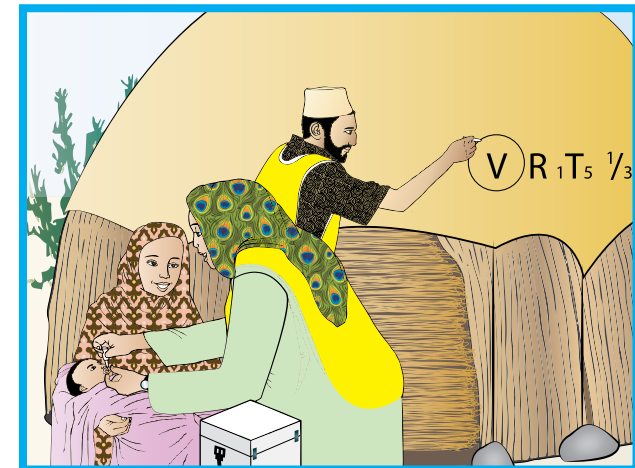
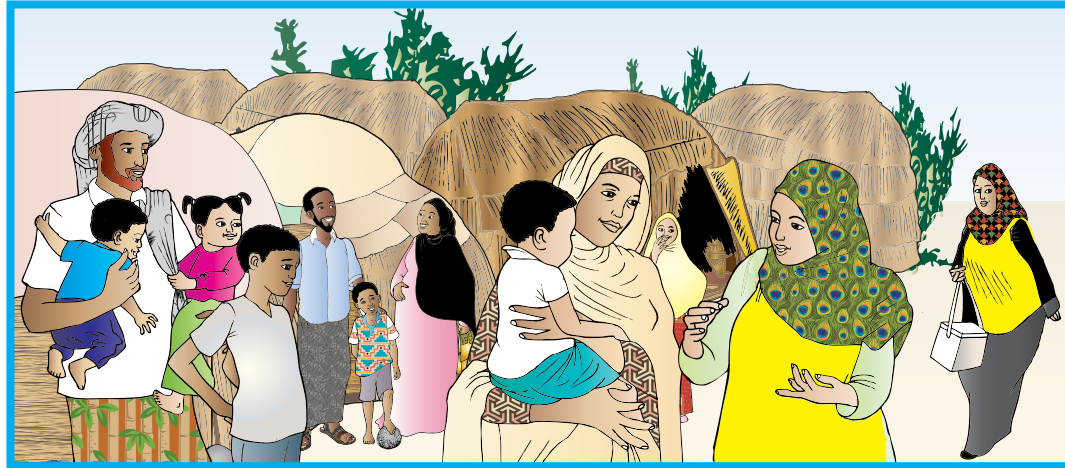


Community Health Volunteers Training Resource Handbook on Polio.



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4. Surveillance	x
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Foreword

Acknowledgement

Introduction

Only a small proportion of the rural population is within easy reach of a health facility. In addition many people in the communities are ignorant of the causes of disease and that services to prevent and treat them are available in the health facilities. As a result, many diseases occur in the community and are not reported.

The community health volunteers are instrumental in improving health seeking behaviours of people, referral of patients, community information flow, and strengthening the link between the community and the health facility.

One of the roles of community health volunteers is to look out for and report the key diseases to health facility. This role is very important for polio eradication as it is the strategy that helps know if polio has been eradicated.

Disease surveillance needs to go beyond the health facility to the community to improve case detection, timeliness of investigation and the response.

A major focus of this training is to reinforce the community surveillance and linkage between the community and health facility for AFP surveillance, other priority diseases, and immunization program.

Community-based surveillance will not replace but compliments the facility-based surveillance system.

The trained community health volunteers will be collecting data from individuals and households at the village level to compliment data from the health facilities.

How to use this manual

Target users

The purpose of these instructions is to train the community health volunteers (CHVs) on polio eradication, AFP surveillance, routine immunization and polio vaccination campaigns so that they are able to engage in community awareness and be focal points for community surveillance. The education material is in the form of flip book with five short modules.

The trained CHV uses the flip book to hold community education session to village support group that would include other CHVs, traditional healers including birth attendants (TBA), religious leaders, village chiefs and elders, school teachers who are influential in encouraging individuals and families to adopt appropriate health behaviors in the village. CHV should also use the this education material in providing education to individuals, families, school and other people in general in a one-one or group setting.

Who trains the CHVs?

A trainer (sub county surveillance coordinator/EPI officer/ community strategy officer) and support agency staff will travel to each health facility to organize the training for CHVs. The health facility and CHEW will organize the training.

Roll out of Orientation to Trainers

The county surveillance coordinator/EPI officer/community strategy officer/health information and records officer will be given half a day orientation at the county health office on the training with focus on session delivery methodology, contents and deliverables of training.

The training will be done by trained national staff and support agency staff (if available). One of the trained county staff and support agency staff (if any) will travel to each sub county to hold a half day orientation to sub county surveillance coordinator/EPI officer/ community strategy officer.

Where will training take place?

The sub county surveillance coordinators in collaboration with CHEW will be responsible for identifying a place where the volunteers can be trained. This may be within the nearest health facility or in the village. Whichever place is identified, it should be free from distractive activities and must be comfortable.

When will training take place?

It is assumed that the volunteers are people with other responsibilities. It is therefore best to fit in their schedules. The time of training will be agreed with them when most of them are available.

What is in the training package?

The CHVs will be trained on the following topics;

1. Polio Disease for CHVs
2. Global and National situation on polio
3. Polio vaccination Campaigns
4. Surveillance
5. Routine Immunization

What is the purpose of the training?

There are two main objectives for this training;

- To strengthen the capacity of community health volunteers to conduct effective surveillance for suspected polio (acute flaccid paralysis) cases, other diseases of IDSR priority as well as improve routine immunization services uptake,
- To improve the flow of surveillance information between the community and the local health facilities.

How will the trainings be conducted?

SESSION	Time
0: Introductions and registration	20 Min
00: Objectives of training	15 Min
1: Polio the disease	45 min
2: Global and National situation of polio eradication	30 Min
3: Polio Vaccination Campaigns	30 Min
4: Disease Surveillance	70 Min
5: Routine Immunization	60 Min
6. Questions and discussions	30 min
Total time	300 Min (5 hours)

Trainings will be conducted with pictorial presentations where the CHVs will be asked to describe what they see in the pictures. They will then be informed in simple language what the illustrated pictures mean.

A few questions will serve as openers to assess the knowledge and at times attitude and practices of the community. Discussions will be encouraged and participants will be given time to answer questions.

Sessions timing

Materials needed during training

Facilitator	Participants
1. Lap top	1. Notebooks
2. Facilitator's spiral bound flipchart of the presentations	2. Pens
3. Registration form	3. Sample reporting/ Referral forms
4. Training program	4. Posters or brochures
5. Note book	5. Samples of mother child booklets for routine immunization
6. Contact/address forms for Surveillance Coordinators and Health Facility in-charge and CHEW	

Preparations for the training

- Read these instructions carefully before beginning.
- Plan ahead and obtain all required materials needed for the training
- It is very important to have a good understanding of each topic's content. Read through the modules so that you are familiar with the content so that word for word reading will not be necessary.
- Arrive at the venue early and make sure seats are arranged in a manner to allow a group discussion e.g. a u-shaped formation

Training instructions

- Ensure that all participants sign their names on the registration form as they enter the training room. Assist any participants who cannot write by writing their names for them. Give each person their pen, pencil, etc. as they sign in.
- Welcome participants and ask a volunteer to pray
- Introduce yourself and your co-facilitator(s)

- Ask participants to introduce themselves by name and what they do e.g. housewife or other volunteer work.
- Build the participants' confidence by telling them that in terms of knowing their own communities, they are the "experts" and they need to share their expert knowledge with you and each other.
- Try to always maintain eye contact with the CHVs so that everyone feels included.
- Ask the questions at the beginning of each module to keep the audience engaged and highlight the main points of the presentation.
- Encourage as many people as possible to speak. You can help this by saying: "I'd like to hear from someone who has not spoken yet."
- Remember to thank each person after speaking.
- Record new ideas in your notebook, using the CHVs own words if possible.
- At the end, ask whether any participant has a question on what you have covered.
- Do not feel compelled to answer every question yourself. Try to elicit answers from the other CHVs first, then confirm or correct politely.
- Summarize your main points at the end bringing out the main issues.
- Always mark the time for each session so as not to eat into other sessions.

Objectives of the training

- Inform the CHVs that they have a very important role to play in maintaining the health of the community and controlling diseases by promptly identifying and reporting health related information to the ministry of health. This will help in the ministry responding before many people are affected. The community health volunteers will link the health facility staff and the community by feeding back on latest issues of health on both sides and referring sick persons to the health facility.

Session 1: Polio as disease

- Show the cover picture and inform participant that you are going to discuss the disease called polio.
- Slide 2 will be facing you and you can ask the questions on it.
- For each question, let at least 3 people give answers. Write the answers on your notebook.
- After the questions and answers are exhausted, turn the page to slide 3 with illustrations.
- Ask what they see and use slide 4 to elaborate about the disease relating the appropriate answers given earlier.
- Proceed this way making sure the writings are on your side while the illustrations are facing the audience.
- At the end, ask whether anybody has a question and first allow for any answer to come from the participants.
- To assess their perception, ask again some of the questions at the beginning (slide 2).
- Summarize by repeating the key points.

Session 2: Global and National situation on polio

This will follow the same format as session one starting with the cover page. Summarize by stressing the importance of eradication of pointing out that as long as polio is present anywhere in the world, Kenyan children will remain at risk.

