem |
| Ask about satisfaction with current method | Check if client has any questions/concerns/problems, especially regarding side effects |
| Confirm correct method use | Ask the client to describe how she is using the method |
| Ask about changes in circumstances and sexual life: new medical conditions | Ask if she has any health problems recently. If she has changed partner, concerns that she might be exposed to STI/HIV(ask about dual method use)since last visit; |
| If there is dissatisfaction, explore the reason and discuss for solution | Side effects (managing side effects or switching to another method)<br>▪ Incorrect method use (discuss how to use method and backup method correctly)<br>▪ Suspected pregnancy (ask about client's and her partner's reaction to possible pregnancy, explain screening/testing are negative to be done):discuss method options if pregnancy screening/tests are negative and options if result positive (e.g. ECP, if appropriate)<br>▪ Warning signs (explain screening/other exams, test and treatment to be done and referral as needed)<br>▪ Change individual STI/HIV risk (help perceive her risk, dual method use)<br>▪ Lack of partner or family support to use the method(discuss possible communication and other strategies that can help client continue with method) |
| **D– DECISION MAKING** | |
| Identify what decisions the client needs to confirm or make | Continue with current method, switching to another method, discontinuing FP method, STI/HIV risk reduction/dual protection, complying with the treatment |
| Encourage to make her/his own decision | Reconfirm it is her/his choice, confirm that the decision is voluntary |
| **I – IMPLEMENTATION** | |
| Help the client in implementing the decision:<br>- Continue current method<br>- Switch to another method<br>- Discontinue the method | ▪ Help deal with the side effects<br>▪ Provide the information and skills (especially for condoms)<br>▪ Help to get services they need or refer (pre-conception or antenatal care)<br>▪ For clients wanted removal of implant or IUCD, explain removal procedure and respond to question. |
| Make a follow-up plan | Timing of medical follow up or supply ensure that the client understood all information, remind the client to return or call whenever s/he has questions, concerns or problems |

Source: *National guideline for family planning services in Ethiopia, February 2011*

# Guide for Counseling on Food Safety and Hygiene

The purpose of this tool is to guide UHE-ps undertake counseling for community members to enable them ensure food safety and hygiene. This counseling guide entails the five key elements of food safety and hygiene; keep clean, separate raw and cooked, cook thoroughly, keep food on safe temperature and use safe water and raw materials.

| | 1. Keep Clean | Why? |
|---|---|---|
|  | ✓ Wash your hands before handling food and often during food preparation.<br>✓ Wash your hands after going to the toilet.<br>✓ Wash and sanitize all surfaces and equipment used for food preparation.<br>✓ Protect kitchen areas and food from insects, pests and other animals. | While some microorganisms cannot cause diseases, dangerous microorganisms are widely found in soil, water, animals and people.<br>These microorganisms are carried on hands, wiping clothes and utensils, especially cutting boards and the slightest contact can transfer them to food and cause food born diseases. |
| | **2. Separate raw and cooked** | **Why?** |
|  | ✓ Separate raw meat, poultry and seafood from other foods.<br>✓ Use separate equipment and utensils such as knifes and cutting boards for holding raw foods.<br>✓ Store food in containers to avoid contacts between raw and prepared foods. | Raw food, especially meat poultry and seafood and their juices can contain dangerous microorganisms which may be transferred onto other foods during food preparation and storage. |
| | **3. Cook thoroughly** | **Why?** |
|  | ✓ Cook food thoroughly, especially meat, poultry, eggs and seafood.<br>✓ Bring foods like soups and stews to boiling to make sure that they have reached 70 0c.<br>✓ For meat and poultry, make sure that juices are clean not pink. Ideally use a thermometer.<br>✓ Reheat cooked food thoroughly. | Proper cooking kills almost all dangerous microorganisms. Studies have shown that cooking food to a temperature of 70oc can help ensure it is safe for consumption. foods that require special attention include minced meats, rolled roasts, large joints of meat and whole poultry |
| | **4. Keep food at safe temperature** | **Why?** |
|  | ✓ Do not leave cooked food at room temperature for more than 2 hours<br>✓ Refrigerator promptly all cooked and perishable food (preferably below 5oc)<br>✓ Kkep cooked food piping hot (more than 600C) prior to serving<br>✓ Do not store food too long even in the refrigerator<br>✓ Do not thaw frozen food at room temperature | Microorganisms can multiply very quickly if food is stored at room temperature. by holding at room temperature below 50c or above 60oc, the growth of microorganisms is slowed down or stopped. Some dangerous microorganisms still grow below 5oc. |
| | **5. Use Safe Water and raw materials** | **Why?** |
|  | ✓ Use safe water or treat it to make it safe<br>✓ Select fresh and wholesome food items<br>✓ Choose foods processed for safety, such as pasteurized milks<br>✓ Wash fruits and vegetables with safe water especially if eaten raw<br>✓ Do not use food beyond its expiry date | Raw materials including water and ice may be contaminated with dangerous microorganisms and chemicals. Toxic chemicals may be formed in damaged and moldy foods. Care in selection of raw materials and simple measures such as washing and peeling may reduce the risk. |

