Community Strategy Implementation Guidelines

Key Health Messages for Level 1 of the Kenya Essential Package for Health

A Manual for Community Health Extension Workers and Community Health Workers

Ministry of Health
March 2007
THIS PUBLICATION is one of a series that the Ministry of Health will produce to support the achievement of the goals of the second National Health Sector Strategic Plan, 2005-2010 (NHSSP II). Aiming to reverse the declining trends in key health sector indicators, NHSSP II has five broad policy objectives. These are:

- Increase equitable access to health services.
- Improve the quality and responsiveness of services in the sector.
- Improve the efficiency and effectiveness of service delivery.
- Enhance the regulatory capacity of MOH.
- Foster partnerships in improving health and delivering services.
- Improve the financing of the health sector.

Any part of this document may be freely reviewed, quoted, reproduced or translated in full or in part, provided the source is acknowledged. It may not be sold or used in conjunction with commercial purposes or for profit.

Key Health Messages for Level 1 of the Kenya Essential Package for Health - A Manual for Community Health Extension Workers and Community Health Workers

Published by: Ministry of Health
Sector Planning and Monitoring Department
Afya House
PO Box 3469 - City Square
Nairobi 00200, Kenya
Email: secretary@hsrmoh.go.ke
www.hsr.health.go.ke
## Abbreviations and Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaemia</td>
<td>Condition in which the blood lacks sufficient red corpuscles (known as “thin blood”)</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired immune deficiency syndrome</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal care</td>
</tr>
<tr>
<td>ARHDP</td>
<td>Adolescent Reproductive Health and Development Policy</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral therapy</td>
</tr>
<tr>
<td>BCG</td>
<td>Tuberculosis vaccine</td>
</tr>
<tr>
<td>CHW</td>
<td>Community health worker</td>
</tr>
<tr>
<td>CHEW</td>
<td>Community health extension worker</td>
</tr>
<tr>
<td>Cohort</td>
<td>All the persons of a specific age group</td>
</tr>
<tr>
<td>Colostrum</td>
<td>The thick yellowish milk the mother produces in the first few days after giving birth</td>
</tr>
<tr>
<td>CORP</td>
<td>Community-owned resource person</td>
</tr>
<tr>
<td>DOTS</td>
<td>Directly observed treatment, short course (for TB)</td>
</tr>
<tr>
<td>DPT</td>
<td>Diphtheria, pertussis and tetanus vaccine</td>
</tr>
<tr>
<td>FGM</td>
<td>Female genital mutilation</td>
</tr>
<tr>
<td>FP</td>
<td>Family planning</td>
</tr>
<tr>
<td>Haemorrhage</td>
<td>Heavy loss of blood</td>
</tr>
<tr>
<td>HIV</td>
<td>Human immuno-deficiency virus</td>
</tr>
<tr>
<td>IMCI</td>
<td>Integrated management of childhood illness</td>
</tr>
<tr>
<td>IMR</td>
<td>Infant mortality rate</td>
</tr>
<tr>
<td>IPT</td>
<td>Intermittent prophylactic treatment (for malaria)</td>
</tr>
<tr>
<td>ITN</td>
<td>Insecticide treated (bed) nets</td>
</tr>
<tr>
<td>KDHS</td>
<td>Kenya Demographic and Health Survey</td>
</tr>
<tr>
<td>KEPH</td>
<td>Kenya Essential Package for Health</td>
</tr>
<tr>
<td>MCH</td>
<td>Maternal and child health</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>NCAPD</td>
<td>National Coordinating Agency for Population and Development</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-government organization</td>
</tr>
<tr>
<td>NHSSP II</td>
<td>Second National Health Sector Strategic Plan 2005-2010</td>
</tr>
<tr>
<td>ORS</td>
<td>Oral rehydration salts</td>
</tr>
<tr>
<td>PDW</td>
<td>Person with disability</td>
</tr>
<tr>
<td>PLWHA</td>
<td>Person living with HIV and AIDS</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of mother-to-child transmission (of HIV)</td>
</tr>
<tr>
<td>RH</td>
<td>Reproductive health</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually transmitted infection</td>
</tr>
<tr>
<td>STD</td>
<td>Sexually transmitted disease</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary counselling and testing</td>
</tr>
</tbody>
</table>

_Taking KEPH to the Community_
Taking the Kenya Essential Package for Health to the Community: A Strategy for the Delivery of LEVEL ONE SERVICES is the health sector’s blueprint for promoting improved community, household and personal health practices, including health seeking behaviour. The aim of the Community Strategy can be realized if health workers, especially those working at community level, and the community have the knowledge about the conditions of public health importance and the right skills for dealing with these conditions. The availability of appropriate information for decision making at community, household and individual level is key to the implementation of the Community Strategy.

This manual has been developed to provide that information. The manual presents a set of essential health information messages for level 1 KEPH services. It is intended as reference material for community health workers (CHWs), community health extension workers (CHEWs) and any other community resource persons who are involved in mobilizing communities to improve their health. The CHWs can use the messages in their everyday interaction with household members. The CHEWs can rely on the manual as they train, coach and support the CHWs in their work.

The intention of these key messages is to help people attain the behaviours and attitudes necessary to keep household members healthy. It is therefore my hope and that of the Ministry that as the dissemination of the messages contained herein reinforces appropriate health seeking behaviours, the use of the manual will eventually enable communities, households and individuals to live healthy lifestyles.

Dr. T. Gakuruh
Head, Department of Sector Planning and Monitoring
Ministry of Health
Many individuals and institutions at the different levels of the health care system have participated in the process of developing this manual. The Ministry of Health is grateful to all of them for their concerted effort to improve the health of the communities of Kenya. Appreciation also goes the Departments of Preventive and Promotive Health Services and of Curative and Rehabilitative Health Services for providing valuable inputs to the community implementation framework.

The Ministry particularly acknowledges our development partners, especially the World Health Organization (WHO), the Department for International Development (DFID) and the Swedish International Development Cooperation Agency (Sida) for the technical and financial assistance provided during the manual development process.
Communities are at the heart of the Ministry of Health’s second National Health Sector Strategic Plan (NHSSP II - 2005-2010). The community is so important to the success of NHSSP II that a specific strategy was developed for the implementation and roll out of the plan at the community level: Taking the Kenya Essential Package for Health to the Community: A Strategy for the Delivery of LEVEL ONE SERVICES.

The Kenya Essential Package for Health defines six levels of service delivery. Level 1 refers to the specific approach to community level health care services described in the Community Strategy. The overall goal of the Community Strategy is to enhance community access to health care in order to improve individual productivity and thus reduce poverty, hunger, and child and maternal deaths, as well as improve education performance.

The community-based approach set out in the Community Strategy is the mechanism by which households and communities strengthen their role in health and health-related development. The strategy intends to do this by improving community members’ knowledge of health care as well as the skills they need to participate in planning and managing local health services.

Household-based caregivers, usually family members, are the first line of health care at level 1. For as long as there have been families, they have always provided some essential elements of care for people of all ages. Not all family members, however, have sufficient knowledge and experience to provide care for all health conditions, or to prevent some of those conditions from occurring. The intention of the Community Strategy is therefore to support household-based caregivers through a host of community-owned
resource persons (CORPs) who are experienced in many aspects of health care. The resource persons closest to the family are community health workers (CHWs), who will each support about 20 households. The CHW is in turn supported by a trained community health extension worker - a CHEW. The CHEW is based at a health facility but assigned to a specific sub-location to work with all the CHWs and other resource people so as to ensure acceptable standards of care at level 1. All these people require specific, accurate information in order to function effectively.

1.1 Why This Manual

The purpose of this manual is to provide a handy reference for promoting improved household health practices. The manual is intended for use by the primary caregivers at the household level such as parents, grandparents and older children, plus the community health workers (CHWs) and the community health extension workers (CHEWs) who support them. It can also be used by any other community resource people who are part of the overall effort to improve the health of the community. These may be health workers, teachers, government extension workers, and religious and community leaders, among others. Members of youth and women’s groups and non-government organizations, employers and business people, members of trade unions, and social workers can all use this manual as a reference material to support their work.

The manual provides a set of essential health information as “key messages” arranged by the age groups or cohorts defined in KEPH. The aim of the messages is to help attain the behaviours and attitudes necessary to keep household members healthy. The CHWs can use the messages in their everyday interaction with household members. For their part, the CHEWs can rely on the manual as they train, coach and support the CHWs in their work. The intention is not just to provide information, however. The manual also aims to serve as a tool for continuous respectful dialogue that involves listening to people, and sharing information in interesting and meaningful ways. Ultimately the purpose is to help the primary caregivers to appreciate the relevance of the messages to their lives, as they freely share, exchange and absorb ideas, knowledge and opinions.

The manual thus aims at enhancing the transfer of knowledge and skills on health matters from resource persons to family members with the idea of helping people make informed choices, decisions and actions for health. In other words, the health messages serve as a preventive measure because they can reinforce positive behaviour and influence attitudes. Armed with essential accurate information, households can seek early diagnosis of health problems and manage their health situation appropriately. This will help the households to decrease their health risks, stay productive and lower health care costs.

1.2 The Importance of Good Communication

Effective communication requires a message, the sender of the message, the receiver of the message, and feedback from the receiver to the sender and back again. Communication is thus a
two-way process that begins when one person sends a message to another. To work properly, communication must be grounded in understanding, respect, and honesty between the sender and the receiver.

Communication has many purposes. It can inform people about an idea or event, persuade them to a point of view, or even move them to take action. All these purposes are important to the presentation of the messages in this manual. CHWs have to inform mothers, for example, about the importance of a full course of immunizations for their children. Then they have to persuade the mothers that their babies will actually stay healthier if they have their jabs on time. Building on this awareness, they then reinforce the message so that the mothers will take action by actually taking their babies to clinic for the necessary treatment.

People’s reactions to new information are influenced by how, where and from whom they receive it. These factors make a difference in whether people act on the information. People are more likely to trust information and act on it if:

- They hear it repeatedly from many different sources.
- The person delivering it is well known and trusted.
- They understand how it can help their families.
- It is communicated in a familiar language.

- They are encouraged to discuss it and to ask questions to clarify their understanding of what needs to be done, when and why.

These factors should make it clear why community health workers are so important to the success of the Community Strategy - CHWs are by definition respected members of the community whom people can turn to and rely on for good advice. CHWs thus often have to communicate one-on-one to individual family or household members. In such interactions it is necessary to portray an open, sympathetic manner through both spoken words and body language. Comments should be respectful and questions answered in a way that encourages the person to explore the issue. The person should always be given an opportunity to respond.

There are many different ways of communicating, but whether you are working person-to-person within a community, advocating with political leaders, or presenting ideas to community groups and meetings, the basic principles are the same:

1. Know who needs the information and find out about their living conditions, language, customs and level of knowledge. This helps to identify the messages that are more relevant, more easily understood, and more likely to be accepted and acted upon.
2. Use simple language that people understand. Do not overload the messages with too many actions or technical details. Keep to the verified information in the manual. If the messages are adapted, their accuracy should be verified.

3. Make sure the audience understands the information and knows how to put it into practice. When you are sharing the messages with parents and other caregivers in the community, ask open-ended questions to encourage discussion. This will help you to determine whether the message is both clearly understood and feasible. Utilize their feedback to adjust the messages and visual aids.

4. Find ways to make the messages interesting and meaningful to each household and community such as by illustrating them with local examples and stories.

5. Repeat the information to reinforce it.

Annex A contains Household Dialogue Cards that can be used by community health workers to gather information during household visits. The answers to the questions on the cards will help guide the CHW on the type of health messages household members need most.

1.3 The Six Life Cycle Cohorts

The Kenya Essential Package for Health (KEPH) addresses the health requirements of six distinct cohorts (or stages) of the human life cycle:

- Pregnancy, delivery and the newborn child (up to 2 weeks of age)
- Early childhood (2 weeks to 5 years)
- Late childhood (6 to 12 years)
- Adolescence (13 to 24 years)
- Adulthood (25 to 59 years)
- Elderly (60 years and over)

Emphasis in the early years of NHSSP II is on the first two cohorts. The aim is to phase in more specific attention to the others later during the strategy.

The following chapters detail the specific messages for each cohort to be shared with communities and households by the community health workers.
This first life cycle cohort concerns pregnant women and the unborn child (the antenatal phase); the mother and child during delivery (perinatal); and the first two weeks after delivery (postnatal).

The threats that affect the pregnant mother and the newborn child include maternal infections, anaemia, malaria, complicated and unsupervised deliveries, nutritional deficiencies, hypertension, and postpartum haemorrhage. In response to these threats, KEPH at the community level calls for the use of insecticide treated bed nets (ITNs), essential antenatal (tetanus vaccine and malarial prophylaxis) and postnatal care, family planning and child spacing information and methods, the use of skilled birth attendants, and general health education.

2.1 Key Messages

Maternal and neonatal death rates in Kenya are unacceptably high. According to the 2003 Kenya Demographic and Health Survey (KDHS), the current level of maternal mortality is estimated to be 414 per 100,000 live births. Most of the deaths occur because of complications from abortion, bleeding during pregnancy and delivery, pregnancy-related hypertension, and other medical causes such as malaria and HIV/AIDS.¹

All pregnant women need to have access to skilled care throughout pregnancy, delivery and the postpartum period. However, the 2003 KDHS showed that only 42% of births in Kenya were attended by a health professional, a figure that varied regionally and by economic status.

2.1.1 Care during Pregnancy

Too many people assume that pregnancy is just another phase in a woman’s life, one that she will get over soon enough without too much extra attention or planning. But thousands of Kenyan women experience complications during pregnancy, many of which are life-threatening for the women and their babies or leave them with severe disabilities. For every woman who dies, approximately 30 more develop serious, disabling problems. The dangers of childbearing can be greatly reduced if a woman is healthy and well nourished.

before and during pregnancy, if she has a health check up by a trained health worker at least four times during every pregnancy, and if the birth is assisted by a skilled birth attendant such as a doctor, nurse or clinical officer.

**KEY MESSAGE 1:**
It is important for all pregnant women and their households to have a birth plan and to organize resources for getting skilled assistance at delivery.

Although it is usually impossible for a woman to know ahead of time what sort of a delivery she will have, it is helpful to think about some of the options her household might face when she goes into labour. The household can make some decisions in advance about what to do and how to care for her when this happens. Making a plan helps people consider what factors will make this birth safe for mother and child, and an enriching and positive experience for the entire family. It can also help a household think about other possible problems and how to handle them. It is particularly crucial for the man of the family to be involved in the planning so that he is aware of the importance of skilled birth attendance and knows what to do when the time comes.

Regular clinical care, good nutrition and attention to possible non-pregnancy related illness are important to the health of the mother and the baby.

**KEY MESSAGE 2:**
A pregnant woman needs to be checked at a clinic or health facility by a clinical officer, nurse or doctor at least four times during every pregnancy.