Session 3: Polio vaccination Campaigns

Introduce the topic as before and proceed to the questions. Allow discussions pertaining to attitude of the community on polio vaccination campaigns. As in previous sessions, display the illustrations and enquire what the participants can see.

Session 4: Surveillance for Polio and other diseases

Start by introducing the session and ask the first 2 questions on the common diseases commonly affecting children in the community and what the community believe and do whenever there is a sickness. Record answers on your notebook and refer to them as need be. This is a very important module and must be exhausted.

Make sure the CHVs have understood what is required of them in disease surveillance.

Session 5: Routine Immunization

Introduce the session as a very important one which deals with protection of children from many diseases. The same process of displaying the illustrations is used. When you get to the roles, show a sample of mother-child book indicating where vaccinations are recorded at the clinic.

Session 6:

Discuss the way forward on reporting of diseases and referring of sick persons and immunization defaulters. The contacts of the health facility in charge and the surveillance coordinators are given. Allow questions from the participants and as before give time for answers to come from them first. Make sure that all questions are answered. At the end of the modules, stress that community participation in polio eradication and ensuring that children receive the necessary vaccines at the right time is very crucial. Give out any available reading materials.

Only a small proportion of the rural population is within easy reach of a health facility. In addition many people in the communities are ignorant of the causes of disease and that services to prevent and treat them are available in the health facilities. As a result, many diseases occur in the community and are not reported.

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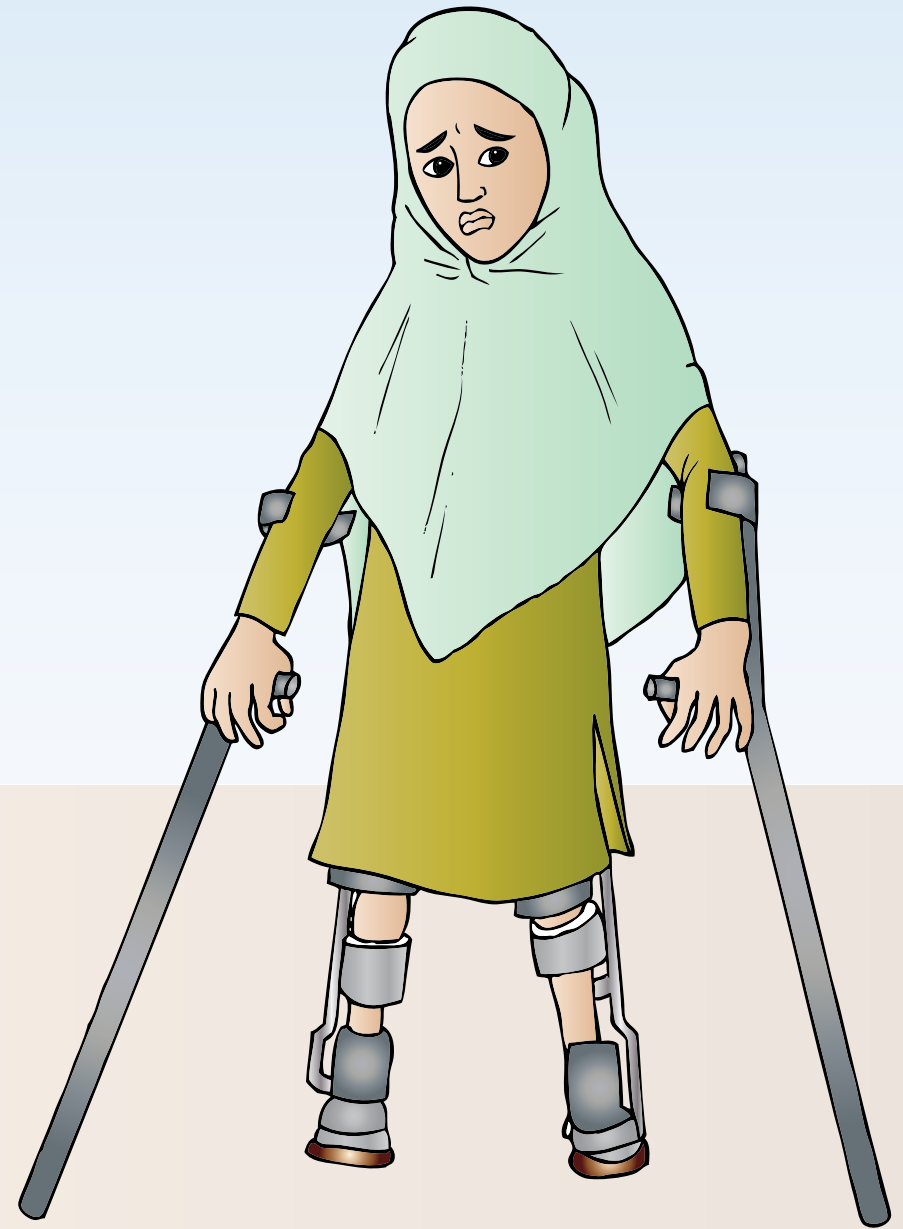
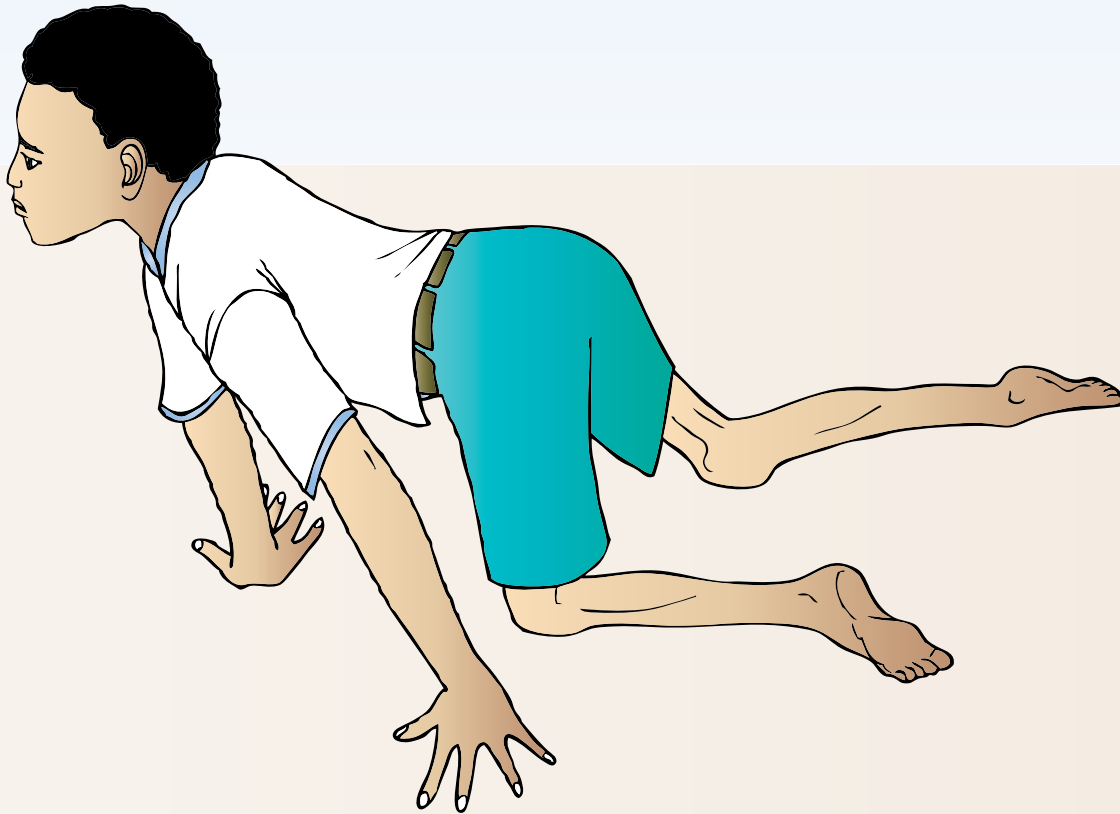
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CHVs Training