## Practical Guide on Hand Washing

The purpose of this tool is to guide UHE-ps demonstrate hand washing practices by emphasizing on critical times for hand washing.


*Source: USAID/HIP: How to Integrate WASH into HIV Programs, 2010*

**Critical times for hand washing**

Think of all the things we do at home, when should we be washing our hands?

- Before preparing food or cooking
- Before eating or feeding another person
- After defecation
- After cleaning a baby's bottom or changing a nappy
- After cleaning up vomit, urine or feces

*Source: USAID WASH and Nutrition external webinar Note, 2015*

## Hygiene and Sanitation Ladder

The purpose of this tool is to guide UHE-ps under take counseling for community' members to identify their status on the ladders of three key hygiene and sanitation behaviors; proper feces management, hand washing with soap and proper household water management. This tool will help the community to indentify key doable actions to move their status to the next ladder level with the support of UHE-ps.

- Pour or flush latrine
- Bio latrine
- Urine Diversion Ecological sanitation
- Twin vault composting latrine – Fossa alterna
- Ventilated Improved Pit latrine
- TPL upgraded with concrete slab
- Traditional pit latrine _TPL with local slab

**Minimum standard**

- Cat's method- trench latrine
- Designated place for defection
- Open Defecation
  - Young children in compound
  - Defecation in the open – indiscriminate

Feces disposal latrine ladder

- Chlorination and closed container with tap
- Chlorination and stored in covered container/dipper stored off floor /table
- Water treated by boiling or sun light and stored in covered container/dipper stored off floor/table
- Covered container and two cups for pouring, and drinking.

**Minimum standard**

- Bucket - one cup for dipping
- Uncovered bucket

Household water treatment and safe handling ladder

- Hand washing facility with running taps at key locations ; latrine and kitchen with soap/ash
- Hand washing facility with tippy tap at key locations; latrine and kitchen with soap/ash
- Hand washing facility with running taps with soap/ash
- Hand washing facility with water container and tap at key locations latrine and kitchen with soap/ash
- Hand washing facility with water container with tap and soap/ash
- Hand washing facility with water container to dipping/rinsing with soap/ash