Every pregnancy deserves attention, as there is always a risk of something going wrong. These complications cannot always be predicted. Many dangers can be avoided if the woman goes to a health centre or to a skilled birth attendant when she first suspects she is pregnant. The Ministry of Health wants every pregnant woman to have at least four check ups throughout each pregnancy. The woman should also be checked 12 hours and 6 weeks after delivery. A skilled birth attendant (such as a doctor, clinical officer or nurse) will help ensure a safer pregnancy and healthy baby by:

- Checking the progress of the pregnancy so that if problems arise timely action can be taken.
- Checking for high blood pressure, which can be dangerous to both mother and child.
- Checking for anaemia and providing iron/folate supplements regularly.
- Checking any infections during pregnancy, especially urinary tract infections and sexually transmitted infections (some of which can be passed to the baby), and treating them with antibiotics.
- Giving the pregnant woman two injections to protect her and her newborn baby against tetanus.
- Checking that the foetus is growing properly.
- Giving antimalaria tablets (IPT), if necessary.
- Preparing the woman for the experience of childbirth and giving advice on breastfeeding and caring for herself and her newborn.
- Providing voluntary and confidential HIV testing and counselling, and if HIV positive, providing treatment to prevent transmission of HIV to the baby. All women have the right to voluntary and confidential HIV testing and counselling.

All families need to know about special risk factors and be able to

*Taking KEPH to the Community*
recognize the warning signs of possible problems such as bleeding or abdominal pain during pregnancy.

**Key Message 3:**

Every household should have plans and funds for quickly getting the woman, at any hour, to where she can be delivered by a skilled birth attendant. If possible, the woman should temporarily stay at a place that is closer to a health facility or hospital so that she is within reach of medical help.

Having a skilled birth attendant assist at the delivery in a health facility and check on the mother in the 12 hours after delivery reduces the likelihood of either the mother or the baby becoming ill or dying.

During delivery, the skilled attendant knows:
- When labour has gone on for too long (over 12 hours) and an intervention is necessary.
- How to reduce the risk of infection (clean hands, clean instruments, a clean delivery area).
- What to do if the baby is in the wrong position.
- What to do if the mother is losing too much blood.
- When to cut the umbilical cord and how to care for it.
- What to do if the baby does not begin breathing right away.
- How to dry the baby and keep her or him warm after delivery.
- How to guide the baby to breastfeed immediately after delivery.
- How to deliver the afterbirth safely and care for the mother after the baby is born.
- How to put recommended eye medicine in the baby’s eyes to prevent blindness.

After delivery, the skilled attendant will:
- Check on the woman’s health in the 12 hours after birth and 6 weeks after delivery.
- Advise the mother on how to prevent or postpone another birth.
- Counsel the mother on how to avoid sexually transmitted infections such as HIV.
- Explain how to reduce the risk of exposing the infant to infections.

**Key Message 4:**

A pregnant woman needs the best foods available to the family: milk, fruits, vegetables, meat, fish, eggs, grains and beans. All these foods are safe to eat during pregnancy.

Many communities have traditional approaches to the types of foods pregnant women are allowed to eat. Many of these approaches are simply wrong. Women will feel stronger and be healthier during pregnancy - and their babies will be healthier - if they eat foods that are rich in iron, vitamin A and folic acid. These foods include meat, fish, eggs, green leafy vegetables, and orange or yellow fruits and vegetables. Health workers can provide pregnant women with iron tablets to prevent or treat anaemia.

**Key Message 5:**

Pregnant women are particularly susceptible to malaria, which can cause serious problems for them and their unborn baby.

Malaria is especially dangerous for pregnant women. It causes severe anaemia, miscarriages, stillbirths, low birth weight and maternal death. Pregnant women should sleep under
insecticide treated bed nets and if possible try to avoid going out of the house at night for calls of nature.

**KEY MESSAGE 6:**
- Every pregnant woman should receive confidential counselling and testing for HIV so that appropriate action can be taken if necessary to avoid passing the infection to the baby.

HIV counselling and testing can help in early detection of HIV infection and in enabling those who are infected to get the support services they need, manage other infectious diseases they might have, and learn about living with HIV/AIDS and how to avoid infecting others. Counselling and testing can also help those not infected to remain uninfected through safer sex.

If the result of an HIV test is negative, this means the person tested is not infected or it is too early to detect the virus. The HIV blood test may not detect infection up to six months after infection. The test should be repeated after six months.

Households and communities should demand and support confidential HIV/AIDS counselling, testing and information to help protect adults and children from the disease. An HIV/AIDS test can help couples decide whether to have children. If one partner is infected, he or she could infect the other while attempting to conceive.

Empowering women and promoting safer sex, condom use, and better detection and treatment of sexually transmitted infections can reduce HIV infection in women. If a woman discovers that she is HIV positive, she needs emotional support and counselling to help her make decisions and plan for her future. A pregnant woman needs to know:

- That treatment with specified medicines during pregnancy can greatly reduce the risk of passing the infection to the infant.
- That special care during pregnancy and delivery can reduce the risks of passing the infection to the infant.
- The different options for feeding her infant and the related risks. Health workers can assist in identifying a feeding method that can maximize the infant’s chance of growing up healthy and free of HIV.
- That babies born to HIV-positive women who have not received medication have about one chance in three of being born with HIV and more than two-thirds of the infants infected with HIV may die before they are five years old.

2.1.2 Use of Family Planning

An analysis of recent fertility trends based on the results of the 2003 KDHS shows that fertility rates, which had declined as contraceptive prevalence increased since the 1970s, actually stalled between 1998 and 2003. This means that more women are having more children than previously.

**KEY MESSAGE 7:**
Pregnancy before the age of 18 and after age 35 or within two years of a previous delivery increases the health risks for the mother and her baby. The health risks of pregnancy and childbirth increase after four pregnancies.

---

Too many births, too close together, and births to adolescent girls endanger women’s lives and the lives of their children. Delaying a first pregnancy until a girl is at least 18 years of age will help ensure a safer pregnancy and delivery, and will reduce the risk of her baby being born underweight.

A girl is not physically ready to begin childbearing just because she has started having menstrual periods. Her body will not be completely developed until she is about 18 years of age. Childbirth is more likely to be difficult and dangerous for an adolescent than for an adult. Babies born to very young mothers are much more likely to die in the first year of life. The younger the mother, the greater the risk to her and her baby. Because their bodies are not fully developed, young women are also more likely to develop fistulae during childbirth.

Young women need special help to delay pregnancy. All women and their families should be given information about the risks of early pregnancy and how to avoid them. For example, the risk of death for a young child increases by nearly 50% if the mother has another baby before the child is two years old. In other words, one of the greatest threats to the health and growth of a child under the age of two is the birth of a new sibling. Breastfeeding for the older child stops too soon, and the mother has less time to prepare the special foods a young child needs. She may not be able to give the older child the necessary care and attention, especially when the child is ill. As a result, children born less than two years apart usually do not develop as well, physically or mentally, as children born two years apart or more.

A woman’s body needs two years to recover fully from pregnancy and childbirth. The risk to the mother’s health is therefore greater if births come too close together. The mother needs time to rebuild her health, nutritional status and energy before she becomes pregnant again. Men need to be aware of the importance of a two-year space between births and the need to limit the number of pregnancies to help protect their family’s health. If a woman becomes pregnant before she is fully recovered from a previous pregnancy, there is a higher chance that her new baby will be born too early and weigh too little. Babies born underweight are less likely to grow well and more likely to become ill. They are also four times more likely to die in the first year of life than babies of normal weight.

A woman’s body can easily become exhausted by repeated pregnancies, childbirth, breastfeeding and caring for small children. After four pregnancies, especially if there has been less than two years between births, she faces an increased risk of serious health problems such as anaemia (“thin blood”) and haemorrhage (heavy loss of blood). A baby is at greater risk of dying if the mother has had four or more pregnancies.

Family planning is one of the most powerful ways of improving the health of women and children. Health clinics should offer advice to help people choose a family planning method that is acceptable, safe, convenient, effective and affordable. Exclusive breastfeeding can delay the return of the mother’s fertility for approximately six months after childbirth. Exclusive breastfeeding provides a woman with 98% protection...
from pregnancy, but only if her baby is under the age of six months, her menstrual periods have not returned, and the baby is breastfed on demand and exclusively.

**Key Message 8:**
Family planning is the responsibility of both men and women. Every couple should decide on and use a family planning method to delay pregnancy, space births and limit the number of children they have.

Men as well as women must take responsibility for preventing unplanned pregnancies. They should have access to information and advice from a health worker so that they are aware of the various methods of family planning that are available. Information can also be obtained from a doctor, nurse, teacher, family planning clinic, and youth or women’s organizations. Accurate information and counselling will help people to understand the various methods and to disregard the many myths that are circulated about the use of contraceptives.

### 2.1.3 Basic Human Rights

Human rights are women’s rights too. Women have the right to be safe in their homes and communities. They are entitled to effective, respectful health care services.

**Key Message 9:**
Physical abuse of women and children is a serious public health problem and is unacceptable. Abuse during pregnancy is dangerous both to the woman and to the unborn baby.

If a pregnant woman is abused, she and the foetus can be seriously harmed. A pregnant woman who is physically abused may be unable to have any more children. Members of her family should be aware of these dangers and she should be protected from her abuser.

Both the Children Act of 2001 and the Sexual Offences Act of 2006 make specific provisions against various types of abuse. Community members should know that the law is on the side of those who are abused.

**Key Message 10:**
Every woman has the right to health care, especially during pregnancy and childbirth. Health care providers should be available and should treat women with respect.

All women have the right to the services of a skilled birth attendant such as a doctor, nurse or midwife, and to emergency obstetric care if needed. Quality health care enables women to make informed decisions about their health by offering information and counselling. It should be easy for women who need maternal care to reach the health facility, and cost should not prevent women from using these services. Health care providers should have the skills needed to provide quality care. They should be trained to treat all women with respect, to be sensitive to cultural norms and practices, and to respect women’s right to confidentiality and privacy.

### 2.1.4 Disabilities and Impairments

Approximately one out of ten people in every population is a person with a disability (PWD). In other words, 10% of Kenyans are people with disability. The mandate of the Ministry of Health is to
provide preventive, promotive, curative and rehabilitative health services to all Kenyans for their social, cultural and economic development. Health care is a basic human right and PWDs enjoy equal rights as the able bodied people (The Disability Act 2003, Laws of Kenya).

Disability does not discriminate against gender, and women with disabilities are also among the expectant mothers of this country, with their special needs largely taken for granted to their detriment. PWDs, especially women, are known to be the most vulnerable to rape or sexual abuse with its attendant problems of pregnancy, transmission of STIs, HIV, etc.

**Key Message 11:**
All pregnant women should be screened for disabilities and impairments and advised on the best and suitable methods of delivery for them.

Some newborns are found to have physical disabilities at birth; they may have cleft palates, be blind, or have paralysed legs or arms. Other disabilities or impairments are not evident immediately after birth, e.g., deaf and mute.

**Key Message 12:**
All newborns should be screened for disabilities and impairments in order to plan for any corrective measures to address the problem.

All newborns need to be screened for impairments using appropriate methods and tools. The earlier this happens after birth the better it is for taking appropriate corrective measures. This is yet another reason why all pregnant women need to deliver at health facilities attended to by skilled health workers.

**Key Message 13:**
All newborn babies need to be protected from infections that may interfere with their growth and development.

Health care providers should:
- Check for any congenital abnormality and if present seek medical attention.
- Ensure the infant is immunized against tuberculosis at birth (BCG).
- Ensure the infant is given an eye medicine at birth (tetracycline eye ointment).

Mothers should be advised to:
- Begin breastfeeding at birth, within the first one hour of delivery.
- Breastfeed the infant exclusively for six months. That is, the baby is not given any food except breast milk for the first six months.
- Not give the baby any fluid, even water, before the age of six months.
- Refer any child with oral thrush.
- Seek immediate medical attention for breast problems such as breast engorgement/breast abscess and cracked nipples.
- Ensure the child gets all the vaccines according to the schedule on the child welfare card.
- Take the child to the nearest facility for vitamin A from 6 months to 5 years after every 6 months.

Some causes of disability and impairments:
- Heredity
- Drugs consumed by the mother during pregnancy
- Diseases like malaria, syphilis and gonorrhoea
- Delayed births - babies born to women over age 40 are more likely to have disabilities
• Keep the baby’s umbilical cord clean and dry after delivery and avoid any local applications to the umbilical cord. (Do not apply soot, ash, saliva, Vaseline, soil, etc.)
• Avoid dipping the baby in water until the cord falls off. Bathe the infant with a soft cloth wrung out in warm water.
• Keep the infant warm: wrap the baby snugly but not tightly.
• Keep the baby close to the body whenever possible.

2.2 Summary of Key Messages for Cohort 1

1. Recognize the warning signs during pregnancy and childbirth and have plans and resources for getting immediate skilled help.
2. Remind community members that physical abuse of women for any reason is dangerous and unacceptable.
3. Encourage pregnant women to attend at least four ANC visits before delivery.
4. Encourage all pregnant mothers to sleep under ITNs to prevent malaria.
5. Help a pregnant woman prepare a birth plan, that is, what to do when the time comes.
6. Encourage all pregnant women to deliver with the assistance of skilled medical personnel.
7. Recognize the following risk factors in pregnancy:
   - An interval of less than two years since the previous birth.
   - A girl is under 18 or a woman is over 35 years of age with first pregnancy.
   - The woman has already had four or more deliveries.
   - The woman has had a previous premature birth or baby weighing less than 2 kilograms at birth.
   - The woman has had a previous difficult or Caesarean birth.
   - The woman has had a previous miscarriage or stillbirth.
8. Recognize the following warning/danger signs during pregnancy and take action:
   - Anaemia, paleness inside the eyelids, or being tired or easily out of breath.
   - Swelling of legs, arms or face.
   - The foetus moves very little or not at all.
   - Spotting or bleeding from the vagina during pregnancy or profuse or persistent bleeding after delivery.
   - Severe headaches or abdominal pains.
   - Severe or persistent vomiting.
   - High fever.
   - The water breaks before due time for delivery.
   - Convulsions.
   - Prolonged labour.
9. Encourage mothers to get immunized against tetanus.
10. Immunize all newborn children against the preventable diseases.
11. Ensure all births are notified and registered.
12. Remember that the child health card is an important document that must be kept safely to monitor growth and immunization and other services to the child.
13. Wash hands before feeding or breastfeeding, after cleaning the baby’s faeces or using the toilet.
14. Breastfeed your baby exclusively for six months.
15. Follow instructions given at the health facility FOR EACH SERVICE.
16. Encourage fathers to be involved in the reproductive health of the family.
During this phase, the environment of the child poses constant and serious health threats: Malaria, diarrhoeal disease, upper respiratory infections and TB, worm infestations, and malnutrition all contribute to the well-documented high child mortality and morbidity figures.

Kenya’s national average infant mortality rate (IMR) is 115/1,000 live births. This is an improvement over earlier years, but is unacceptably high. Moreover, the average conceals wide differences across the country. The 2003 KDHS, for example, found a very high IMR in Nyanza Province, at 206/1,000 live births, compared with only 54/1,000 live births in Central Province.

Integrated management of childhood illness (IMCI) provides a comprehensive package with proven effectiveness for this cohort. It includes community-level IMCI (promotion of treated bed nets, exclusive breastfeeding up to six months, appropriate nutrition advice) and a service-related or clinical IMCI (immunization, child weighing clinics, treatment of diseases of childhood, vitamin A distribution). Community health workers have a major role to play in keeping children healthy by sharing important information with parents.

3. COHORT 2: Early Childhood (2 weeks–5 Years)

The first eight years of childhood are critically important, and most particularly the first three years. They are the foundation of future health, growth and development. During this period, children learn more and faster than at any other time. Babies and young children develop more rapidly and learn more quickly when they receive love and affection, attention, encouragement, and mental stimulation, as well as nutritious meals and good health care. All children have the right to legal registration at birth, health care, good nutrition, education, and protection from harm, abuse and discrimination. It is the duty of parents and governments to ensure that these rights are respected, protected and fulfilled.