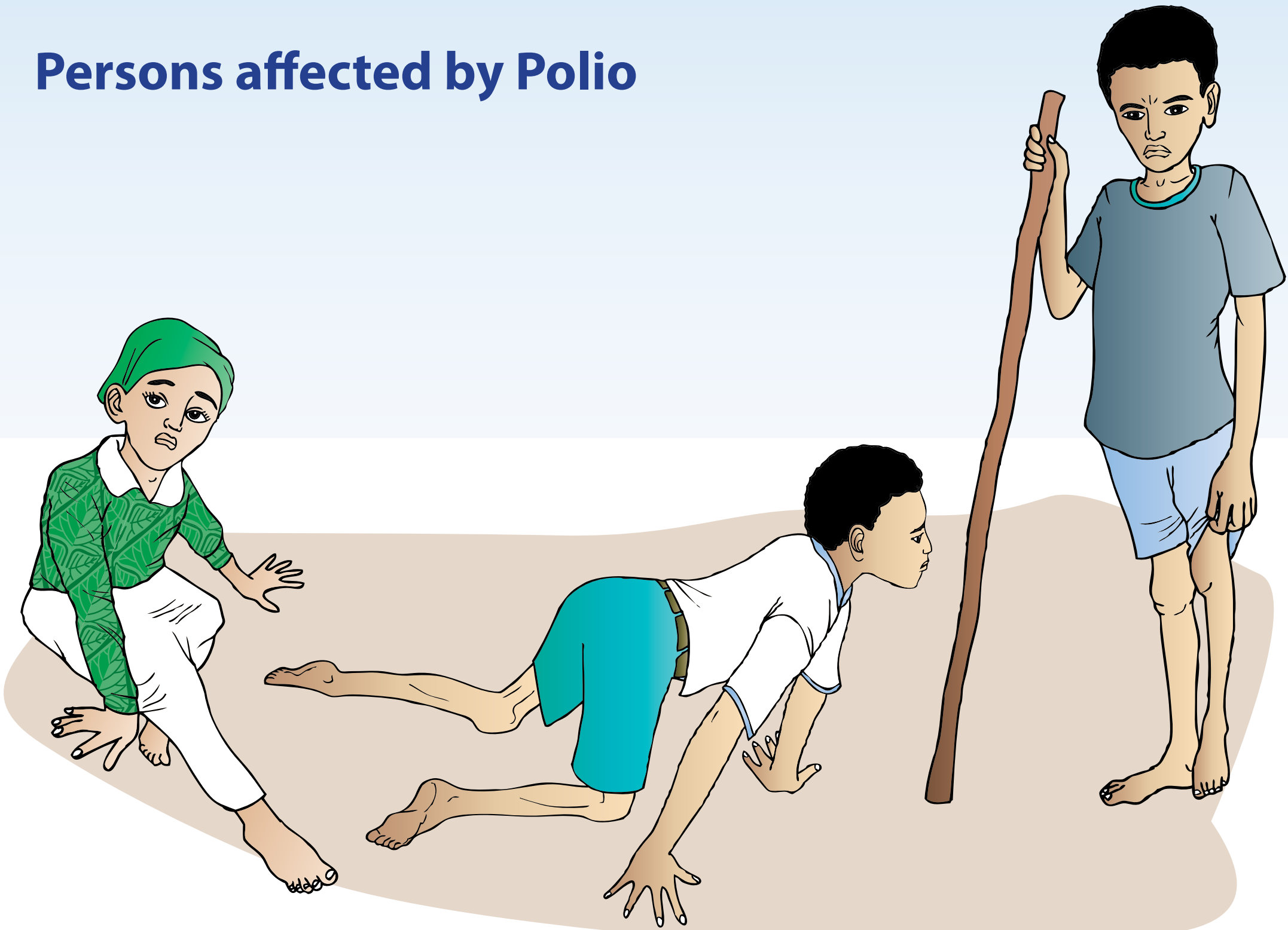
Session 1: Polio Disease



Session Evaluation Questions

- What is polio disease?
- How is it spread?
- What are the signs and symptoms of polio?
- Who is more at risk of polio?
- Does polio have a cure?
- How can polio be prevented?
- Discussion on social and economic consequences

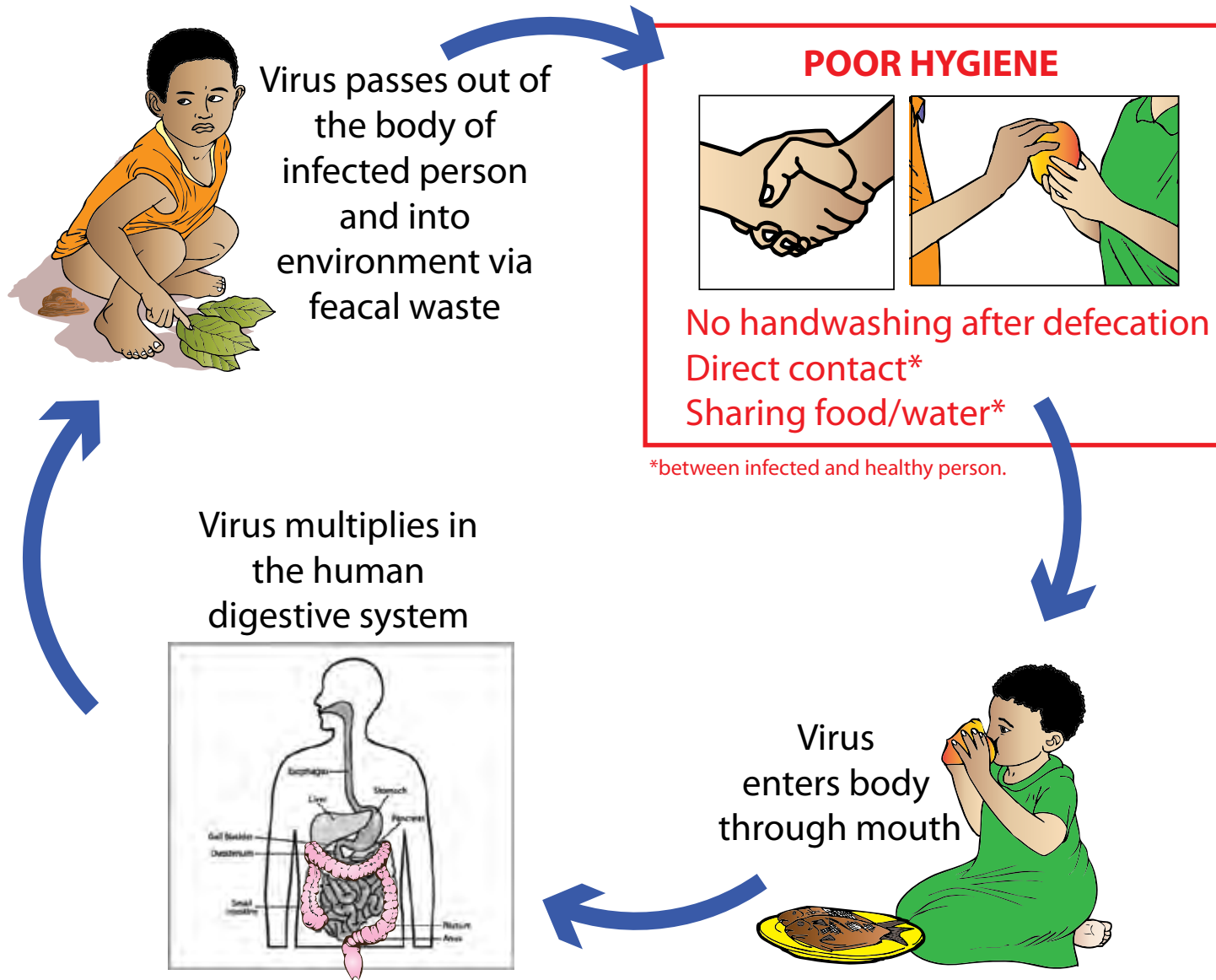
Persons affected by Polio



Facts about polio

- Polio is a serious disease that cripples and sometimes kills
- It is caused by germs which can be passed from one person to another through contaminated food or drink.
- Any person who has had no polio vaccination can get polio, *but children less than 5 years of age are at highest risk since their body defense is not fully developed.*
- Infected persons will first have fever, muscle pains, stiffness of the neck, fatigue, pain in limbs, headache, vomiting and later Paralysis of either hands or legs or both.

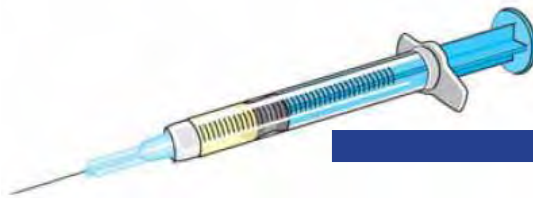
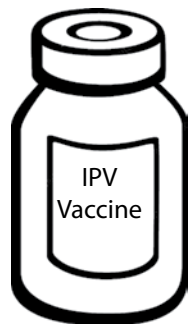
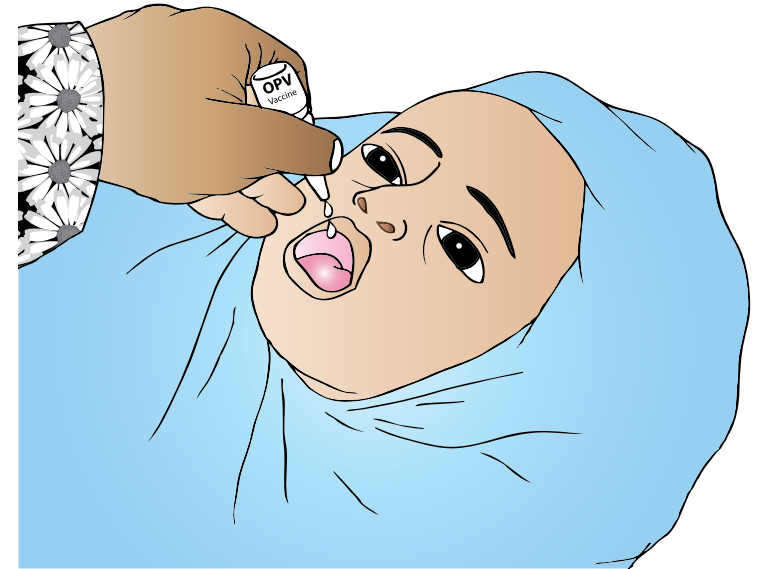
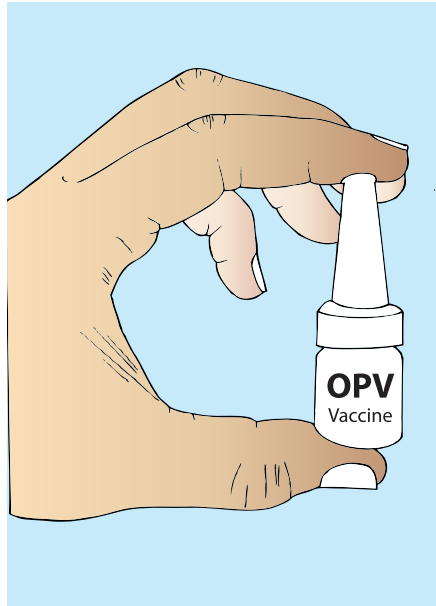
How does polio germs spread?