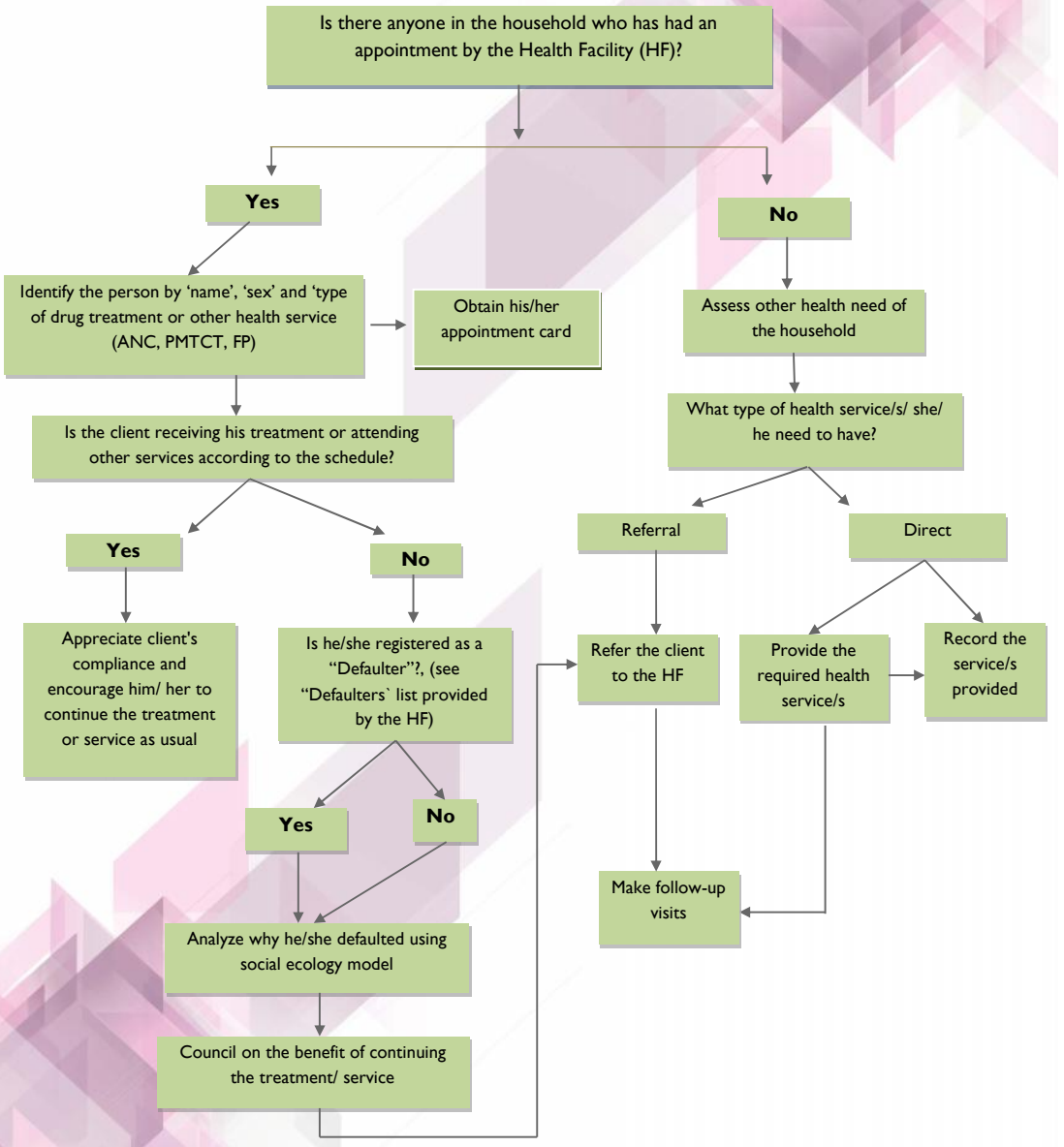
**Minimum standard**

- Hand washing facility with bowl for dipping/ rinsing hands
- No hand washing facility

Hand washing facility ladder

## Defaulter Tracing Tool for UHEP

The defaulter tracing tool helps to guide the UHE-ps how to trace and link the patient who default/ interrupt/ the treatment/ health care service. The UHE-ps assess and identify defaulter cases; individuals interrupt the treatment or health care service, while undertaking the routine house hold visit.



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