3.1 Key Messages

All children have the right to birth registration, health care, good nutrition, education, and protection from harm, abuse and discrimination.

Key Level 1 Health Messages
A child who has completed immunizations on time and has been given proper nutrition has an increased chance of survival and is more apt to interact, play and learn. A healthy child is usually happy and pleasant to be around. At a very practical level, keeping a child healthy will reduce the family’s expenditure on health care, the child’s absence from school due to illness and the income lost to care for a sick child.

3.1.1 Early Childhood Development

Babies learn rapidly from the moment of birth. Holding, cuddling and talking to the child stimulate growth and promote emotional development. Being kept close to the mother and breastfed on demand provides the infant with a sense of security. The baby needs to suckle for both nutrition and comfort.

Skin-to-skin contact and breastfeeding within one hour after birth help babies achieve better growth and development and establish a close bond with their mother. Touch, hearing, smell, sight and taste are learning tools the child uses to explore the surrounding world.

**Key Message 1:**
Care and affection during the earliest years help a child to thrive.

Exclusive breastfeeding on demand for the first six months, timely introduction of safe and nutritious complementary foods after the age of six months, and continued breastfeeding for two years or beyond all have interrelated benefits. They provide the child with good nutrition, protect the child’s health and build bonds of affection.

Children’s minds develop rapidly when they are talked to, touched and cuddled, and when they see familiar faces, hear familiar voices and handle different objects. Babies learn quickly when they feel loved and secure from birth and when they frequently play and interact with family members. Children who feel secure usually do better in school and cope more easily with the difficulties of life. Caregivers can help children learn and grow by giving them new and interesting things to look at, listen to, hold and play with. Crying is the way very young children communicate their needs. Responding promptly to the cry by holding and talking soothingly to the child will help establish a sense of trust and security.

Babies and small children should not be left alone for long periods of time. This delays their physical and mental development. The most important way children develop and learn is through interaction with others. The more often parents and caregivers talk to and respond to the child, the quicker the child learns. Parents or caregivers should talk, read or sing to infants and young children. Even if children are not yet able to understand the words, these early “conversations” develop their language and learning capacities. Conversations don’t have to be “baby talk” – caregivers can simply describe what they are doing or the way things appear in a conversational way. It is the tone of voice and the attention that will engage the baby’s interest. Teaching children first in their mother tongue helps them develop their ability to think and express themselves. Children learn language quickly and easily through songs, family stories, rhymes and games.

Boys and girls have the same physical, mental, emotional and social needs. Both have the same capacity for learning. Both have the same need for affection, attention and approval.

Taking KEPH to the Community
All children need to be encouraged and praised when they learn to do and say new things. When the child is not growing well, physically or mentally, parents need to seek the advice of a health worker.

Children who are anaemic, malnourished or frequently sick may become fearful and upset more easily than healthy children and will lack the drive to play, explore and interact with others. These children need special attention and encouragement to eat.

Children’s emotions are real and powerful and should not be taken lightly. Children may become frustrated if they are unable to do something or have something they want, for example, or they may be frightened of strangers or the dark. Children whose reactions are laughed at, punished or ignored may grow up shy and unable to express emotions normally. If caregivers are patient and sympathetic when a child expresses strong emotions, the child is more likely to grow up happy, secure and well balanced.

Physical punishment or displays of violence can harm the child’s development. Children who are punished in anger are more likely to become violent themselves. Clear explanations about what to do, firm rules about what not to do and praise for good behaviour are more effective ways of encouraging children to become full and productive members of the family and community. Both parents, as well as other family members, need to be involved in caring for the children. The father’s role in day-to-day care is often underestimated but is critically important. The father can help meet the child’s needs for love, affection and stimulation and ensure the child receives a good quality education, good nutrition and health care. The father can help ensure that the environment is safe and free of violence. Fathers can also perform household tasks, particularly when the mother is pregnant or breastfeeding. It has been said that one of the father’s most important contributions to his child’s welfare is to treat the child’s mother with respect and caring.

Parents and caregivers need to know the major milestones that show the child is developing normally. They also need to know when to seek help and how to provide a caring and loving environment for a child with a physical or mental disability. While all children grow and develop in similar patterns, they all also develop at their own pace. By observing their young children to see how they respond to touch, sound and sight, parents can identify signs of possible developmental problems or disabilities. If a child is developing slowly, parents and caregivers can help by spending extra time with the child, playing and talking with the child, and massaging the child’s body. If the child does not respond to stimulation and attention, parents and caregivers need to seek help. Taking early action is very important in helping children with disabilities reach their full potential. Parents and caregivers need to encourage the greatest possible development of the child’s abilities.

A girl or boy with a disability needs extra love and protection. Like all children, such a child needs to be registered at birth or soon afterwards, to be breastfed, immunized and given

Key Level 1 Health Messages
nutritious food, and to be protected from abuse and violence. Children with disabilities should be encouraged to play and interact with other children.

Children who are unhappy, having emotional difficulties or experiencing problems that are too big for them to cope with may behave abnormally. Examples include suddenly becoming unfriendly, sad, lazy, unhelpful or naughty; crying often; becoming violent with other children; sitting alone instead of playing with friends; or suddenly having no interest in usual activities or school work and losing appetite and sleep. The problems that bring on such behaviour may be internal - that is, they are related to the child’s own feelings and perceptions. Or they can indicate something more serious, such as secret abuse by a family member or friend. Parents and caregivers must be alert to abnormal behaviour and try to find out what causes it.

The following guide gives parents an idea of how children develop. There are differences in the growth and development of all children. Slow progress may be normal for that particular child, or may be due to inadequate nutrition, poor health, a lack of stimulation or a more serious problem. Parents may wish to discuss the child’s progress with a trained health worker or a teacher.

By the age of 1 month
Babies should be able to:
• Turn their head towards a hand that is stroking their cheek or mouth.
• Bring both hands towards their mouth.
• Turn towards familiar voices and sounds.

Advice for parents and caregivers:
• Make skin-to-skin contact and breastfeed within one hour of birth.

• Support the baby’s head when you hold the baby upright.
• Massage and cuddle the baby often.
• Always handle the baby gently, even when you are tired or upset.
• Breastfeed frequently, at least every four hours.
• Talk, read and sing to the baby as often as possible.
• Visit the health worker with the baby six weeks after birth.

Warning signs to watch for:
• Poor suckling at the breast or refusing to suckle.
• Little movement of arms and legs.
• Little or no reaction to loud sounds or bright lights.
• Crying for long periods for no apparent reason.
• Vomiting and diarrhoea, which can lead to dehydration.

By the age of 6 months
Babies should be able to:
• Raise their head and chest when lying on their stomach.
• Reach for dangling objects.
• Grasp and shake objects.
• Roll both ways.
• Sit with support.
• Explore objects with hands and mouth.
• Begin to imitate sounds and facial expressions.
• Respond to their own name and to familiar faces.

Advice for parents and caregivers:
• Lay the baby on a clean, flat, safe surface so she or he can move freely and reach for objects.
• Prop or hold the baby in a position so she or he can see what is happening nearby.
• Continue to breastfeed on demand day and night, and start adding other foods (two meals a day at 6-8
months, 3-4 meals a day at 8-12 months).

- Talk, read or sing to the baby as often as possible.

**Warning signs to watch for:**
- Stiffness or difficulty moving limbs.
- Constant moving of the head (this might indicate an ear infection, which could lead to deafness if not treated).
- Little or no response to sounds, familiar faces or the breast.
- Refusing the breast or other foods.

**By the age of 12 months**

Babies should be able to:
- Sit without support.
- Crawl on hands and knees and pull up to stand.
- Take steps holding onto support.
- Try to imitate words and sounds and respond to simple requests.
- Enjoy playing and clapping.
- Repeat sounds and gestures for attention.
- Pick up small items with thumb and one finger.
- Start holding objects such as a spoon and cup and attempt self-feeding.

**Advice for parents and caregivers:**
- Point to objects and name them, talk and play with the child frequently.
- Use mealtimes to encourage interaction with all family members.
- If the child is developing slowly or has a physical disability, focus on the child’s abilities and give extra stimulation and interaction.
- Do not leave a child in one position for many hours.
- Make the area as safe as possible to prevent accidents.
- Continue to breastfeed and ensure that the child has enough food and a variety of family foods.
- Help the child experiment with spoon/cup feeding.
- Make sure that the child is fully immunized and receives all recommended doses of micronutrient supplements.

**Warning signs to watch for:**
- The child does not make sounds in response to others.
- The child does not look at objects that move.
- The child is listless and does not respond to the caregiver.
- The child has no appetite or refuses food.

### 3.1.2 The Basics of Breastfeeding

Breast milk is the best food a young child can have. Animal’s milk, infant formula, powdered milk, teas, sugar drinks, water and cereal foods are all inferior to breast milk. Breast milk is easy for the baby to digest. It also promotes the best growth and development and protects against illness. This protection lasts for as long as the child is breastfed. Even in hot, dry climates, breast milk meets a young baby’s need for fluids. Water or other drinks are not needed during the first six months. Giving a baby any food or drink other than breast milk increases the risk of diarrhoea and other illnesses.

**Key Message 2:**

**Breast milk ALONE is the only food and drink an infant needs for the first six months. No other food or drink, not even water, is needed during this period.**

---

*Key Level 1 Health Messages* 17
Having the baby start to breastfeed soon after birth stimulates the production of the mother’s breast milk. It also helps the mother’s uterus to contract, which reduces the risk of heavy bleeding or infection. The baby should be allowed to breastfeed as often as he or she wants. Colostrum, the thick yellowish milk the mother produces in the first few days after birth, is the perfect food for newborn babies. It is very nutritious and helps protect the baby against pneumonia, diarrhoea and other diseases.

Breast milk substitutes that are nutritionally adequate are expensive. For example, to feed one baby for a year requires 40 kilograms (about 80 tins) of infant formula. Using breast milk substitutes, such as infant formula or animal’s milk, can be a threat to infants’ health. This is particularly the case if parents cannot afford sufficient substitutes, which are quite expensive, or do not always have clean water with which to mix them.

If regular weighing shows that a breastfed baby under six months is not growing well:
- The child may need more frequent breastfeeding. At least 12 feeds during a 24-hour period may be necessary. The baby should suckle for at least 15 minutes.
- The child may need help to take more of the breast into the mouth.
- The child may be ill and should be taken to a trained health worker.
- Water or other fluids may be reducing the intake of breast milk. The mother should not give other fluids and should breastfeed only.

Many new mothers need encouragement and help to begin breastfeeding. How the mother holds her baby and how the baby takes the breast in the mouth are very important. Holding the baby in a good position makes it easier for the baby to take the breast well into the mouth and suckle. Signs that the baby is in a good position for breastfeeding are:
- The baby’s whole body is turned towards the mother.
- The baby is close to the mother.
- The baby is relaxed and happy.

Holding the baby in a poor suckling position can cause such difficulties as:
- Sore and cracked nipples.
- Not enough milk.
- Refusal to feed.

Signs that the baby is feeding well:
- The baby’s mouth is wide open.
- The baby’s chin is touching the mother’s breast.
- More of the dark skin around the mother’s nipple can be seen above the baby’s mouth than below it.
- The baby takes long, deep sucks.
- The mother does not feel any pain in the nipple.

Almost every mother can produce enough milk when:
- She breastfeeds exclusively.
- The baby is in a good position and has the breast well in the mouth.
- The baby feeds as often and for as long as he or she wants, including during the night.

From birth, the baby should breastfeed on demand. Newborns who sleep more than three hours after

Breast milk is the baby’s "first immunization". It helps to protect against diarrhoea, ear and chest infections, and other health problems. No other drinks or foods can provide this protection.
breastfeeding may be gently awakened and offered the breast. Crying is not a sign that the baby needs other foods or drinks. It normally means that the baby needs to be held and cuddled more. Some babies need to suckle the breast for comfort. More suckling will produce more breast milk. Mothers who fear that they do not have enough breast milk often give their babies other food or drink in the first few months of life. This causes the baby to suckle less often, so less breast milk is produced. The mother will produce more milk if she does not give the child other food or drink and breastfeeds often.

Bottles should not be given to breastfed babies because the sucking action for these is very different from suckling at the breast. Using bottles even for breast milk could cause the mother to produce less breast milk and the baby to reduce or stop breastfeeding. Breastfeeding can provide an opportunity for a mother to rest. Fathers and other family members can help by encouraging the mother to rest quietly while she breastfeeds the baby. They can also make sure the mother has enough food and help with household tasks.

Any infant older than six months of age needs other foods and drinks. From the age of six months to one year, breastfeeding should be offered before other foods, to be sure the infant takes plenty of breast milk every day. The child’s diet should include peeled, cooked and mashed vegetables, grains, legumes like peas and beans, and fruit, some oil, as well as minced fish, eggs, chicken or meat, along with dairy products to provide vitamins and minerals. In the second year, breastfeeding should be offered after meals and at other times. Breastfeeding should continue until the child is two years or older because breast milk is an important source of energy, protein and other nutrients.

A mother can continue to breastfeed her child for as long as she and the child wish. Babies fall ill frequently as they begin to crawl, walk, play, pick things off the floor, and drink and eat foods other than breast milk. A sick child needs plenty of breast milk. Breast milk is a nutritious, easily digestible food when a child loses appetite for other foods. Breastfeeding can comfort a child who is upset.

The general guidelines for complementary feeding are:

- From 6 to 12 months: Breastfeed frequently and give other foods three to five times a day.
- From 12 to 24 months: Breastfeed frequently and give family foods five times a day.
- From 24 months onward: Continue breastfeeding if both mother and child wish and give family foods five times a day.

There is a risk that a woman infected with HIV can pass the virus on to her infant through breastfeeding. Women who are infected should be advised by a health worker on how to reduce the risk of infecting the child.

**Key Message 3:** Bottle-feeding can lead to the illness and death of the baby. If a woman cannot breastfeed her infant, the baby should be fed breast milk or a breast milk substitute from an ordinary clean cup.
Unclean bottles and teats can cause diarrhoea and ear infections. Diarrhoea is deadly for babies. The best food for a baby who cannot be breastfed is milk expressed from the mother’s breast or from another healthy mother. The breast milk should be given from a clean, open cup. Even newborn babies can be fed with an open cup, which can be easily cleaned. Breast milk can be stored for up to eight hours at room temperature without going bad. Keep it in a clean, covered container.

If breast milk is not available, a nutritionally adequate breast milk substitute should be fed to the baby by cup. Infants who are fed breast milk substitutes are at greater risk of death and disease than breastfed infants.

Feeding the baby breast milk substitutes can cause poor growth or illness if too much or too little water is added or if the water is not clean. It is important to boil and then cool the water and carefully follow the directions for mixing breast milk substitutes.

3.1.3 Nutrition and Growth

More than half of all child deaths are associated with malnutrition, which weakens the body’s resistance to illness. Poor diet, frequent illness, and inadequate or inattentive care of young children can lead to malnutrition. If a woman is malnourished during pregnancy, or if her child is malnourished during the first two years of life, the child’s physical and mental growth and development may be slowed. This cannot be made up when the child is older — it will affect the child permanently. Children have the right to a caring, protective environment and to nutritious food and basic health care to protect them from illness and promote growth and development.

Regular weight gain is the most important sign that a child is growing and developing well. The child should be weighed during every contact with a health care provider. A child who does not gain weight for two months may need larger servings or more nutritious food, may be sick, or may need more attention and care. Parents and health workers need to act quickly to discover the cause of the problem.