How does polio spread?

- The polio germs are found in human waste of infected persons.
- If infected persons defecate in the open, water and food can get contaminated with the polio germs
- When a person gets into contact with a contaminated object and does not wash hands well with soap, he/she can get infected with the polio germs and spread the germs.
- Polio germs can also be spread by flies.
- When a person is not vaccinated against polio, and gets the germs, they multiply in the stomach.
- The person may get paralysed and also spread the polio germs through human waste.

Prevention of polio by vaccination



How can polio be prevented?

- Polio has no cure but we can prevent it by having our children vaccinated against polio.
- The Polio vaccine is usually given to all children at birth, at 6 weeks, 10 weeks and 14 weeks;
- Children under 5 years, are also vaccinated during mass campaigns.



WASH HANDS BEFORE



WASH HANDS AFTER



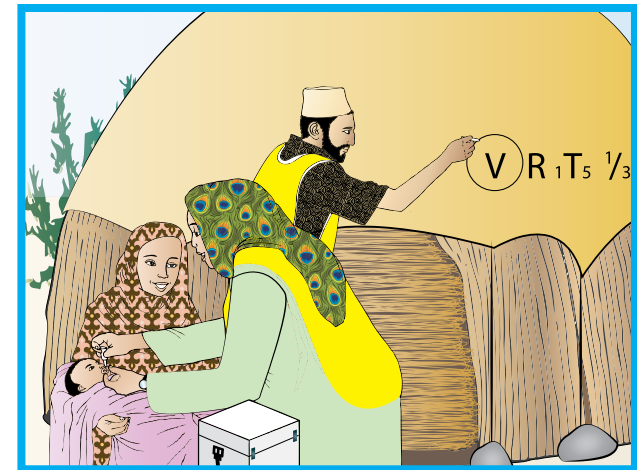
How can polio be prevented? Conti ...

- We need also to observe hygiene
 - Use toilets to dispose all excreta
 - Wash our hands after visiting the toilet or changing the baby diapers/nappies
 - Wash our hands before preparing foods
 - Wash our hands before and after eating

Any questions from the participants

- Do you have any questions?
- Do you have anything to add?

Role of CHV



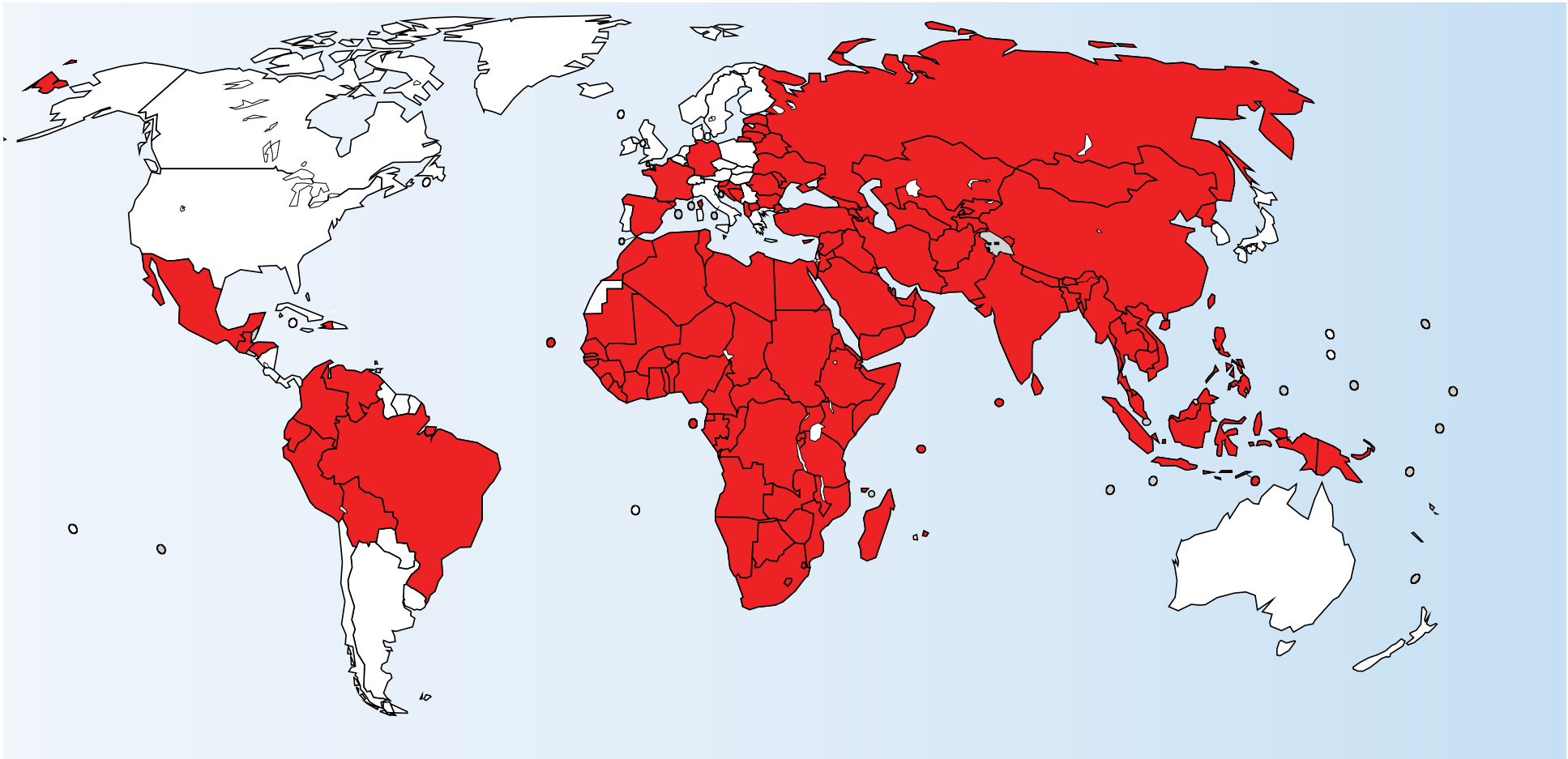
Role of CHV

- To educate the community about polio;
 - The seriousness of the diseases
 - How it is transmitted
 - How it can be prevented
- Participate in all activities to prevent polio;
 - Immunization campaigns
 - Hand washing programs
- Report and refer all suspected polio cases

CHVs Training

Session 2: World Polio Situation

Map of the World showing countries with Polio (in red) in 1988.



More than 350,000 cases in 125 countries

Polio situation 2016

Only Nigeria, Pakistan and Afghanistan still have polio cases.

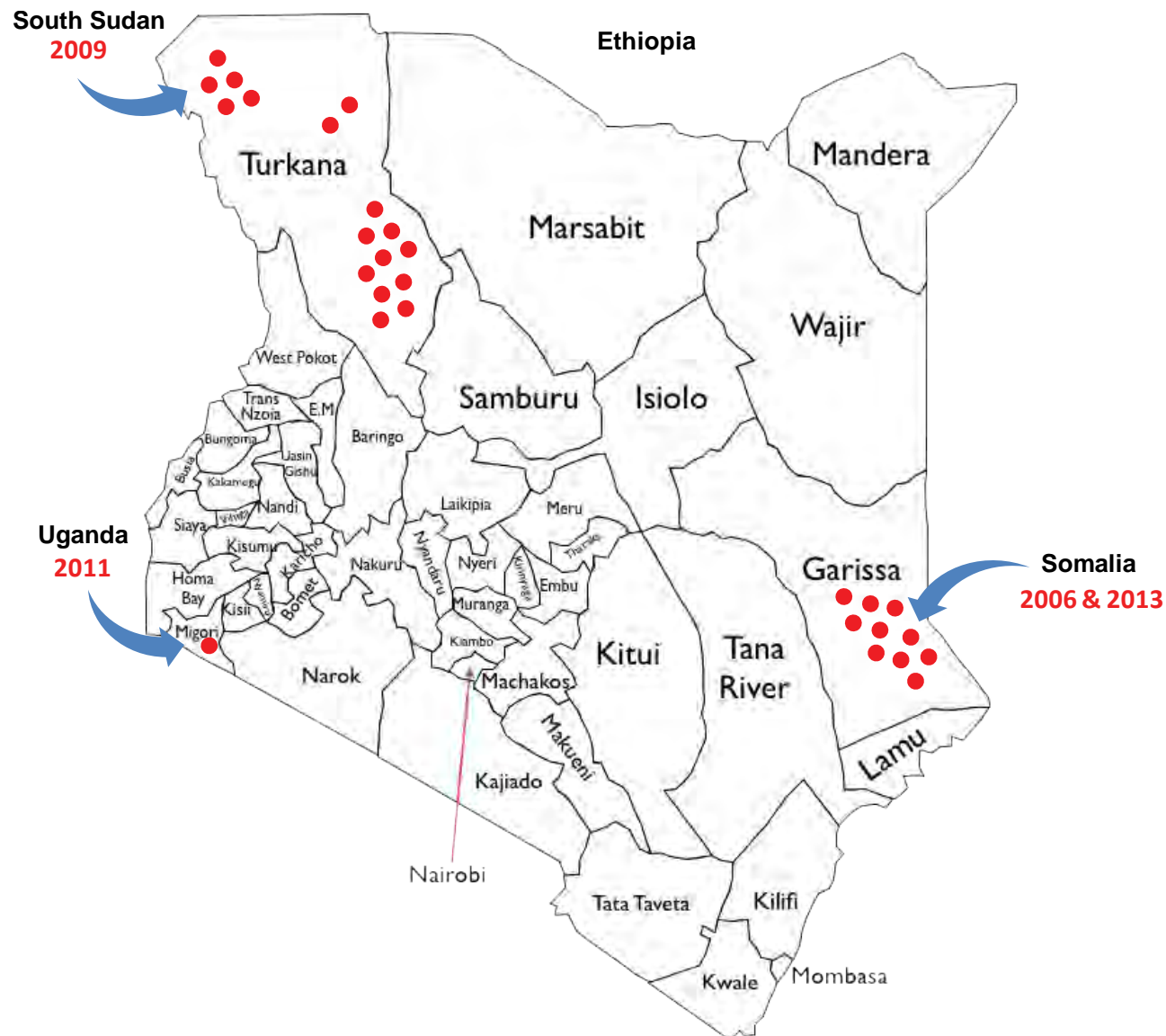


26 cases as of Sept 13, 2016 worldwide. (23 from Pakistan and Afghanistan and 3 from Nigeria) Pakistan and Afghanistan remain the only 2 endemic countries.