Each young child should have a growth chart, a line that shows how well the child is growing. If the line goes down, there are some important questions to ask:

• Is the child eating often enough? A child needs to eat three to five times a day. A child with disabilities may require extra help and time for feeding.
• Is the child receiving enough food? If the child finishes his or her food and wants more, the child needs to be offered more.
• Do the child’s meals have too little “growth” or “energy” food? Foods that help the child grow are milk, meat, fish, eggs, beans, nuts, grains and pulses. A small amount of vegetable oil will add energy. Some oils available on the market are vitamin enriched.
• Is the child refusing to eat? If the child does not seem to like the taste of a particular food, other foods
should be offered. New foods should be introduced gradually.

- Is the child sick? A sick child needs encouragement to eat small, frequent meals. After an illness, the child needs an extra meal every day for a week. Young children need extra breast milk for at least a week after an illness. A child who is frequently ill should be checked by a trained health worker.

- Is the child getting enough foods with vitamin A to prevent illness? Breast milk is rich in vitamin A. Other foods with vitamin A are liver, eggs, dairy products, red palm oil, yellow and orange fruits and vegetables, and many green leafy vegetables. If these foods are not available in adequate amounts, a child needs a vitamin A capsule twice a year.

- Is the child being given breast milk substitutes by bottle? If the child is younger than six months, exclusive breastfeeding is best. From 6 to 24 months breast milk continues to be the best milk as it is an important source of many nutrients. If other milk is given, it should be fed from a clean, open cup, rather than from a bottle.

- Are food and water kept clean? If not, the child will often be ill. Food storage areas like cupboards should be kept clean. The food should be covered to keep out insects and dirt. Foods like fruits that are eaten raw should be washed with soapy water and dried before they are eaten. Food to be cooked should also be washed well in clean water. Cooked food should be eaten without delay. Leftover food should be thoroughly reheated. Water should come from a safe source and be kept clean. Clean water may be obtained from a protected spring or well. Water drawn from ponds, streams, springs, wells or tanks should be boiled or treated with chlorine to kill any germs, then kept in a clean covered container.

- Does the child play in an area where chickens, goats or other livestock are kept? Are faeces put in a latrine or toilet or buried? A child who comes into contact with faeces (human or animal) may frequently get worms and other sicknesses. A child with worms needs deworming medicine from a health worker.

**Key Message 5:**

From the age of six months to two years, children need to be fed five times a day, in addition to sustained breastfeeding. Thereafter the child can be fed family foods five times daily with or without breastfeeding.

A child’s stomach is smaller than an adult’s, so a child cannot eat as much at one meal. But children’s energy and body-building needs are great. So it is important that children eat frequently to provide for all their needs. Foods such as mashed vegetables or eggs, or a little finely chopped meat or fish should be added to the child’s food as often as possible. A small amount of oil may be added.

If meals are served in a common dish, younger children may not get enough to eat. Young children should have their own plate or bowl of food to ensure they can eat what they need and so the parent or caregiver can see how much they have eaten. Young children may need encouragement to eat - but they should not be forced - and may need help in handling food or utensils. A child with a disability may need extra help eating and drinking.
Even mild anaemia in infants and young children can impair intellectual development. Anaemia in children under two years of age may cause problems with coordination and balance, and the child may appear withdrawn and hesitant. This can limit the child’s ability to interact and may hinder intellectual development. Iron supplements for pregnant women protect both women and their babies.

Malaria and hookworm can cause or worsen anaemia. Malaria can be prevented by sleeping under a mosquito net that has been treated with a recommended insecticide. Children living in areas where worms are highly endemic should be treated two to three times a year with a recommended deworming medication. Good hygiene practices help prevent worms.

**Key Message 6:**
During an illness, children need to continue to eat and drink regularly. After an illness, children need at least one extra meal every day for at least a week.

When children are sick, their appetite decreases and their body uses the food they eat less effectively. If this happens several times a year, the child’s growth will slow or stop. It is essential to encourage a sick child to eat and drink. This can be difficult, as children who are ill may have no appetite. It is important to keep offering foods the child likes, a little at a time and as often as possible. Extra breastfeeding is especially important.

It is also essential to encourage a sick child to drink as often as possible. Dehydration is a serious problem for children with diarrhoea. Drinking plenty of liquids will help prevent dehydration. If illness and poor appetite persist for more than a few days, the child needs to be taken to a health worker. The child is not fully recovered from an illness until he or she weighs about as much as when the illness began.

### 3.1.4 Immunization

All children have the right to immunization. Even so, despite the availability of vaccines and the efforts of the Ministry of Health, the 2003 KDHS found that 27% of Kenyan infants reach their first birthday without being fully immunized against measles. All parents must be made aware of the importance of knowing why, when, where and how many times the child should be immunized. Parents also need to know that it is safe to immunize the child even if the child has an illness or a disability or is suffering from malnutrition.

**Key Message 7:**
Immunization is urgent. Every child needs a series of immunizations during the first year of life. A child who is not immunized is more likely to suffer illness, become permanently disabled, or become undernourished and die.

Why is immunization so important? Because immunization provides protection against many dangerous diseases - some of which are even more dangerous for children. Besides measles, immunizable diseases include diphtheria, whooping cough (pertussis), polio, tetanus and others. These diseases can kill. Children who survive these diseases are weakened and may not grow well or may be permanently disabled. They may die later from malnutrition and other illnesses. All
children have the right to be protected from these diseases.

Breast milk is the baby’s “first immunization”. It helps to protect against diarrhoea, ear and chest infections, and other health problems. The protection is greatest when breast milk alone is given for the first six months and breastfeeding continues well into the second year and beyond. No other drinks or foods can provide this protection.

Vitamin A also helps children fight infections and prevents blindness. In areas of vitamin A deficiency, children aged six months and older should be given vitamin A capsules or liquid when they are immunized. Vitamin A is also an important part of measles treatment.

Immunizations should begin early – in fact, some are given at birth. Half of all deaths from whooping cough, a third of all cases of polio and a quarter of all deaths from measles occur in children under one year old. It is essential that infants complete the FULL number of immunizations – otherwise the vaccines may not work. The chart in Annex B summarizes the type and timing of immunization the child should receive during the first year of life. The immunizations are most effective if they are given at the ages specified, or as close to those ages as possible.

A child is immunized by vaccines, which are injected or given by mouth. The vaccines build up the child’s defences against disease. But immunization only works if given BEFORE the disease strikes. If for any reason a child has not had the full series of immunizations in the first year of life, it is extremely important to have the child fully immunized as soon as possible or during special National Immunization Days.

All children need to be immunized against measles, which is a major cause of malnutrition, poor mental development, and hearing and visual impairments. The signs that a child has measles are a fever and rash that have lasted for three days or more, together with a cough, a runny nose or red eyes. Measles can cause death.

All children, everywhere, need to be immunized against polio. The signs of polio are a floppy limb or the inability to move. For every 200 children who are infected, one will be disabled for life.

Pregnant women need to be immunized to protect themselves and their infants from tetanus, a major killer of newborn infants. Tetanus bacteria or spores grow in dirty cuts. In certain situations mothers give birth in unhygienic conditions. If a pregnant woman is not immunized against tetanus and tetanus bacteria or spores enter her body, her life will also be at risk. These germs can also grow if the umbilical cord is cut with an unclean knife or if anything unclean touches the end of the cord. Any tool used to cut the cord should first be cleaned and then boiled or heated over a flame and allowed to cool. For the first week after birth, the baby’s umbilical cord must be kept clean.

It is safe for a pregnant woman to be immunized against tetanus. She should be immunized according to this schedule:

- **First dose:** As soon as she knows she is pregnant.
- **Second dose:** One month after the first dose, and no later than two weeks before her due date.
- **Third dose:** Six to 12 months after the second dose, or during the next pregnancy.
Taking KEPH to the Community

Fourth dose: One year after the third dose, or during a subsequent pregnancy.

Fifth dose: One year after the fourth dose, or during a subsequent pregnancy.

At six weeks of age, the baby needs the first dose of DPT (diphtheria, pertussis and tetanus vaccine) to extend the protection against tetanus.

One of the main reasons why parents do not bring a child for immunization is that the child has a fever, a cough, a cold, diarrhoea or some other illness on the day the child is to be immunized. However, it is safe to immunize a child who has a minor illness. It is safe to immunize all children including those who are disabled or malnourished. After an injection, the child may cry or develop a fever, a minor rash or a small sore. This is normal. Breastfeed frequently or give the child plenty of liquids and foods. On the other hand, any child who develops a high fever after being vaccinated should be taken to the health provider.

3.1.5 Diarrhoea

Diarrhoeal diseases among children under five account for over 4.7% of all outpatient cases in Kenya. Dehydration caused by severe diarrhoea is a major cause of morbidity and mortality. Children are more likely than adults to die from diarrhoea because they become dehydrated more quickly. About 1 in every 200 children who contract diarrhoea will die from it. The annual incidence of diarrhoea is 3.5 to 4.6 episodes per child per year, making it one of the top child killers.

Diarrhoea is caused by germs that are swallowed, especially germs from faeces. This happens most often when there is unsafe disposal of faeces, poor hygiene practices or a lack of clean drinking water, or when infants are not breastfed. Infants who are fed only breast milk seldom get diarrhoea.

Key Message 8: Diarrhoea kills children by draining water from the body. As soon as diarrhoea starts, give extra fluids as well as regular foods and fluids to the child. A child’s life is in danger if there are several watery stools within an hour or if there is blood in the faeces. Seek immediate help from a trained health worker.

A child who passes three or more watery stools a day has diarrhoea. The more numerous the watery stools, the more dangerous the diarrhoea. A child with diarrhoea should be given drinks as often as possible until the diarrhoea stops. Drinking lots of liquids helps to replace the fluids lost during diarrhoea. Recommended drinks for a child with diarrhoea:

- Breast milk (mothers should breastfeed more often than usual)
- Soups
- Rice water
- Fresh fruit juices
- Weak tea with a little sugar
- Coconut water
- Clean boiled or filtered water from a safe source
- Oral rehydration salts (ORS) mixed with the proper amount of clean water

Diarrhoea usually cures itself in a few days. The real danger is the loss of liquid and nutrients from the child’s body, which can cause dehydration and malnutrition. A child with diarrhoea should never be given any tablets, antibiotics or other medicines unless

Taking KEPH to the Community
these have been prescribed by a trained health worker. The best treatment for diarrhoea is to drink lots of liquids and oral rehydration salts (ORS) properly mixed with water.

If ORS packets are not available, dehydration can be treated by giving the child a drink made with four level teaspoons of sugar and half a level teaspoon of salt dissolved in one litre of clean boiled and cooled water. Be very careful to mix the correct amounts, as too much sugar can make the diarrhoea worse and too much salt can be extremely harmful to the child. If the mixture is made a little too diluted no harm can be done and there is very little loss of effectiveness.

Breastfed children should breastfeed as often as possible, and other children should drink plenty of liquids every time a watery stool is passed. Drinks should be given from a clean cup. If the child vomits, wait for 10 minutes and then begin again to give the drink to the child slowly, small sips at a time.

The child should be given the extra liquids until the diarrhoea has stopped. If the diarrhoea lasts longer than one week, caregivers should seek help from a trained health worker.

Parents should immediately seek help from a trained health worker if the child:
- Passes several watery stools in one hour
- Passes blood in the faeces
- Vomits frequently
- Has a fever
- Is not able to drink/breastfeed
- Refuses to eat
- Has sunken eyes
- Looks weak or is lethargic
- Has had diarrhoea for more than one week

There are four major ways to limit the spread of diarrhoea:
- Dispose of all faeces in a latrine or toilet or bury them.
- Wash hands with soap or ash and water after contact with faeces.
- Use treated or boiled water for drinking.
- Thoroughly wash and dry then peel all foods eaten raw and be sure all cooked foods are thoroughly done.

A child with diarrhoea loses weight and can quickly become malnourished. It is a mistake to think that a child who has diarrhoea should not be given much food. The opposite is true. A child with diarrhoea needs all the food and fluid he or she can take in addition to the extra fluids. Food can help stop the diarrhoea and help the child recover more quickly. If the child is around six months of age or older, parents and caregivers should encourage the child to eat as often as possible, offering small amounts of soft, mashed foods or foods the child likes. These foods should contain a small amount of salt. Soft foods are easier to eat and contain more fluid than hard foods. Recommended foods for a child with diarrhoea are well-mashed mixes of cereals and beans, minced fish or well-cooked meat, rich soups made with meat, beans or chicken, yoghurt, and fruits. One or two teaspoons of oil can be added to cereal and vegetables. Foods should be freshly prepared and given to the child five or six times a day.

After the diarrhoea stops, extra feeding is vital for a full recovery. At this time, the child needs to eat an extra meal a day, or breastfeed more every day, for at least two weeks. This
Taking KEPH to the Community

will help the child replace the energy and nourishment lost due to the diarrhoea. A child is not fully recovered from diarrhoea until he or she is at least the same weight as when the illness began.

Vitamin A capsules and foods that contain vitamin A help a child recover from diarrhoea. Foods that contain vitamin A include breast milk, liver, fish, dairy products, orange or yellow fruits and vegetables like carrots, pumpkin, mangos and pawpaws, and green leafy vegetables.

Measles frequently causes severe diarrhoea. Immunizing children against measles prevents this cause of diarrhoea.

Children and adults can swallow germs that cause diarrhoea if faeces touch the household’s drinking water, food, hands, utensils or food preparation surfaces. Flies that settle on faeces and then on food also transmit the germs that cause diarrhoea. Covering food and drinking water protects them from flies. All faeces, even those of infants and young children, carry germs and are therefore dangerous.

If children defecate without using the latrine or toilet, their faeces should be cleaned up immediately and put down the toilet or buried. Keeping latrines and toilets clean prevents the spread of germs.

Washing hands thoroughly and often is the single most important way to prevent the spread of many kinds of disease.

Hands should always be washed with soap and water or ash and water after defecating, after cleaning the baby’s bottom, and immediately before feeding children, handling food or eating. Young children frequently put their hands in their mouths, so it is important to keep the household area clean and to wash children’s hands often with water and soap or ash, especially before giving them food.

Other hygiene measures can help to prevent diarrhoea:
- Food should be prepared and thoroughly cooked just before eating.
- Food left standing can collect germs that can cause diarrhoea.
- After two hours cooked foods are not safe unless they are kept very hot or very cold.
- All refuse should be buried, burned or safely disposed of to stop flies from spreading disease.

3.1.6 Respiratory Infections

Coughs and colds may be danger signs of more serious illnesses such as pneumonia or tuberculosis.

Key Message 10:
A child with a cough or cold should be kept warm and encouraged to eat and drink as much as possible. If the child is breathing rapidly or has fever take the child immediately to a health facility for treatment.

Babies and very young children lose their body heat easily. When they have a cough or cold they should be kept covered and warm. Children with coughs, colds, runny noses or sore throats who are breathing normally can be treated at home and will recover without medicines. They need to be

Key Message 9:
Wash your hands thoroughly with soap and water or ash and water after contact with faeces, and before touching food or feeding children.
kept warm, but not overheated, and be
given plenty to eat and drink.
Medication should be used only if
prescribed by a health worker.
A child with a fever should be
sponged or bathed with cool but not
cold water. In areas where malaria is
common, the fever could be dangerous.
The child should be checked by a health
worker immediately.
The nose of a child with a cough or
cold should be cleared often, especially
before the child eats or goes to sleep. A
moist atmosphere can make breathing
easier, and it will help if the child
breathes water vapour from a bowl of
hot but not boiling water.
A breastfed child who has a cough or
cold may have difficulty feeding. But
breastfeeding helps to fight the illness
and is important for the child’s growth,
so the mother should continue to
breastfeed often. If a child cannot
suckle, the breast milk can be expelled
into a clean cup and the child can then
be fed from the cup. Children who are
not breastfed should be encouraged to
eat or drink small amounts frequently.
When the illness is over, the child should
be given an extra meal every day for at
least a week. The child is not fully
recovered until he or she is at least the
same weight as before the illness.
Coughs and colds spread easily.
People with coughs and colds should
avoid coughing, sneezing or spitting near
children. If a health worker provides
antibiotics to treat a bacterial infection,
like pneumonia or strep throat, that
comes with the cough or cold it is
important to follow the instructions
carefully. Give the child all the medicine
prescribed for as long as the instructions
say, even if the child seems better.
The child should be taken
immediately to a health clinic or a
trained health worker if any of the
following are present:

- The child is breathing much more
  quickly than usual: for a child 2 to
  12 months old — 50 breaths a minute
  or more; for a child 12 months to 5
  years old — 40 breaths a minute or
  more.
- The child is breathing with difficulty
  or gasping for air.
- The lower part of the chest sucks in
  when the child breathes in, or it
  looks as though the stomach is
  moving up and down.
- The child has had a cough for more
  than two weeks.
- The child is unable to breastfeed or
drink.
- The child vomits frequently.

3.1.7 Malaria

Malaria is the number one killer of
children under five years in Kenya.
Seeking early and proper treatment for
malaria is critical if malaria related
mortality is to be reduced. Delaying
treatment or using the wrong treatment
can lead to serious complications and
death. Most adults and caregivers of
young children do not realize how
dangerous malaria is to children. They
lack knowledge about appropriate
treatment of malaria, and don’t
appreciate the importance of early and
proper treatment.

**KEY MESSAGE 11:**
Malaria is transmitted through
mosquito bites. Sleeping under a
mosquito net treated with a
recommended insecticide prevents
malaria. All children should sleep
under a treated mosquito net.

All members of the community
should be protected against mosquito
bites, particularly young children and
pregnant women, and especially
Taking KEPH to the Community

between sunset and sunrise when mosquitoes are most active.

Mosquito nets, curtains or mats that are dipped in a recommended insecticide kill mosquitoes that land on them. Special, permanently treated mats should be used, or nets, curtains or mats that are regularly dipped in insecticide. Usually, the nets need to be retreated when the rains begin, at least every six months, and after every third wash. Trained health workers can advise on safe insecticides and re-treatment schedules.

Babies and other small children should always sleep under a treated mosquito net. If the nets are expensive, the family should buy at least one big net, which the small children can sleep under. Breastfed babies should sleep with their mothers under a net. Treated mosquito nets should be used throughout the year, even during times when there are fewer mosquitoes.

**Key Message 12:**
A child with a fever should be examined immediately by a trained health worker and receive an appropriate antimalaria treatment as soon as possible.

Malaria should be suspected if anyone in the family has a fever, or if young children refuse to eat or have vomiting, drowsiness or fits. A child with a fever believed to be caused by malaria needs to be given immediate antimalaria treatment as recommended by a health worker. If children with a malarial fever are not treated within a day, they may die. A health worker can advise on what type of treatment is best and how long it should continue.

A child with malaria needs to take the full course of treatment, even if the fever disappears rapidly. If the treatment is not completed, the malaria could become more severe and difficult to cure. Children with a fever should be kept cool for as long as the fever persists by:
- Sponging or bathing with cool (not cold) water.
- Covering the child with only a few clothes or one blanket.

Malaria burns up energy, and the child loses a lot of body fluid through sweating. The child should be offered food and drink frequently to help prevent malnutrition and dehydration.

Frequent breastfeeding prevents dehydration and helps the child fight infections, including malaria. Children with malaria should be breastfed as often as possible.

**Key Message 13:**
Families and communities can prevent malaria by removing standing pools of water and cutting grass and bushes around their dwellings to stop mosquitoes from breeding.

Mosquitoes breed wherever there is still water — for example in ponds, swamps, puddles, pits, drains, open containers, old tyres, hoof and tyre tracks, and the moisture on long grass and bushes. They can also breed along the edges of streams and in water containers, tanks and rice fields. The number of mosquitoes can be reduced by:
- Filling in or draining places where water collects.
- Covering water containers or tanks.
- Clearing bushes around houses.

Malaria affects the whole community. Everyone can work together to reduce the breeding places for mosquitoes and to organize regular treatment of mosquito nets with
insecticide. Communities should ask all health workers and political leaders in their regions to help them prevent and control malaria.

3.1.8 Injury Prevention

The most common childhood injuries are falls, burns, drowning and road accidents. Children between 18 months and four years old are at high risk of serious injury and death. Most of these injuries happen in or near the home. Almost all can be prevented. Many would be less serious if parents knew what to do when an injury happens.

**Key Message 14:**
Many serious injuries can be prevented if parents and caregivers watch young children carefully and keep their environment safe. Poisons, medicines, bleach, acid and liquid fuels such as paraffin (kerosene) should never be stored in drinking bottles. All such liquids and poisons should be kept in clearly marked containers out of children’s sight and reach.

The main causes of injuries in the home are:
- Burns from fires, stoves, ovens, cooking pots, hot foods, boiling water, steam, hot fats, paraffin lamps, irons and electrical appliances.
- Cuts from broken glass, knives, scissors or axes.
- Falls from cots, windows, tables and stairs.
- Choking on small objects such as coins, buttons or nuts.
- Poisoning from paraffin (kerosene), insecticides, rat poison, bleach (e.g., Jik) and detergents.
- Electrical shock from touching broken electrical appliances or wires, or poking sticks or knives into electric outlets.

Anything that may be dangerous for active young children should be stored safely away, out of their reach. Children should never be expected to work long hours or to do work that is hazardous or interferes with schooling. Children must be protected from heavy labour, dangerous tools and exposure to poisonous chemicals.

Burns and scalds are among the most common causes of serious injury among young children. Children need to be prevented from touching cooking stoves, boiling water, hot food and hot irons. Burns often cause serious injury and permanent scarring, and some are fatal. The great majority of these are preventable. Burns can be prevented by:
- Keeping young children away from fires, matches and cigarettes.
- Keeping stoves and cookers on a flat, raised surface out of the reach of children. If an open cooking fire is used, it should be made on a raised mound of clay, not directly on the ground.
- Turning the handles of cooking pots away from the reach of children.
- Keeping petrol, paraffin, lamps, matches, candles, cigarette lighters, hot irons and electric cords out of the reach of young children.

Falls are a common cause of bruises, broken bones and serious head injuries. Serious falls can be prevented by:
- Discouraging children from climbing onto unsafe places.
- Keeping the home clean.

Broken glass can cause serious cuts, loss of blood and infected wounds. Glass bottles should be kept out of the reach of young children, and the house and play area should be kept free of broken bottles.
Stop, look and listen before crossing a road
- Stop at the side of the road.
- Look both ways.
- Listen for cars or other vehicles before crossing.
- Hold the hand of another person.
- Walk, don’t run, across the road.

- Glass. Young children should be taught not to touch broken glass; older children should be taught to dispose of any broken glass safely.
- Knives, razors and scissors should be kept out of the reach of young children. Older children should be trained to handle them safely. Sharp metal objects, machinery and rusty tins can cause badly infected wounds. Children’s play areas should be kept clear of these objects. Household refuse, including broken bottles and old tins, should be disposed of safely.

- Very young children should not be given groundnuts (peanuts), hard sweets, or food with small bones or seeds. Young children should always be supervised during meals. Cut or tear children’s food, especially meat, into small pieces. Coughing, gagging and high-pitched, noisy breathing or the inability to make any sound at all indicate breathing difficulty and possible choking. Choking is a life-threatening emergency. Caregivers should suspect a child is choking when he or she suddenly has trouble breathing, even if no one has seen the child put something into the mouth. Do not think you will be able to hear the choking from another room - often the child is unable to make a sound.

- Children should be protected from smoke, fumes and other inhalations. Some inhalations affect children’s health. Inhalation of indoor smoke may lead to chest problems in young children, e.g., difficulty in breathing and wheezing like in asthma. Fumes from charcoal can kill. Keep the house well ventilated when cooking over a fire or charcoal.

- Poisoning is a serious danger to small children. Bleach (e.g., Jik), insect and rat poison, paraffin (kerosene), and household detergents can kill or permanently injure a child. Many poisons do not need to be swallowed to be dangerous. They can kill, cause brain damage, blind or permanently injure if they:
  - Are inhaled.
  - Get onto the child’s skin or into the eyes.
  - Get onto the child’s clothes.

- If poisons are put in soft drink or beer bottles, jars or cups, children may drink them by mistake. All medicines, chemicals and poisons should be stored in their original containers, tightly sealed. Detergents, bleaches, chemicals and medicines should never be left where children can reach them. They should be tightly sealed and labelled. They should also be locked in a cupboard or trunk or put on a high shelf where children cannot see or reach them. Medicines meant for adults can kill small children. Medicine should only be given to a child if it was prescribed for that child and never be given to a child if it was prescribed for an adult or some other child. Overuse or misuse of antibiotics can cause deafness in small children. Medication should only be used as prescribed by the health worker. Aspirin is a common cause of poisoning. It should be kept out of the reach and sight of children.

- A small child who falls into even just inches of water can drown. Wells, tubs and buckets of water should be covered. Children should be taught to swim when they are young as they will then be less likely to drown. Children should be taught never to swim alone.
Road safety should be taught very early in life. Nearly half of Kenya’s many road accident victims are pedestrians. Young children do not think before they run onto the road. Families need to watch them carefully. Children should not play near the road, particularly if they are playing with balls.

Older children should be encouraged to look after younger children and to set a good example. Bicycle accidents are a frequent cause of injury and death among older children. Families can prevent bicycle accidents if they make sure that children with bicycles are trained in road safety. If possible, children should wear helmets or protective headgear when biking.

Children are at high risk of serious injury if they travel in the front seat of a car or unsupervised on the back of a pickup truck or lorry. Always ensure that children use seat belts when travelling in a vehicle and that babies are strapped into special baby carriers. (If a person can afford a car, they can afford a baby carrier.)

Community members should be sensitized on the need for extra care when children are on or near a road, for example near a school. They should be informed that children lack grown-up spatial perception and cannot accurately judge the distance or speed of an approaching vehicle. An adult driver or cyclist should never assume a child will “get out of the way in time”. Schools near roads that children must cross should organize “crossing guards” - adults who are empowered to stop traffic so that the children can cross safely.

3.1.9 TB and Other Urgent Problems

Babies and small children can get very sick very quickly - sick enough to die if they are not treated promptly. Caregivers need to be alert to danger signs that mean the child is very ill and needs immediate treatment.

**Key Message 15:**

All caregivers should be aware of and watch for specific signs of serious problems in a baby aged zero to 2 months. These signs are related to bacterial infection, diarrhoea and breastfeeding difficulties. These problems can be fatal. The baby should be taken immediately to the nearest health facility.

Major danger signs include:
- A bacterial infection
  - Convulsions
  - Umbilical discharge
  - Yellowness of the eyes
  - Eye discharge
- Diarrhoea
  - Dehydration
  - Blood in stool
- Breastfeeding problems - incorrect attachment

Tuberculosis (TB) is a disease caused by bacteria called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine and brain. If not treated properly, TB disease can be fatal. TB is spread through the air from one person to another. Bacteria are released into the air when a person with active TB coughs or sneezes. People nearby may breathe in these bacteria and become infected.
**KEY MESSAGE 16:**
A child who has a cough lasting for two weeks or more should be taken for a TB test immediately. Early diagnosis and prompt treatment is the only way to beat TB.

People with active TB disease are most likely to spread it to people they spend time with every day. This includes family members, friends and co-workers. Babies, young children and people infected with HIV have very weak immune systems. This makes them prone to TB infection. Children born to mothers with a chronic cough should be screened for tuberculosis. If the mother has TB, the baby should be protected from TB by getting Isoniazid 5 mg/kg body weight for three months. If a child has a chronic cough, the family should be screened for TB too.

Refer to Annex C for guidelines on assessing a sick child, including major danger signs.

3.1.10 Schooling Begins at Home

The human brain reaches 90% of its adult size during the first five years of life. Children may fall behind in both academic and social skills if during these years they are not exposed to the right kinds of stimulation. Unfortunately, this gap only gets wider as children grow older.

**KEY MESSAGE 17:**
Young children need much more than just food to develop. They need lots of intellectual, emotional and physical stimulation.

There are many ways to encourage your child’s early development. For example, it’s important to stimulate your baby’s sense of touch to improve emotional and physical growth. Babies and small children respond to facial expressions, hugs, and positive interaction. Parents need to recognize the importance of this early education. Reading aloud and activities that develop speech and language can all benefit a child by encouraging mental and physical development. Reading to your child also fosters speech and language development. In fact, any loving, responsive, affectionate interactions will help your child develop normally. (For more about early childhood development, see Section 3.1.1.)

3.2 Summary of Key Messages for Cohort 2

1. Immunize all children during the first year of life to protect against diseases.
2. Give all children Vitamin A supplementation.
3. Monitor the child’s growth monthly from birth to age two and thereafter when a child has a health problem.
4. Recognize warning signs showing that the child’s growth and development are faltering.
5. Give the child a proper mix of foods in 3-5 meals a day.
6. Provide stimulation and affection to ensure social, physical and intellectual development.
7. Provide exclusive breastfeeding to the infant for the first six months.
8. Introduce weaning foods to infants from the age of six months, but continue breastfeeding through the child’s second year and beyond.
9. Keep the child health card safe. It is an important document that has all the information about child immunization and growth.
10. Remember that *diarrhoea kills* children by draining water from the body, thus dehydrating the child. As soon as diarrhoea starts, give the child extra fluids as well as regular foods.

11. Give the child an extra meal a day for at least two weeks while recovering from diarrhoea.

12. To prevent diarrhoea, wash hands thoroughly with soap or ash and water after contact with faeces and before touching food or feeding children.

13. Keep a child with cough or cold warm and continue normal feeding and drinking.

14. All children should sleep under a treated mosquito net to prevent mosquito bites.

15. Have a child with a fever examined immediately by a trained health worker and receive an appropriate anti-malaria treatment as soon as possible.

16. Watch young children when they are playing and keep their environment safe to avoid accidents.

17. *Do not use* drinking bottles to store poisons, medicines, bleach, acid and liquid fuels such as paraffin. All such liquids and materials should be kept in clearly marked containers out of children's sight and reach.

18. Involve fathers in the care of their children.
The challenges that affect the health of children aged 6–12 years are becoming similar to those of adults. However, these children are also still susceptible to malaria infection; they suffer from various worm infestations and they have a relatively high risk of traumas and injuries (for example, through child labour).

4.1 Key Messages

The KEPH focus for this age-group is mainly on school health programmes, like de-worming, health education and the promotion of physical activity (sports and various social activities). But all parents and caregivers should know that the child’s education begins at home, and continues at home even after the child starts school.

4.1.1 Education and Socialization of Young Kids

High quality education in the early years makes a huge difference. Children who receive better early education are more likely to succeed in both school and in life. Early education creates connections in the brain that are important for growth and socialization. During these early years, the brain’s ability to change and grow is dramatic. It is important for parents to nurture their children’s curiosity from day one to foster normal development.