It is possible to have a Polio free world



Polio Situation in Kenya 2006-2013



Is Kenya at risk of getting Polio?

Yes;

- Polio does not respect borders and can spread to other countries including Kenya.
- Kenya has had outbreaks; 2006, 2009, 2011, & 2013 all imported from neighboring countries of Somalia, S. Sudan and Uganda
- Kenya is still at risk because,
 - There are still children not fully vaccinated.
 - Polio still exists in some countries (Pakistan & Afghanistan)

What does it mean to finish polio?

Finishing Polio means;

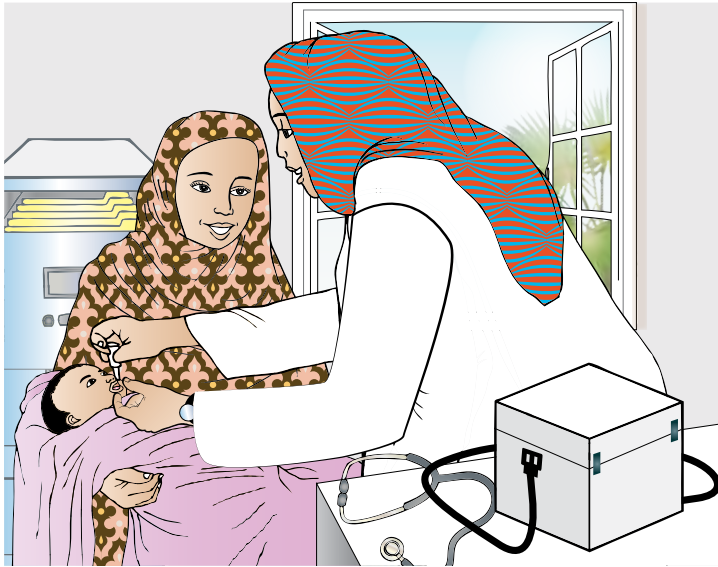
- No polio will exist anywhere in the world
- No child will ever be paralyzed by polio again.
- Children will no longer need to be vaccinated against the disease.

What makes it possible to finish polio?

- Polio infects humans only, and does not infect animals
- The polio germs do not survive long outside the human body
- An effective and safe vaccine(the polio vaccine) is available.
- The Polio vaccine protects against polio disease.
- Polio campaigns provide extra opportunity for protection.

Ways to finish polio

Vaccination session in the Health Facility.



Polio vaccination campaigns.

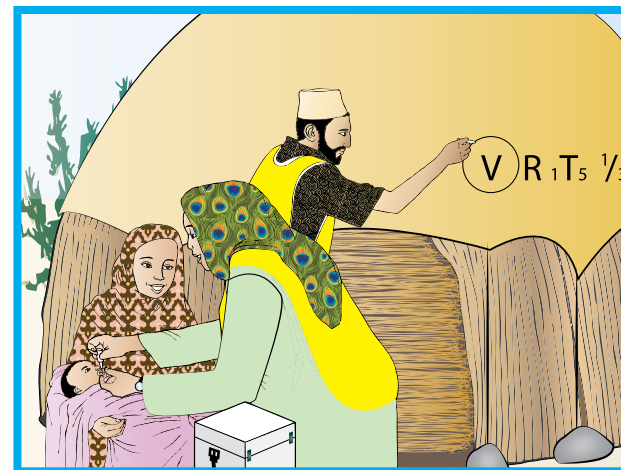
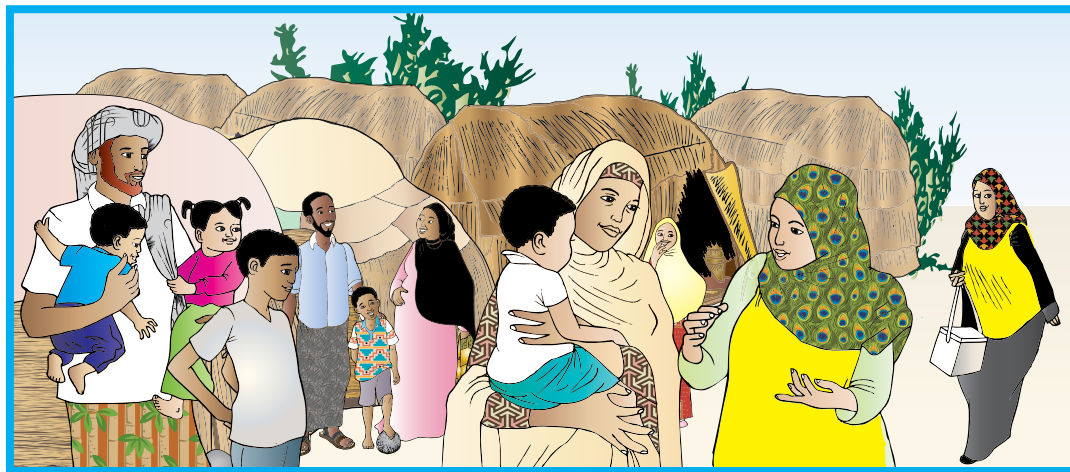


Doctor checking a child with sudden weakness of the leg.

How to end polio

- Ensure all children are protected against polio by getting polio vaccine which is available in all health facilities.
- Ensure children are vaccinated whenever there is a polio campaign.
 - During campaigns, children should be vaccinated regardless of the number of times they have been previously vaccinated.
- Ensure all children who are suddenly unable to stand, sit, walk or hold something with their hands are reported to the nearest health facility or health provider.

Role of CHV



Role of CHV

- Ensure all children in your community are vaccinated in the clinic on schedule
- Ensure all targeted persons are vaccinated during polio campaigns
- Report and refer all children who suddenly develop weakness of the limb(s)