**Key Message 1:**

During the early and formative years of a child’s development it is important to nurture and encourage proper growth and development. Children learn how to behave by imitating the behaviour of those closest to them.

In school as in life, consistent support from parents is crucial to sustaining a confidence and sense of achievement. Parents play a distinct role in their child’s education. An understanding of this role can help you help your child step up to the challenges of learning. By watching and imitating others, young children learn how to interact socially. They learn what kinds of behaviour are and are not acceptable. The examples set by adults and older children are the most powerful influences in shaping a child’s behaviour and personality. Children learn by copying what others do, not what others tell them to do. If adults shout and behave violently, children will...
learn this type of behaviour. If adults treat others with kindness, respect and patience, children will follow their example.

Children like to imitate. This should be encouraged as it develops the child’s imagination. It also helps the child understand and accept the ways other people behave.

**Key Message 2:**

Encouraging children to play and explore helps them learn and develop socially, emotionally, physically and intellectually.

Children play because it is fun, but play is also key to their learning and development. Playing builds children’s knowledge and experience and helps develop their curiosity and confidence. Children learn by trying things, comparing results, asking questions and meeting challenges. Play develops the skills of language, thinking, planning, organizing and decision making. Stimulation and play are especially important if the child has a disability.

Parents can encourage emotional development by playing games with their children. Girls and boys need the same opportunities for play and for interaction with all family members. Play and interaction with the father help strengthen the bond between the father and the child. Family members and other caregivers can help children learn by giving them simple tasks with clear instructions, providing objects to play with, and suggesting new activities - but without dominating the child’s play. Watch the child closely and follow her or his ideas.

Caregivers need to be patient when a very young child insists on trying to do something unaided. Children learn from trying until they succeed. As long as the child is protected from danger, struggling to do something new and difficult is a positive step in the child’s development. All children need a variety of simple materials to play with that are suitable for their stage of development. Water, sand, cardboard cartons, wooden building blocks, and pots and lids are just as good as toys bought from a shop.

Children are constantly changing and developing new abilities. Caregivers should pay attention to these changes and follow the child’s lead to help her or him develop more quickly.

Getting into the habit of active physical activity early in life can prevent many problems later. Physical activity helps build and maintain healthy bones, muscles and joints and can prevent or delay the development of high blood pressure - which can even affect children and adolescents. Such activity need not be strenuous to be beneficial. Moderate amounts of daily physical activity are recommended for people of all ages. This amount can be obtained in longer sessions of moderately intense activities, such as brisk walking for 30 minutes, or in shorter sessions of more intense activities, such as jogging. Playing ball, running races, even walking to school and home again are all good exercise for kids.

**Key Message 3:**

Girls who are educated are more likely to delay sexual activity. If they are healthy and have a good diet during their childhood and teenage years, they will have fewer problems in pregnancy and childbirth when the time comes.

Being able to read and write helps women protect their own and their family’s health. Girls who have at least seven years of schooling are less likely...
Taking KEPH to the Community

to become pregnant during adolescence and are more likely to marry later than those with little or no education. A nutritious diet during childhood and adolescence reduces problems in pregnancy and childbirth. A nutritious diet includes beans and other pulses, grains, green leafy vegetables, and red/yellow/orange vegetables and fruits. Whenever possible, milk or other dairy products, eggs, fish, chicken and meat should be included.

Female genital mutilation (FGM) or female circumcision can be the cause of sometimes major health problems. In traditional rites the girl or woman experiences severe pain, shock and sometimes severe bleeding. There is risk of infection, blood poisoning, tetanus and gangrene. Other problems can be lifelong. These may include urine retention and associated urinary tract infections, obstruction of menstrual flow and related reproductive tract infections, infertility, prolonged and obstructed labour, and psychological pain. FGM may result in painful intercourse for both the man and the woman because it interferes with the normal elasticity of the vagina and the lubricating system. The opening is thus too small and both parties experience pain. The woman may also be injured. The Children Act of 2001 forbids the procedure on girls under age 18.

4.1.2 Worms

Worms are extremely common. There are different types of worms, most of which live in the intestines but can sometimes travel to other sites in the body and cause problems there as well. Worms contribute to health problems in both adults and children. A large number of tapeworms or round worms in the intestines may lead to intestinal obstructions, while hookworms may cause anaemia. Pinworms may cause irritation and frequent itching of the anus.

**Key Message 4:** All children should be de-wormed at least twice a year

The common types of worms are: round worms (*ascaris*), hookworms (*ankylostoma*), tapeworms (*Taenia*) and pinworms (also called threadworms, *oxyurae*). All the worms except tapeworms can be treated with mebendazole tablets. Tapeworms are treated with niclosamide tablets.

To prevent intestinal worms advise people to:
- Wear shoes or slippers (*pata-pata*).
- Wash their hands after defecating, before handling food and before eating.
- Use latrines, which should be located well away from sources of water.
- Cook meat well, especially pork and beef.

4.1.3 Personal Hygiene

Personal hygiene refers to the steps you take to keep your body clean and healthy. Good hygiene keeps and promotes the health of people and the community. This means washing your hands especially before eating anything and after coming in contact with unclean items. Your body should be kept clean by taking a bath at least once a day if possible. Maintaining good

*Taking KEPH to the Community*
personal hygiene helps fight infection by removing substances that allow bacteria to grow from the surface of your skin.

**KEY MESSAGE 5:**
Parents should support and encourage their children to maintain good hygiene practices.

Practices that children should maintain:
- Washing hands frequently especially before eating and after visiting the toilet.
- Taking a bath at least once a day: Bathing/showering removes dirt, dead skin cells and body odour.
- Brushing teeth after every meal: Regular brushing of the teeth keeps your mouth and gums healthy, so you can keep your breath odour-free.
- Eating healthy foods.
- Getting enough sleep.

### 4.2 Summary of Key Messages for Cohort 3

1. Ensure all children attend primary school.
2. Ensure children receive an adequate balanced diet, three meals a day.
3. Respond to child’s need for care by playing and talking with them, and providing a stimulating environment to promote mental and psychological development.
4. Seek health care as soon as an illness appears or is suspected.
5. Insist that children sleep under ITNs to prevent malaria.
6. Treat all drinking water at the point of use.
7. Wash hands after visiting toilets and before eating in school and at home.
8. Introduce sexuality education at focal points (home, church and school).
9. Follow the instructions given at the health facility for each service.
During adolescence, new threats to healthy development pose themselves. These are in particular related to behaviour changes, like sexuality (STIs, HIV/AIDS and risk of early pregnancy), drug and substance abuse (alcohol and tobacco), and general professional development (school attendance).

5.1 Key Messages
KEPH emphasizes services that are specifically targeted for this age group: like the provision of reproductive health information and counselling and contraceptives if necessary, voluntary counselling and testing (VCT) centres for testing HIV prevalence, promotion of anti-tobacco and drinking habits, and the establishment of youth-friendly services within existing health facilities. The need for such centres comes from the growing realization among health professionals that messages targeted at this specific age group need to be different and adapted to their culture and lifestyle.

5.1.1 Reproductive Health
According to Kenya’s Adolescent Reproductive Health and Development Policy (ARHDP, 2003), adolescents (young people aged 10-19 years) constitute 25.9% of Kenya’s population. They often lack the means to begin taking responsibility for their own reproductive health because they do not fully understand or appreciate the changes in their bodies and may need reassurance and support.

Information and education on sexual and reproductive health is important for adolescents. They need accurate and appropriate information to help them understand their sexuality and the reproductive process as they grow to help them make sound decisions.

Too Young for Sex?
The ARHDP also reports that adolescence is associated with many adverse health outcomes that include pregnancy, abortion, sexually transmitted diseases including HIV/AIDS. All of these can have a devastating effect on the health and lives of the young.

Prevention is the most effective strategy against the spread of HIV/AIDS. Every person in every community unit should know how to avoid getting and spreading the disease.
**Key Message 1:**
Early childbearing, unsafe abortion and STDs threaten adolescents’ health and future fertility. Delay sex, delay pregnancy.

Adolescents are more likely to experience pregnancy related complications than are older women. A key reason for this is that young women’s bodies may not be mature enough to handle the stress of pregnancy and childbirth. Women below age 20 are especially likely to suffer from pre-eclampsia and eclampsia, obstructed labour, and iron deficiency anaemia. Young women are also at greater risk of developing fistulae as a result of prolonged labour occasioned by their smaller pelvic size.

STD and reproductive tract infection rates are particularly high among young people. STDs not only cause illness that can interfere with a young person’s education or employment, but also can cause infertility.

Unsafe abortion contributes significantly to maternal morbidity and mortality among adolescents in Kenya. The majority seeking care for unsafe abortion complications are below 25 years (ARHDP, 2003).

Pregnant adolescents may be denied important opportunities. Compared with a woman who delays childbirth until her twenties, a woman who has her first child before age 17 is likely to receive less education, be out of work, have a lower paying job and be separated from her partner. Young, unmarried women have sometimes been forced to turn to prostitution to support themselves and their children.

For young men, early fatherhood can disrupt educational plans and increase economic responsibilities. Millions of adolescents are sexually active. These adolescents are likely to have sex without using modern contraceptives or protection against STDs and pregnancy.

**Sexuality Education**
Sexuality education programmes can be effective in teaching young people important decision making and communication skills, which will help them resist peer pressure to have sex and make responsible decisions about initiating sex. Sex education does not increase sexual activity. In fact, sex education can delay the start of sexual activity and lead to protective behaviour once sexual activity begins.

**Key Message 2:**
Sexually active adolescents should choose a method that they can use successfully and that protects them from both pregnancy and STDs.

The safest way to prevent pregnancy and disease is to avoid sexual intercourse. Many adolescents lack the skills necessary for abstinence or successful method use or lack the discipline to use a method consistently. They may need special counselling about how to avoid pregnancy and STDs. For those who are sexually active, male and female condoms, used correctly and consistently, provide the best protection against STDs while also preventing pregnancy.

To help ensure contraceptive use among sexually active adolescents, contraceptive information, counselling and services must be readily and easily accessible. Abstinence has no side effects.
available. Youth-friendly services are a priority of KEPH, so that more and more adolescents are expected to have access to such services.

**HIV/AIDS**

According to the ARHDP, adolescents are very vulnerable to HIV/AIDS infection. About 20% of all reported new AIDS patients are young people aged 15-24 years. Young women aged 15-19 years are more than twice as likely to be infected as males in the same age group.

*AIDS* is an incurable but preventable disease. HIV, the virus that causes AIDS, is spread through unprotected sex; transfusions of unscreened blood; from an infected woman to her child during pregnancy, birth and breastfeeding; and contact with contaminated body fluids such as with the re-use of contaminated needles and syringes.

AIDS is caused by the human immunodeficiency virus (HIV), which damages the body’s defence system. People infected with HIV usually live for years without any signs of the disease. They may look and feel healthy, but they can still pass on the virus to others. AIDS is the late stage of HIV infection. People who have AIDS grow weaker because their bodies lose the ability to fight off illnesses. In adults, AIDS develops 7 to 10 years after infection, on average. AIDS is not curable, but new medicines can help people with AIDS live healthier for longer periods.

HIV is contained in blood, semen, vaginal fluid and other body fluids, and is most likely to be infectious if it contacts sores, cuts or mucous membranes (eyes, vagina, etc.). There are basically three ways HIV is transmitted: through unprotected sexual intercourse (vaginal, anal or oral) with an infected person; through contact with blood or other body fluids; and from an infected mother to a child in the womb, during labour and birth, or through breastfeeding.

In Kenya the most common mode of transmission is unprotected sexual intercourse. Other common ways of spreading HIV are by using unsterilized needles and syringes (most often those used for injecting drugs), razor blades, knives or other instruments for injecting, cutting or piercing the body, and through transfusions of infected blood. All blood for transfusions should be screened for HIV.

It is NOT possible to get HIV/AIDS just by touching those who are infected. Hugging, shaking hands, coughing and sneezing will not spread the disease. HIV cannot be transmitted through latrines or toilet seats, telephones, plates, glasses, eating utensils, or swimming pools. It is not spread by mosquitoes, flies or other insects.

School-aged children should be provided with age-appropriate information on HIV/AIDS and life skills before they become sexually active. Education at this stage has been shown to delay sexual activity and to teach responsibility.

For those living with or affected by HIV/AIDS, care and compassion are needed. Measures should be taken to remove the social, cultural and political barriers that block access to HIV/AIDS services.

**Voluntary Counselling and Testing**

HIV counselling and testing can help in the early detection of HIV infection and in enabling those who are infected to get the support services they need.
manage other infectious diseases they might have, and learn about living with HIV/AIDS and how to avoid infecting others. Counselling and testing can also help those who are not infected to remain uninfected through education about safer sex.

**Key Message 4:**
Everyone who is sexually active should consult a health worker or go to a voluntary counselling and testing (VCT) centre to receive confidential counselling and testing for HIV.

If the result of an HIV/AIDS test is negative, this means the person tested is not infected or it is too early to detect the virus. The HIV blood test may not detect the virus during the first six months after infection. The test should be repeated six months after any possible exposure to HIV. Since an infected person can transmit the virus at any time, it is important to always use a condom during sex or to avoid penetration.

Families and communities should demand and support confidential HIV/AIDS counselling, testing and information to help protect adults and children from the disease. It is possible to stop HIV from spreading to the next generation if young people know the facts about HIV transmission, if they abstain from sex, and if they have access to condoms if they don’t abstain.

HIV rates are much higher among teenage girls than teenage boys. Teenage girls are more susceptible to HIV infection because:
- Young girls may not understand the risk or may be unable to protect themselves from sexual advances.
- Their vaginal membranes are thinner and more susceptible to infection than those of mature women.
- They are sometimes targeted by older men who seek young women with little or no sexual experience because they are less likely to be infected.

Girls have the right to refuse unwanted and unprotected sex. Parents and teachers should discuss this issue with girls and boys to make them aware of girls’ rights, to teach boys to respect girls as equals, and to help girls avoid or defend themselves against unwanted sexual advances.

**Key Message 5:**
Parents and teachers can help young people protect themselves from HIV/AIDS by talking with them about how to avoid getting and spreading the disease, including the correct and consistent use of male or female condoms.

Young people need to be informed that there is no vaccination and no cure for HIV/AIDS. They need to understand that prevention is the only protection against the disease. Young people also need to be empowered to refuse sex. Condoms can save lives by preventing the sexual transmission of HIV. Everyone has the right to voluntary and confidential counselling and testing for HIV/AIDS and the right to be protected from discrimination of any kind related to their HIV/AIDS status.

HIV can be spread by unsterilized needles or syringes, such as those used
for injecting drugs. Used razor blades, knives, or tools that cut or pierce the skin also carry some risk of spreading HIV. Nothing should be used to pierce a person’s skin unless it has been sterilized. Injections should be given only by a trained health worker. For each child or adult being immunized, a new or fully sterilized needle and syringe should be used. Sharing needles and syringes with anyone, including family members, may transmit HIV or other life-threatening diseases. No one should share needles or syringes. Parents should ask the health worker to use a new or sterilized needle for every person.

Any kind of cut using an unsterilized object such as a razor or knife can transmit HIV. The cutting instrument must be fully sterilized for each person, including family members, or rinsed with bleach and/or boiling water. Any instrument that is used to cut a newborn’s umbilical cord must be sterilized. Particular care should be taken when handling the placenta and any blood from the delivery. Protective (latex) gloves should be used if available. Great care should be taken to avoid splashing blood in the eyes during delivery. Equipment for dental treatment, tattooing, facial marking, ear piercing and acupuncture is not safe unless the equipment is sterilized for each person. The person performing the procedure should take care to avoid any contact with blood during the procedure.