CHVs Training

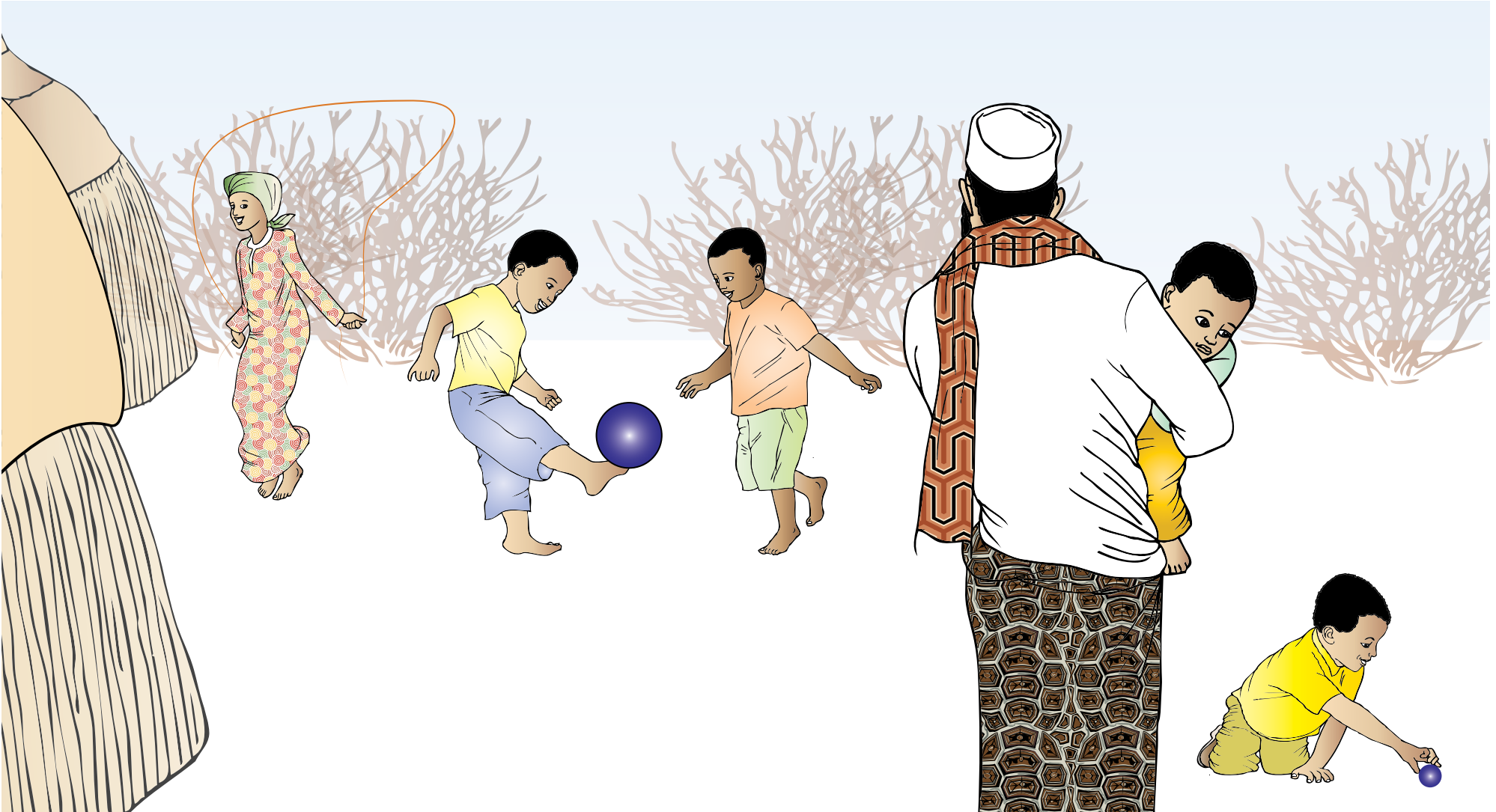
Session 3: Polio vaccination Campaigns



Introduction

- What are polio vaccination campaigns?
- Why are polio vaccination campaigns necessary?
- How are polio campaigns conducted?
- Who are vaccinated during the campaigns?
- If a child has completed his/her schedule, does he/she need to be vaccinated again during campaigns? Why?
- Is polio vaccine safe for sick children & newborn babies?
If no, why not?
- What is your role as a CHV during polio vaccination campaigns?

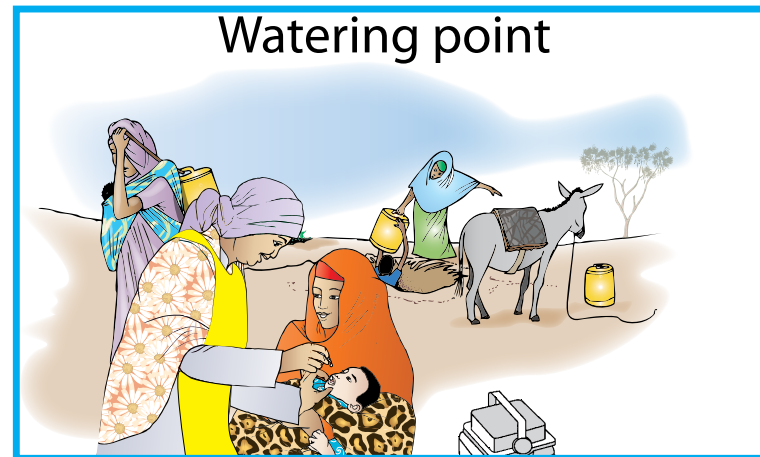
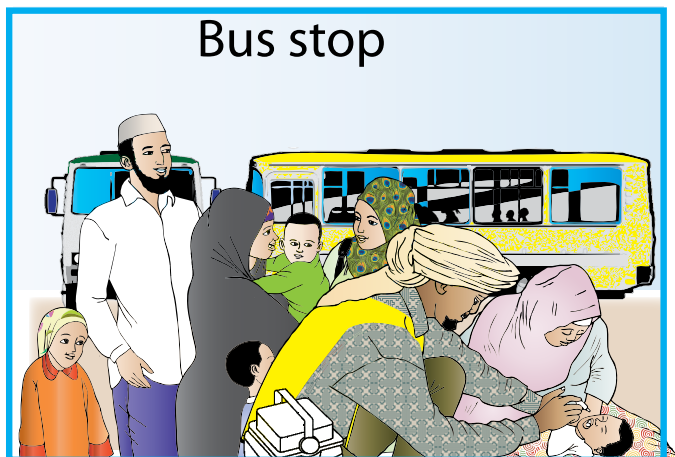
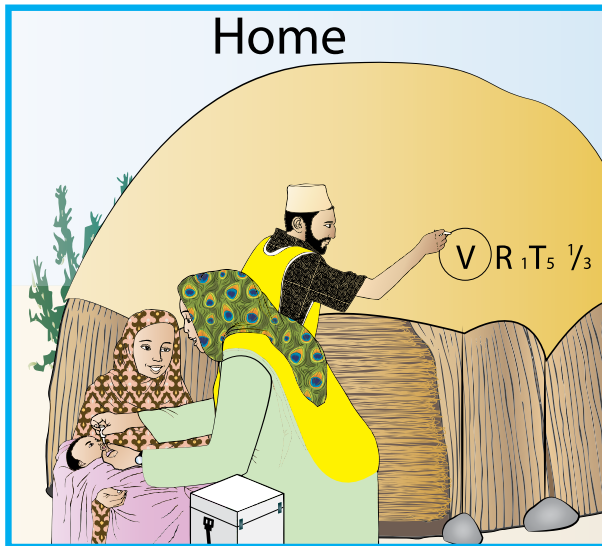
Polio campaigns give children extra protection against polio.



Polio campaigns

- Polio campaigns are one of the ways to finish polio.
- During polio campaigns health workers and community health volunteers;
 - Move from house to house giving polio vaccine to children
 - Vaccinate children found in the streets, playgrounds, Schools, bus stops, markets, water points and other social places outside the houses
 - Mark their fingers and
 - Mark the houses
- Children are also vaccinated in health facilities, and selected temporary vaccination posts.
- Vaccines given during campaigns are safe and similar to those given in health facilities/clinics.

Some places where targeted Children can be found during polio immunization campaigns.



Children are vaccinated, their fingers and houses marked.



Why are polio campaigns done?

Kenya remains at risk since not all children are fully vaccinated putting them at risk of getting polio disease.

- There are still two countries in the world which have polio.
- Kenya relates with all countries in the world for many reasons putting Kenya at risk of importing polio disease.
- Polio campaigns give children extra protection against polio
- Polio campaigns ensure all target children are vaccinated and protected against polio.
 - Target age group may change from time to time

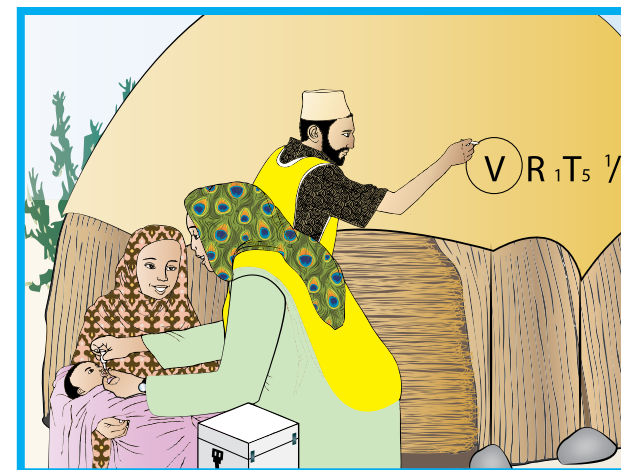
Polio vaccine administration.



Who are vaccinated during polio campaigns?

- All target children regardless of their history of vaccinations.
 - Even if children had been vaccinated there before, they require additional protection against polio.
- Sick children and newborns have low ability to fight diseases, and should be vaccinated during the campaigns to protect them against polio.

Role of CHV.



Role of CHVs during polio campaigns

The roles of CHVs include;

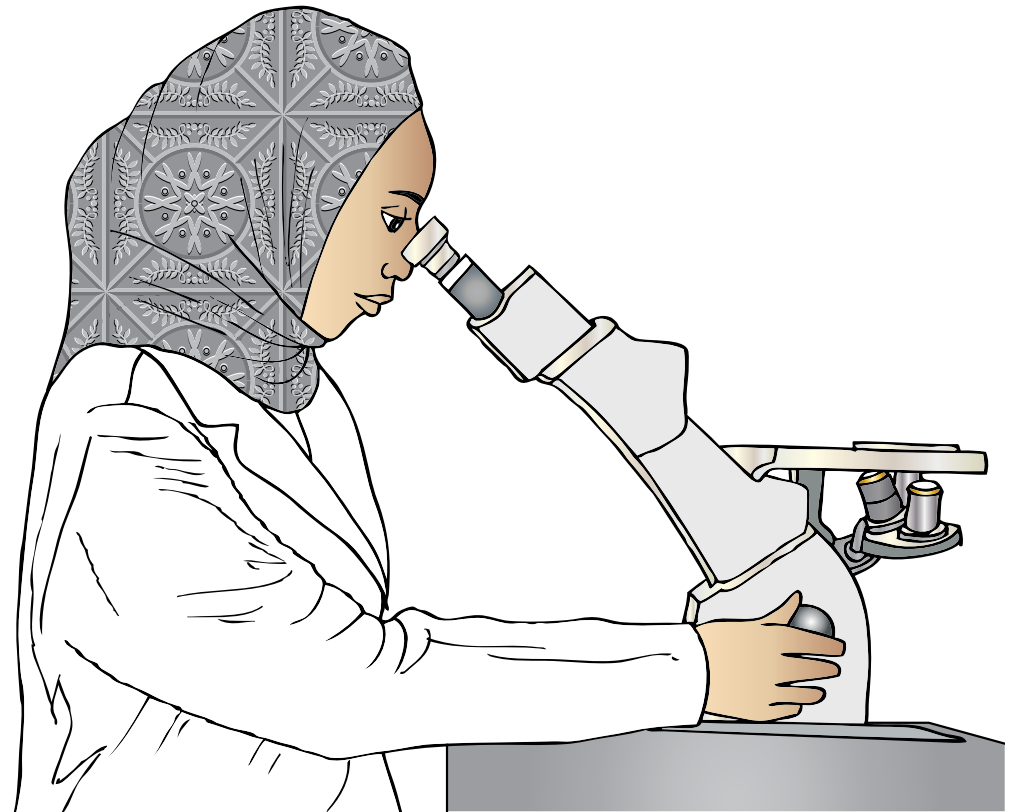
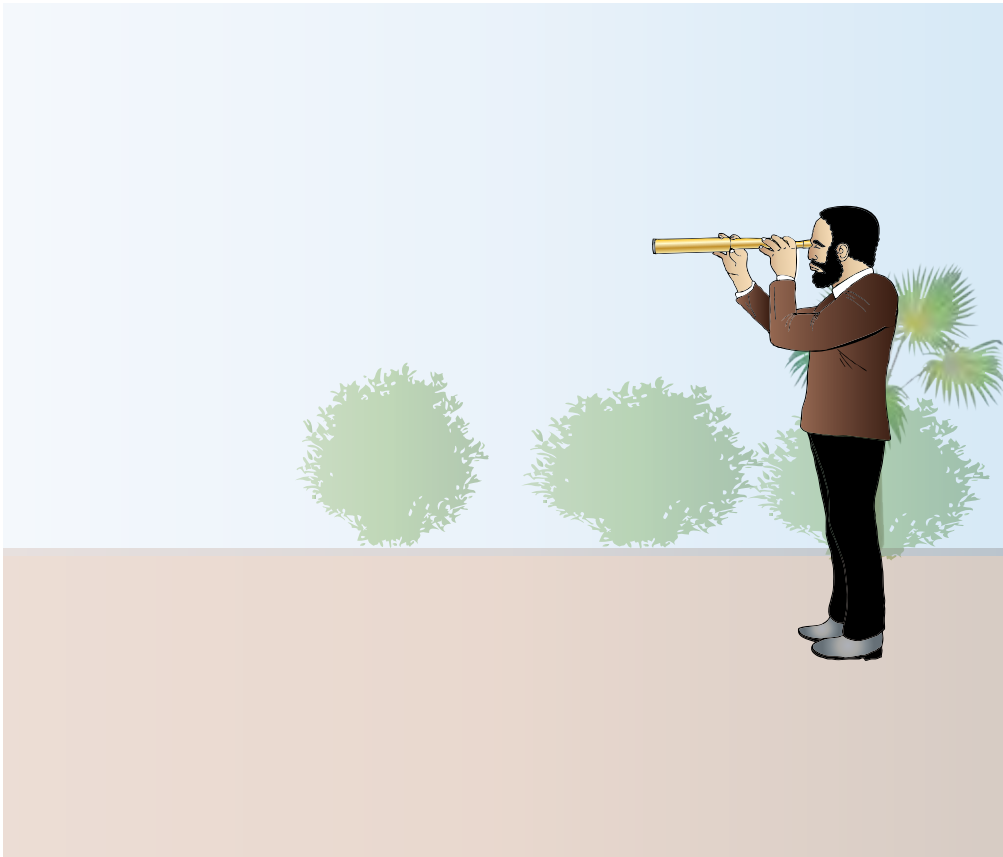
- To identify all villages (small or big) and houses with children
- To identify any temporary settlements (pastoralist, nomads, IDPs, Refugees)
- To inform villagers in advance about any polio campaign
- To meet with village chiefs and community leaders to inform them about polio campaign
- To address any myths and rumours communities may have about polio campaigns
- To guide the vaccinators to homes
- To reassure community on the safety of vaccine being given

To ensure all target children are vaccinated in their village of responsibility during polio campaigns.

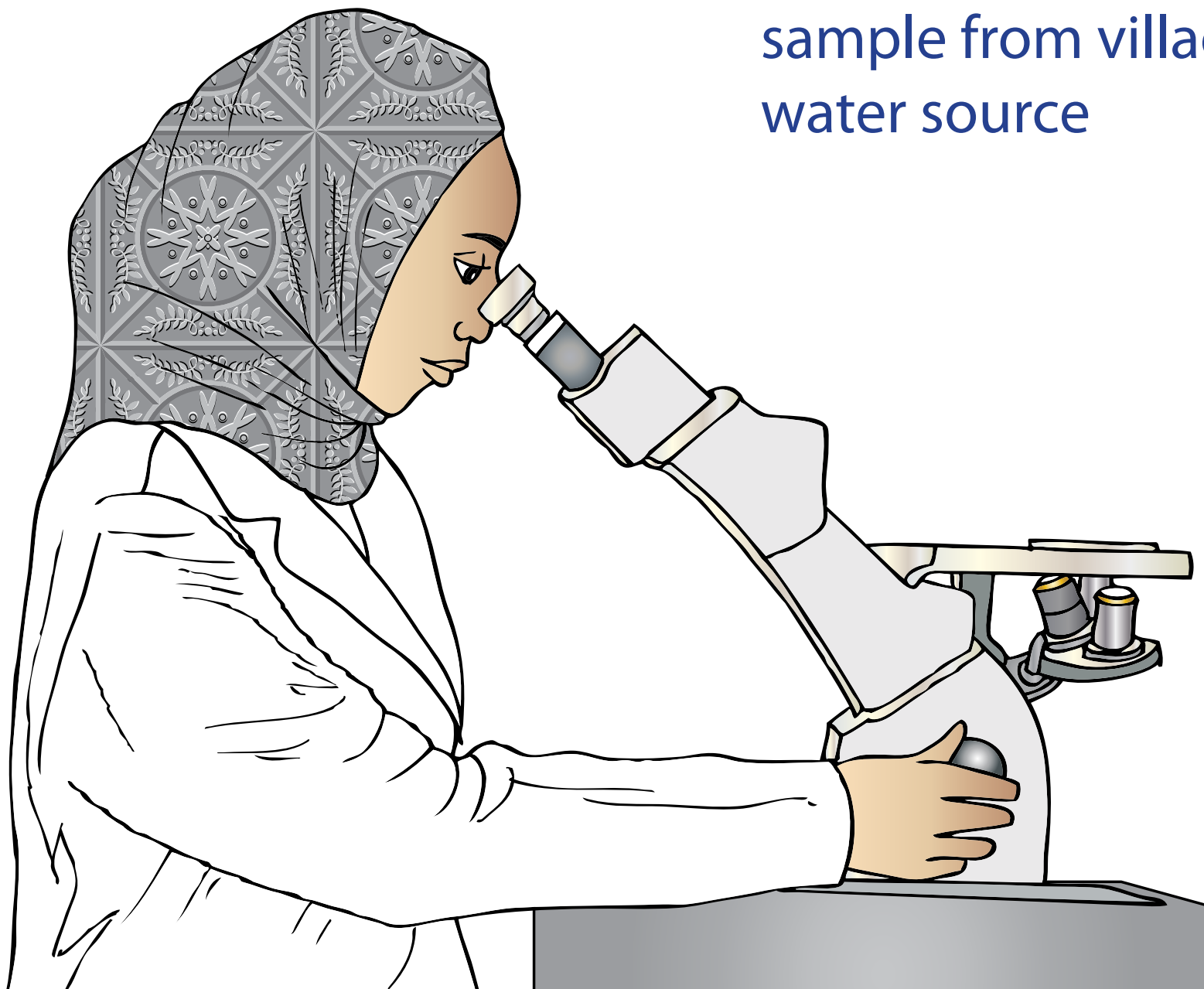
CHVs Training

Session 4:

Surveillance for Polio and other priority diseases.



Laboratory testing of sample from village water source



Questions

- Why do we need to know about disease that affect people in the community?
- How can disease spread be prevented?
- When do you suspect a person has polio disease?
- What do you do if you suspect someone has polio?
- When do you report a suspected polio case and to who?
- What other diseases should you look for and report?
- What is your role in disease surveillance?



What is disease surveillance?

The continuous process of being alert, looking for, reporting about health problems and their causes with the aim of taking actions that will control or prevent disease, and thus improve or maintain a healthy population.

Ministry of Health (MoH) Disease Surveillance and Response Unit.



Community Based Disease Surveillance.

Refers to the community efforts to;

- Increase awareness on diseases
- Detect
- Identify
- Report illness/diseases/events/conditions.

Importance of surveillance.