Health workers or family members who are accidentally exposed to HIV contaminated body fluids should immediately seek post-exposure prophylaxis (treatment with anti-retroviral medication) at the district hospital. Women who are raped should also seek post-exposure prophylaxis as soon as possible after the assault.

Other Sexually Transmitted Infections
Sexually transmitted infections (STIs) are infections that are spread through sexual contact, either through the exchange of body fluids (semen, vaginal fluid or blood) or by contact with the skin of the genital area (particularly if there are lesions such as blisters, abrasions or cuts, often caused by the STI itself).

**Key Message 6:**
Young people who have a sexually transmitted infection (STI) are at greater risk of getting HIV and of spreading HIV to others. People with STIs should seek prompt treatment and avoid sexual intercourse or practice safer sex.

STIs often cause serious physical suffering and damage. Some can be passed to the baby during pregnancy or birth. Any STI, such as gonorrhoea or syphilis, can increase the risk of catching or transmitting HIV. Persons suffering from an STI have a 5 to 10 times higher risk of becoming infected with HIV if they have unprotected sexual intercourse with an HIV-infected person.

Women often have few or no symptoms of sexually transmitted disease.

**Key Message 7:**
Parents can help young people protect themselves from risky behaviours by having regular communication with them on such issues.
Young people need to understand the possible consequences of risky behaviours of all types. Parents, guardians or the person in the community in charge of rites of passage can warn young people about the risks of HIV/AIDS, other STIs and unplanned pregnancy. Traditional cultures can make it awkward for parents to discuss sexual issues with their children. One way to begin the discussion with school-aged children is to ask them what they have heard. If any of their information is wrong, take the opportunity to provide them with the correct information. Talking with and listening to young people is very important.

Parents who are uncomfortable with such discussions should ask a teacher, a relative or someone who is good at discussing sensitive issues for advice on how to talk to the child about this. Community health workers should share information on sexuality and HIV/AIDS regularly with parents. This will help clarify issues received from various media.

### 5.1.2 Drug and Substance Abuse

A drug is any chemical that produces a therapeutic or non-therapeutic effect in the body. Most foods are not drugs. Alcohol is a drug not a food. Some drugs used to treat illness can also be abused if they are not used for the specific purpose of treatment. Teenagers may become involved in drug abuse during adolescence when they feel immune to the problems others face. This feeling is bolstered by peer pressure from others in the group, i.e., the need to be identified with the group.

Youth who use alcohol and tobacco at a young age are prone to using other drugs later. Some teenagers will experiment and stop; others will develop a dependency, moving on to more dangerous drugs and causing significant harm to themselves and possibly others.

**Key Message 8:**

Parents should talk with their children early and often about the dangers of drug and substance abuse. Never assume that “my child” would never do drugs.

Parents can help keep their children from drug abuse by being good role models, ensuring open communication with their children, and starting early to educate their children about the dangers of using drugs. But, they should also recognize that for some young people peer pressure can very quickly undo years of parental teaching. Parents need to know the risk factors, signs of drug use and where to get help.

**Who Is At Risk?**

Teenagers at risk of developing serious alcohol and drug problems include those:

- With a family history of substance abuse
- Who are depressed
- Who have low self-esteem
- Who feel like they don’t fit in or are out of the mainstream

Common drugs that are abused include alcohol, tobacco, prescribed medications (such as diazepam), inhalants (glue), marijuana (bhang), cocaine and heroin.
**Signs That a Young Person May Be Using Drugs**

- Uncharacteristic withdrawal from family activities
- The appearance of new and undesirable friends
- Problems in school
- Uncharacteristic moodiness - from being extremely dejected to extremely elated or energetic
- Weight loss
- Spells of being abnormally hungry (even for a growing teenager)
- The disappearance of money or sellable objects from the house

**Consequences of Drug Abuse**
The consequences can be both immediate and long term. They include:

- Chronic addiction
- School failure
- Accidents due to poor judgment
- Violence
- Criminal or socially undesirable behaviour to raise money to pay for drugs
- Unplanned and unsafe sex
- Possible permanent brain damage

**Substance Abuse Treatment**
Early recognition of problems is one key to overcoming them. If there is any suspicion that there is a problem, parents must find the most appropriate way to help their child. Parents are encouraged to consult with a mental health professional when making decisions about substance abuse treatment for children or adolescents.

**5.1.3 Nutrition for the Youth**

Young people are growing and changing rapidly. Healthy eating is essential for proper growth and development. Proper nutrition also reduces the risks of heart disease, some cancers and stroke. If the youth do not get proper and nutritious foods, then chances of developing these diseases in later years increase.

All young people should eat a balanced diet made up of the three food groups: body building foods (proteins), protective foods (fruits and vegetables) and energy giving foods (carbohydrates and oils). In this way they will consume the appropriate mix of proteins, starches, vitamins and minerals. Besides contributing to growth and a good energy level, a balanced diet protects the body from illnesses.

**Key Message 9:**
All youth require sufficient nutritionally balanced foods for their growth and development, both mental and physical. Since the youth are in a critical developmental phase, the amount of food available to them should be increased.

**5.1.4 Mental Health**

Mental health can be described as the balance between the individual, their social group and the larger environment. When the three components are in harmony the individual has a sense of wellbeing, and of being able to handle environmental issues and social concerns. The changes occurring in our societies have both positive and negative aspects. Some of these changes have led to role reversals, e.g., women become sole breadwinners after their...
spouses migrate to urban areas looking for jobs. These changes may lead to insecurity in some people, causing nervousness, uneasiness, restlessness, tension, and sleeplessness. All these symptoms are signs of anxiety.

Kenyan youth are often under tremendous pressure - to succeed in school so as to pass make-or-break national examinations, to find a job and earn a living in an economy that is not generating sufficient employment opportunities, to find some balance between traditional and modern lifestyles, to keep up with "trendy" friends and schoolmates, to resist the lure of risky behaviours. The pressures are sometimes enough to cause depression, anxiety, and behaviour and eating problems. Suicides among Kenyan youth are distressingly common.

**Key Message 10:**
Any person having difficulties in performing simple chores at home and in work places as well as relating to people should be taken to a health worker for examination.

People presenting with symptoms of anxiety need to be reassured and encouraged to continue with their life as best as possible.

People with mental disorders are some of the most neglected people in the world. In many communities, mental illness is not considered a real medical condition, but is viewed as a weakness of character or as a punishment for immoral behaviour. Young people are expected to "grow out of it". Even when people with mental disorders are recognized as having a medical condition, the treatment they receive is often less than humane. People with mental illness are also thought to be violent and they often invoke fear despite the fact that they are far more likely to be the victims of violence rather than the perpetrators.

**Signs of Mental Illness**
- Irritability with slightest or sometimes no provocation
- Neglect of health and personal hygiene
- Bouts of hyperactivity
- Depression
- Lack of appetite or eating too much
- Withdrawal from normal activities
- A feeling of hopelessness and helplessness
- Feeling tired and generally without energy
- Inability to find pleasure
- Sleeping too much or not enough
- Comments about feeling useless and committing suicide

**Treatment**
- Enlist the aid of a trusted teacher, relative, church/mosque elder or other to try to talk to the young person who appears to be suffering from a mental or emotional illness. Someone outside the family is likely to have more success in getting a response.
- Encourage the young person to talk to a health worker.
- Be prepared to be involved in the treatment.
- Do not disregard any threats or comments about suicide.
5.2 Summary of Key Messages for Cohort 4

1. Seek health care as soon as an illness appears or is suspected.
2. Sleep under ITNs to prevent malaria.
3. Treat water at point of use.
4. Remember that abstinence is the safest way to prevent STDs and HIV infection.
5. Delay sexual engagement as long as possible.
6. Use protection during sex if one must have sex.
7. Follow all the instructions given at the health facility for each service.
8. Avoid the use of alcohol, cigarettes and drugs.
9. Involve both parents in the care of their adolescents and in reproductive health of the family.
10. Encourage parents to discuss sexuality issues with their adolescent children.
11. Prevent unwanted pregnancy through family planning.
12. Encourage (or take) any person depicting major attitude or lifestyle changes to see a health worker for review and advice.
6. Key Level 1 Health Messages

The health of adults is threatened both by well-known infections like malaria, TB, STIs and HIV/AIDS, and by non-communicable diseases like heart diseases, cancer and diabetes. Trauma, accidents and stress also plague adults. It is for this age-group that KEPH emphasizes the necessity of adopting a healthy lifestyle: stop smoking, do exercises or sports, eat a balanced diet regularly, avoid stress, avoid unsafe sexual encounters.

6.1 Key Messages

This age cohort represents the widest span in years of the human life cycle. At the lower end members are usually full of energy, getting married or looking, and settling into a job or profession. As the years go by there are many changes - the newlyweds become parents, jobs change, relationships change, bodies age. Many people continue to live a relatively traditional life, where they know what is expected of them, but for others there are no roadmaps through all these changes. Staying healthy when both you and your environment are constantly changing is a big challenge.

6.1.1 STIs and HIV/AIDS

Members of this age cohort are the ones most likely to be sexually active - whether in permanent or temporary relationships. They are therefore at relatively greater risk of contracting sexually transmitted infections including HIV. Because the majority of people of this age are also parents and breadwinners and thus in highly responsible roles, it is important for them to avoid infection for the sake of their own health and the welfare of those who depend on them.

**Key Message 1:**
People who have a sexually transmitted infection (STI) are at greater risk of getting HIV and of spreading HIV to others. People with STIs should seek prompt treatment and avoid sexual intercourse or practice safer sex.

Most people in this cohort are parents and breadwinners, so it is important for them to avoid infection for the sake of their own health and the welfare of those who depend on them.

People who suspect that they have an STI should seek prompt treatment.
from a health worker in order to be diagnosed and get treatment. They should avoid sexual intercourse or practise safer sex (non-penetrative sex or sex using a condom). If found to have an STI, they should tell their partner. If both partners are not treated for an STI, they will continue infecting each other with the STI. Most STIs are curable.

A man infected with an STI may have pain or discomfort while urinating; discharge from his penis; or sores, blisters, bumps and rashes on the genitals or inside of the mouth. A woman infected with an STI may have discharge from the vagina that has a strange colour or bad smell, pain or itching around the genital area, and pain or unexpected bleeding from the vagina during or after intercourse. More severe infections can cause fever, pain in the abdomen and infertility. However, many STIs in women produce no symptoms at all — and some STIs in men also may not have any noticeable symptoms.

Also, not every problem in the genital area is an STI. There are some infections, such as candidiasis (yeast) and urinary tract infections, that are not spread by sexual intercourse but cause great discomfort in the genital area.

**KEY MESSAGE 2:**

The risk of getting HIV through sex can be reduced if people don’t have sex, if they reduce the number of sex partners and if they use a condom. Correct and consistent use of condoms can save lives by preventing the spread of HIV.

Mutual fidelity between two uninfected partners protects them both from HIV/AIDS. The more sex partners people have, the greater the risk that one of them will have HIV/AIDS and pass it on. However, anyone can have HIV/AIDS — it is not restricted to those who have many sex partners. And an infected person may look completely healthy. A blood test is the most accurate way to tell if someone is infected with HIV.

A person can become infected through even one occasion of unprotected penetrative sex (sex without a condom). Unless partners have sex only with each other and are sure that they are both uninfected, they should practise safer sex or use a new latex condom for every act of vaginal and anal intercourse. Condoms should never be re-used.

Condoms with lubrication already on them are less likely to tear during handling or use. If the condom is not lubricated enough, a “water-based” lubricant, such as silicone or glycerine, should be added. If such lubricants are not available, saliva can be used. Lubricants made from oil or petroleum (e.g., vaseline) should never be used because they can damage the condom. A safe alternative to the male condom is the female condom. The female condom is a soft, loose-fitting polyurethane sheath that lines the vagina. It has a soft ring at each end. The ring at the closed end is used to put the device inside the vagina and to hold it in place during sex. The other ring stays outside the vagina and partly covers the labia. Before sex begins, the woman inserts

---

**The ABCs of Safer Sex**

A - Abstain!
B - Be faithful to a single partner whose only partner is you!
C - Condomize! Use a condom every time
D - Don’t take chances!

---

Taking KEPH to the Community
the female condom with her fingers. Unlike the male condom, the female condom can be used with any lubricant — whether water-based, oil-based or petroleum-based — because it is made from polyurethane.

Drinking alcohol or taking drugs interferes with judgment. Even those who understand the risks involved and the importance of safer sex may become careless after drinking or using drugs.

6.1.2 Routine Health Care

Adults can do many things to take responsibility for their own good health. Having regular medical check ups, taking care to prevent malaria and water-borne diseases, getting enough physical exercise, eating right, and avoiding or limiting stress are among the important steps to take.

Regular Check Ups

Health check ups assist in detecting health conditions that might develop into chronic health problems later in life. The earlier we start going for these check ups, the better for our health as we grow older. When health problems are detected early before advancing into serious conditions, then remedial actions can be taken through lifestyle changes, treatment or surgical interventions.

During check ups different tests are carried out depending on the age of the person, since some diseases are common in certain age groups. Among the diseases that can be detected through check ups are hypertension, diabetes and cancers (cervix, breast, prostate, rectum, lung, etc.).

**Key Message 3:**

All adults over 25 years should undergo regular check ups for ailments that may present in later years especially due to lifestyle changes. Check ups should be carried out at least once a year.

Precautions against Common Illnesses

In addition to regular medical check ups, adults need to remember guard against the routine ailments that are common in Kenya. They should sleep under ITNs to prevent malaria and use only boiled or treated water for drinking.

Physical Exercise

Physical activity is one of the most important things you can do to maintain your physical and mental health and quality of life as you get older. Walking, stretching and keeping your muscles in good condition will help you to maintain your independence. Inactivity makes your body age faster. To stay independent you need to be able to bend, lift, carry things and move around easily. Inactivity leads to declines in bone strength, muscle strength, heart and lung fitness, and flexibility.

**Key Message 4:**

To maintain your health and independence as you grow older you need to keep yourself active. Physical activity ensures that your body organs function effectively due to the stimulus in your systems.
Being active reduces the risk of:
- Falls and injuries
- Heart disease, high blood pressure, stroke
- Obesity
- Adult-onset diabetes
- Osteoporosis
- Depression
- Colon cancer
- Premature death

In rural areas getting exercise is not likely to be a problem - farming, tending livestock, walking to the market and other activities help keep a person fit. If you do not do these things, make a conscious effort to stay active by spending at least 30 minutes a day doing physical activity that makes you sweat. Some specific points to remember are:
- Start slowly and build up.
- Do gentle reaching, bending and stretching exercises.
- Lift weights, do resistance activities.
- Do the activities you are doing now, more often.
- Take the stairs instead of the lift.
- Walk instead of drive for short errands.

6.1.3 Tuberculosis

More than a third of Kenyans are infected with the organism that causes TB (*Mycobacterium tuberculosis*). Most of these people will never develop TB disease because their immune (defence) systems are strong enough to prevent the bacteria from multiplying and causing disease. If the immune system is weakened, for example by HIV infection, the infection can eventually lead to disease. Since an estimated 7% of Kenyans are currently infected with HIV, a large number of Kenyans are likely to be infected with both HIV and TB. These individuals have a considerably higher risk of developing TB disease.

Tuberculosis is a disease that usually attacks the lungs (80%), but can affect almost any part of the body except the hair and the nails.

**Key Message 5:**
Tuberculosis is a curable disease if it is diagnosed and treated early, regardless of the HIV status.

- The difference between HIV and TB is that one of them - TB - can be cured.
- If you have been coughing for two weeks or more, go for a TB test immediately.
- Curing TB is a personal choice even for a person with HIV.
- Early diagnosis and prompt treatment is the only way to beat TB.
- HIV does not mean TB and TB does not mean HIV.
- Find out what you have. If it is TB, it can be cured. Act fast.
- Once hope replaces fear, TB can be cured.

**Key Message 6:**
If you have been coughing for two weeks or more, go for a TB test immediately. Early diagnosis and prompt treatment is the only way to beat TB.

TB is spread through air by a sick person through coughing, sneezing, singing or even speaking to a healthy person who then inhales the TB bacteria. TB usually enters the body through the lungs. TB in the lungs or throat can be very infectious. This means that the bacteria can be easily passed on to other people. TB in other parts of the body, such as the kidney or spine, is usually not infectious. TB
patients with bacteria in their sputum (smear positive TB) are the sources of infection. Therefore all patients presenting with cough for two weeks or more should have three sputum samples collected for examination.

HIV-positive people can easily be screened for TB. If they are infected they can be given prophylactic treatment to prevent development of the disease or curative drugs if they already have the disease. TB patients can be offered an HIV test.

TB is curable even in people living with HIV, as long as the diagnosis is made early and treatment is prescribed and taken properly (right regimen, right dosage and right duration of treatment). The treatment is free at all government facilities and in some designated health facilities, e.g., mission hospitals, where TB services are offered. Duration of TB treatment ranges from 6 to 8 months.

For better adherence to TB treatment, it is recommended that every TB patient should have a treatment supporter. TB patients can get their drugs daily from the nearby health facility or from the community (community-based directly observed treatment, short course – DOTS).

6.2 Summary of Key Messages for Cohort 5

1. Remember that all people are at risk of HIV/AIDS; use condoms to reduce this risk.
2. If you suspect that you might be infected with HIV, contact a health worker or a VCT centre to receive confidential counselling and testing.
3. Reduce the risk of getting HIV through sex by not having sex at all or by being faithful to one partner.
4. Parents and teachers, help young people protect themselves from HIV/AIDS by talking with them about how to avoid getting and spreading the disease.
5. Discuss sexuality and HIV/AIDS with children early enough.
6. Get information on lifestyle related illnesses.
7. Check regularly for non-communicable illnesses like diabetes, hypertension, cholesterolaemia, etc.
8. Seek health care as soon as illness appears or is suspected.
9. Sleep under ITNs to prevent malaria.
10. Treat drinking water at the point of use.
Elderly people suffer from various chronic diseases, like hypertension (high blood pressure), disabilities (eyes, ears), degenerative diseases (problems with walking, backaches, etc.) and mental disorders. For this age group KEPH calls for regular medical screenings, promotion of healthy lifestyles (exercises, sports, social activities) and access to drugs for degenerative illnesses.

7.1 Key Messages

Persons aged 65 and older are at high risk for complications that require hospitalization. Elderly persons are less able to fight new infections because their immune systems become weaker with age. They may suffer visual or balance problems that lead to falls. And they may be less likely to eat a good balanced diet. All these factors combine to threaten the health of older people.

**Key Message 1:**
Seek regular medical check ups and information on old age conditions. Follow the instructions given at the health facility to the end and seek health care as soon as an illness appears or is suspected.

**Key Message 2:**
Try to be physically active every day.

If at all possible moderate physical activity should be part of an older adult’s daily routine to help prevent conditions such as obesity, hypertension, diabetes and coronary artery disease. Most adults need to participate in up to 30 minutes of moderate to vigorous physical activity on most days to prevent unhealthy weight gain.

**Key Message 3:**
Increase daily intake of fruits and vegetables, whole grains, and reduced-fat milk and milk products.

Fruits are important sources of fibre and at least eight additional nutrients, including vitamin C, folate and potassium (which may help control blood pressure). Many vegetables provide only small amounts of sugars and/or starch, some are high in starch, and all provide fibre. Vegetables are important sources of many nutrients, including potassium, folate, and vitamins A and E. Most fruits and vegetables are also relatively low in calories – which is important to think.
about since many people gain undesirable amounts of weight as they get older.

Older adults who increase their fruit and vegetable consumption to meet recommended nutrient levels will also be reducing their risk of such chronic diseases as stroke. Moreover, increased consumption of fruits and vegetables is generally regarded as an important approach to achieving and sustaining weight loss.

Women over age 50 need to be sure they get enough calcium in their diet to protect their bones.

Blood pressure generally increases as people get older. Reducing blood pressure, ideally to the normal range, reduces the chance of developing a stroke, heart disease, heart failure and kidney disease.

The relationship between salt (sodium chloride) intake and blood pressure is direct and progressive. This means that the higher a person’s salt intake, the higher is their blood pressure. Thus, reducing salt intake as much as possible is one way to lower blood pressure. It is important to note here that the big culprit in salt is the sodium; it is important to also take care to reduce other sources of sodium.

Another dietary measure to lower blood pressure is to consume a diet rich in potassium. A potassium-rich diet blunts the effects of salt on blood pressure, may reduce the risk of developing kidney stones, and possibly decreases bone loss with age. Bananas and oranges are important sources of potassium.

7.2 Summary of Key Messages for Cohort 6

1. Seek health care as soon as illness appears or is suspected.
2. Use ITNs when sleeping to prevent malaria.
3. Use only boiled or treated water for drinking.
4. Follow instructions given at the health facility for any service.
5. Take regular exercise to the extent of ability.
6. Go for regular medical check ups.
Questions and Answers for Use at Household Level during Home Visits by CHWs

1. PREGNANCY AND CHILDBIRTH

Q 1: What can you do to ensure that [name of pregnant woman] delivers her baby safely?

**Possible answers:**
1. Prepare a birth plan.
2. Identify the most appropriate facility or qualified person.
3. Ensure that she can reach the facility at the time of need.
4. Prepare materials needed for safe delivery and newborn care (specific to areas).
5. Recognize danger signs and take action to receive timely assistance.

Q 2: Why should a pregnant woman be checked at a clinic at least four times during a pregnancy?

**Possible answers:**
1. Ensure that all warning signs are identified and action taken.
2. Recognize danger signs that may threaten the life of the mother and/or the baby in time to address them and thus save lives.
3. Check if the woman requires special counselling and care for her own health and that of the child.

2. EARLY CHILDHOOD (2 WEEKS TO 5 YEARS)

Q 3: What do you do to ensure that your baby receives adequate feeding?

**Possible answers:**
1. Breastfeed the baby exclusively and on demand for six months.
2. Introduce other foods at six months.
3. Feed the child at least four times a day.
4. Mix the food types.

Q 4: What do you do to protect your child from diseases or injuries?

**Possible answers:**
1. Ensure they complete immunization by nine months.
2. Immunization protects against several dangerous diseases.
3. The child sleeps under a treated mosquito net.
4. Watch young children carefully and keep their environment safe.

Taking KEPH to the Community
5. Ensure things such as fires, cooking stoves, lamps, matches, liquids and medicines are kept away from the child.
6. Wash hands thoroughly with soap and water or ash and water after contact with faeces, and before touching food or feeding children.

**Q 5: How do you take care of a child sick with fever and/or cough?**

**Possible answers:**
1. Seek the help of a health worker as soon as illness is suspected.
2. Comply with the advice or treatment given by the health worker.
3. Continue regular feeding of the child.
4. Keep the child warm and encourage it to eat and drink as much as possible.

3. **LATE CHILDHOOD (6—12 YEARS)**

**Q 6: How do you take care of a child sick with diarrhoea?**

**Possible answers:**
1. Give the child plenty of fluid.
2. Seek help from a health worker.
3. Encourage the child to eat and drink as much as possible.

4. **ADEOCEENCE (13—24 YEARS)**

**Q 7: What do you do to ensure that your adolescent child has the right information about sex?**

**Possible answers:**
1. Be available to listen and answer their questions accurately.
2. Look for relevant opportunities to discuss sexuality issues with the child.

3. Be open and non-judgemental in discussing sexuality issues.

5. **ADULTHOOD (25—59 YEARS)**

**Q 8: What are the benefits of planning your family?**

**Possible answers:**
1. Helps one have children one can care for.
2. Helps the mother to recover from a previous birth.
3. Gives each child enough space for attention and care.
5. Allows a woman to have a baby at the right time.

**Q 9: What do you do to protect yourself from STIs and HIV infection?**

**Possible answers:**
1. Abstain.
2. Delay having sex.
3. Be faithful to regular partner.
4. Use condoms to prevent STIs, HIV and unwanted pregnancy.

6. **ELDERLY (60+ YEARS)**

**Q 10: How can you ensure early detection of health problems?**

**Possible answers:**
1. Go for regular check ups.
There are four main vaccines that every child needs before they reach one year of age. These vaccines are given according to the schedule in the chart below.

**Immunization schedule**

<table>
<thead>
<tr>
<th>Type of immunization</th>
<th>Age of child</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG (against TB)</td>
<td>Immediately after birth</td>
<td>Or, at first contact with child after birth</td>
</tr>
<tr>
<td></td>
<td>Injection into left upper forearm</td>
<td></td>
</tr>
<tr>
<td>Polio (against poliomyelitis)</td>
<td>Birth polio at birth</td>
<td>Birth or at first contact with child before 6 weeks</td>
</tr>
<tr>
<td>Oral</td>
<td>1st polio - at 6 weeks</td>
<td>1st or at first contact with child after 6 weeks</td>
</tr>
<tr>
<td></td>
<td>2nd polio - at 10 weeks</td>
<td>2nd or at second contact with child after 10 weeks</td>
</tr>
<tr>
<td></td>
<td>3rd polio - at 14 weeks</td>
<td>3rd or at third contact with child after 14 weeks</td>
</tr>
<tr>
<td>DPT* (against 3 diseases*)</td>
<td>1st - at 6 wks</td>
<td>1st - Or at first contact with child after 6 weeks</td>
</tr>
<tr>
<td>Injection into upper outer thigh</td>
<td>2nd - at 10 wks</td>
<td>2nd - Or at 2nd contact with child after 10 weeks</td>
</tr>
<tr>
<td>1st DPT</td>
<td>3rd - at 14 wks</td>
<td>3rd - Or at 3rd contact with child after 14 weeks</td>
</tr>
<tr>
<td>2nd DPT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd DPT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td>At 9 months</td>
<td>Or at first contact with child after 9 months</td>
</tr>
<tr>
<td>Injection into left upper arm</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*DPT = diphtheria, pertussis (whooping cough), tetanus
ANNEX C:
Assessing a Sick Child

General Procedure

1.) Take the child’s history from the mother: age, reason for the visit, current problems

2.) Ask about the three main symptoms:
   - Cough or difficulty in breathing
   - Diarrhoea
   - Fever (malaria, measles)

Cough or difficult breathing may indicate pneumonia or other very severe disease.

3.) Check child for general danger signs:
   - Child not able to drink or breastfeed
   - Child vomits everything
   - Child has had convulsions
   - Child not alert, not responding, uninterested (lethargic or unconscious)

If any one of the danger signs is present refer urgently to the nearest health facility. If no danger signs are present, advise caregiver on home care and on when it is necessary to take the child to health facility immediately.

4.) Ask additional questions to help classify the illness:
   - Check the child for malnutrition and anaemia
   - Check the child’s immunization status
   - Assess other problems the mother has mentioned

5.) Look for:
   - Chest in-drawing
   - Strange sounds (stridor)
   - Fast breathing
     - 50 breaths or more per minute in a child 2 months up to 12 months
     - 40 breaths or more per minute in a child 12 months to 5 years

If one or more of the above signs is present, refer urgently to the nearest health facility.

Assessing Specific Conditions

Diarrhoea

- Not alert or not responding, uninterested (lethargic or unconscious)
- Not able to drink nor breastfeed
- Sunken eyes
- Slow return of a skin pinch

Pinch the skin of the abdomen: If the skin goes back very slowly (longer than 2 seconds), this is DIARRHOEA WITH DEHYDRATION. It is an emergency.
If one or more of the above signs is present, refer urgently to the nearest health facility and advise caregiver to give the child sips of ORS on the way to the facility.

If the child is
- Irritable or restless
- Thirsty, drinks eagerly,

If yes for both, this is DIARRHOEA WITH DEHYDRATION. Refer to the nearest health facility. Advise caregiver to give ORS and to continue breastfeeding.

If no to both of the above signs:
- Give extra fluids
- Continue breastfeeding
- Advise to return immediately

If diarrhoea has lasted for 14 days or more, refer to the nearest health facility.

If the child has blood in the stool this is DYSENTERY. It is an emergency. Refer to the nearest health facility. Advise caregiver to give ORS on the way.

**Fever / Malaria**
- Temperature of 37.5°C or higher
- Feels hot now
- Felt hot in the last three days
- Any general danger sign or stiff neck
- Cough with fast breathing or difficult breathing

If yes to any of the above signs, this is a very severe febrile disease or malaria or pneumonia. Refer urgently to nearest health facility.

**Measles**
- Temperature of 37.5°C or above
- Feels hot now
- Felt hot in the last three days

If yes to the above, plus:
- Generalized rash and any of the following: Cough, runny nose, red eyes — SUSPECTED MEASLES
- Drugs to give - 1st dose of paracetamol. Refer urgently to the nearest health facility.

**Ear Infection**
- Pain/swelling
- Rubs or pulls ear frequently
- Liquid coming from the ear

If one of the above signs is present, refer urgently to nearest health facility.

**Malnutrition**
- Visible wasting or
- Oedema of both feet

Refer urgently to the nearest health facility.

**Anaemia**
- Severe palmar pallor - Refer urgently to the nearest health facility.

**Sick Young Infant Age 0-2 Months**
- Baby was born at home and has not visited a health facility
- Has fever or feels cold
- Is unable to suck or is sucking poorly
- Has rigidity
- Has malformations
- Yellowness of the skin
- Bulging fontanel (the soft spot on the top of the head)
- Pus draining from the eye or umbilical cord
- Difficult or fast breathing
- Dehydration (skin pinch goes back slowly),
- Blood in stools
- Fever

If one of the above signs is present, refer urgently to nearest health facility.

*Taking KEPH to the Community*
Notes

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
Reversing the trends
The Second
NATIONAL HEALTH SECTOR
Strategic Plan of Kenya

Community Strategy Implementation Guidelines

Key Health Messages for Level 1 of the Kenya Essential Package for Health

A Manual for Community Health Extension Workers and Community Health Workers

Ministry of Health
March 2007
Key Health Messages for Level 1 of the Kenya Essential Package for Health - A Manual for Community Health Extension Workers and Community Health Workers

Communities represent the first level of health care of the Kenya Essential Package for Health defined in Kenya’s second National Health Sector Strategic Plan. Service provision at level 1 is organized in three tiers starting with household-based caregivers, adult members of the household who provide the essential elements of care for health in all dimensions and across life-cycle cohorts. These household-based caregivers are supported by volunteer community-owned resource persons - community health workers and community health extension workers - who are in turn supported and managed by a range of community structures to be established or strengthened through the implementation of the Community Strategy. This manual intends to provide the basic information the CHWs and CHEWs need in their efforts to assist communities in their quest for better health.