To detect disease early and take appropriate action in a timely manner to;

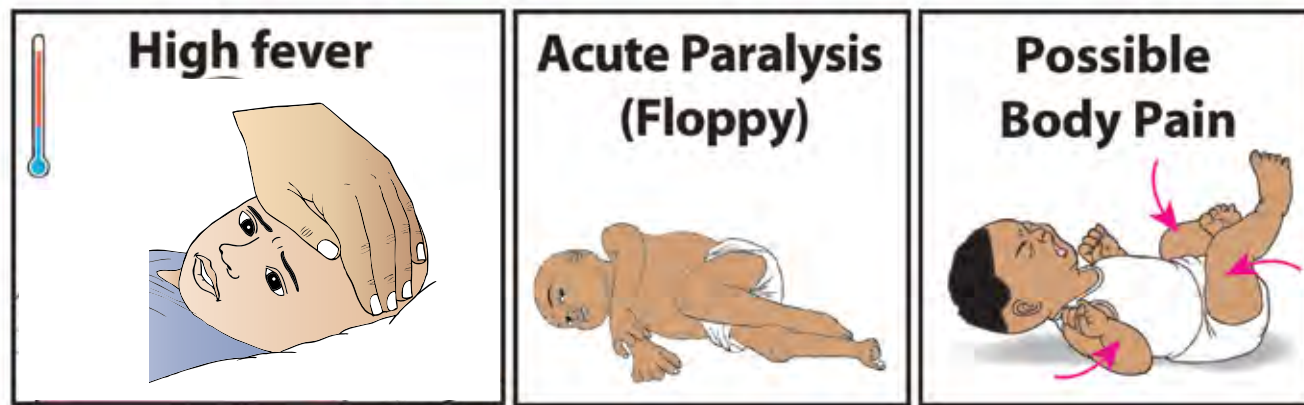
- Prevent further spread of the disease
- Prevent disabilities or deaths.
- Prevent future occurrence of the disease.
- Influence health seeking behaviours.
- To understand diseases affecting a community

Some of the diseases to look out for and report.

- Polio
- Measles
- Tetanus
- Diarrhoea
- Pneumonia
- Tuberculosis
- Whooping cough
- Yellow fever
- Guinea worm
- Influenzae
- Malnutrition

Suspected polio cases (Signs).

The first signs of polio are:



Any child who suddenly is unable to, walk, stand or whose hand(s) become unable to hold something, without a known reason.

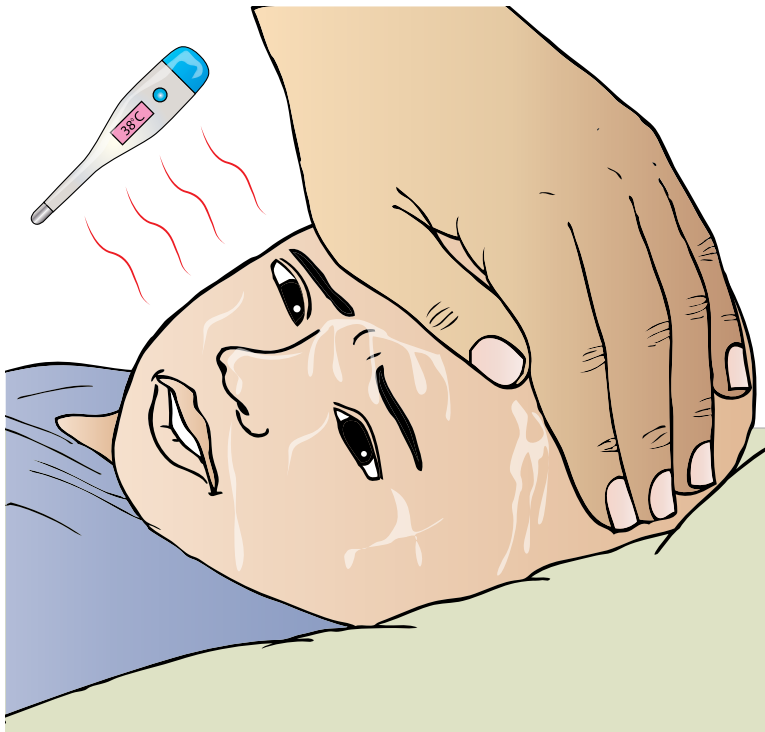
If you see a child with these signs, Report immediately to the nearest health worker / facility

What to do when polio is suspected

- Get the following information :
 - Name, age and gender of the child
 - Name of parent/guardian
 - Contact address including telephone number if available and major landmarks eg. church, mosque, school, chief's camp etc.
 - Date of illness started
- Report immediately to health facility any child who suddenly develops weaknesses of the limbs or is unable to walk, because this could be polio
- Advise parents or caretakers to take the sick child to health facility

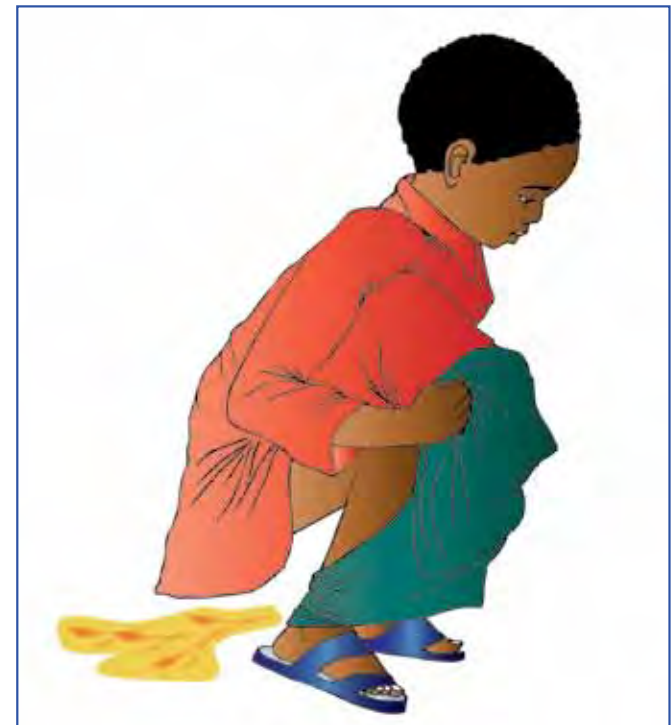
Some other diseases to look out for and report immediately to the nearest health facility.

Measles/Rubella



A person with hotness/fever of the body and a rash

Diarrhoea /Rotavirus disease



Any person with watery stool and visible blood in the stool

Some diseases to look out for and report immediately to the nearest health facility.

Whooping cough - Pertusis

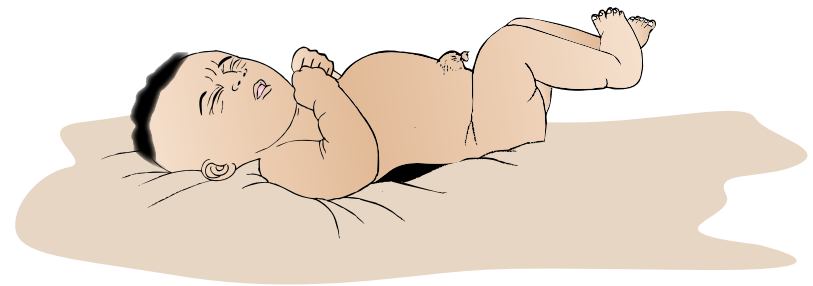
A child with a whizzing cough for at least 2 weeks



Some diseases/conditions to look out for and report immediately to the nearest health facility.



Neonatal Death:
A newborn baby who dies within the first month of life.



Neonatal Tetanus:
Any normal baby with ability to suck and cry during the first two days of life, and who between 3 and 28 days of age cannot suck normally, and becomes stiff or has convulsions.

Some diseases/conditions to look out for and report immediately to the nearest health facility.

Maternal Death: Death of a woman while pregnant or within 42 days of termination of pregnancy but not from accident.



Maternal Tetanus:
Tetanus during pregnancy, or within 6 weeks of the end of pregnancy (whether pregnancy ended with birth, miscarriage, or abortion).



Some diseases/conditions to look out for and report immediately to the nearest health facility.



Watery diarrhoea /Cholera:
Any person 5 years of age
or more with rice water like
diarrhoea.



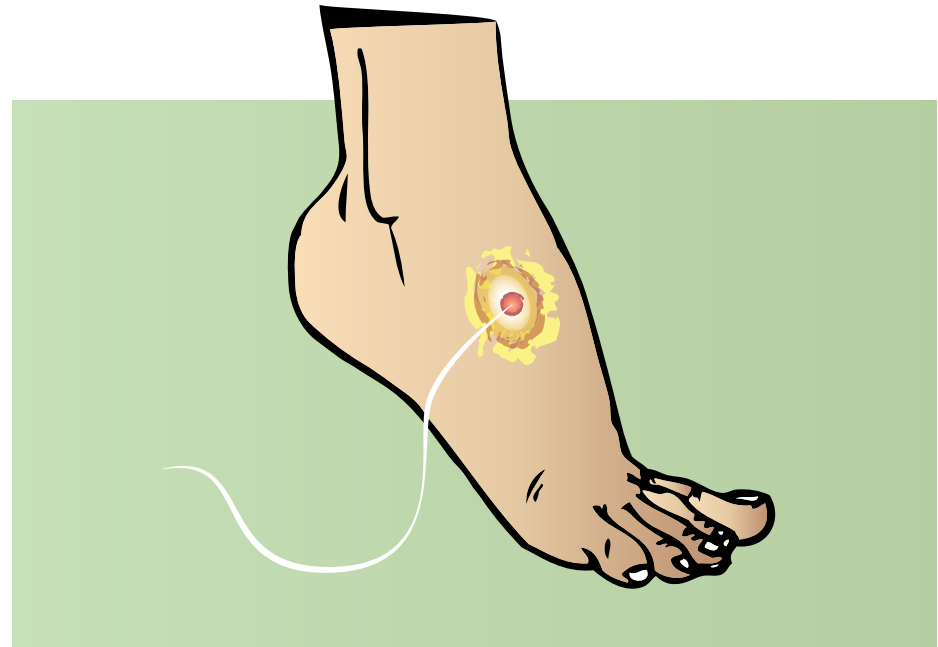
Child with Pneumonia:
A child presenting with cough
or difficult breathing.

Some diseases/conditions to look out for and report immediately to the nearest health facility.



Yellow Fever:

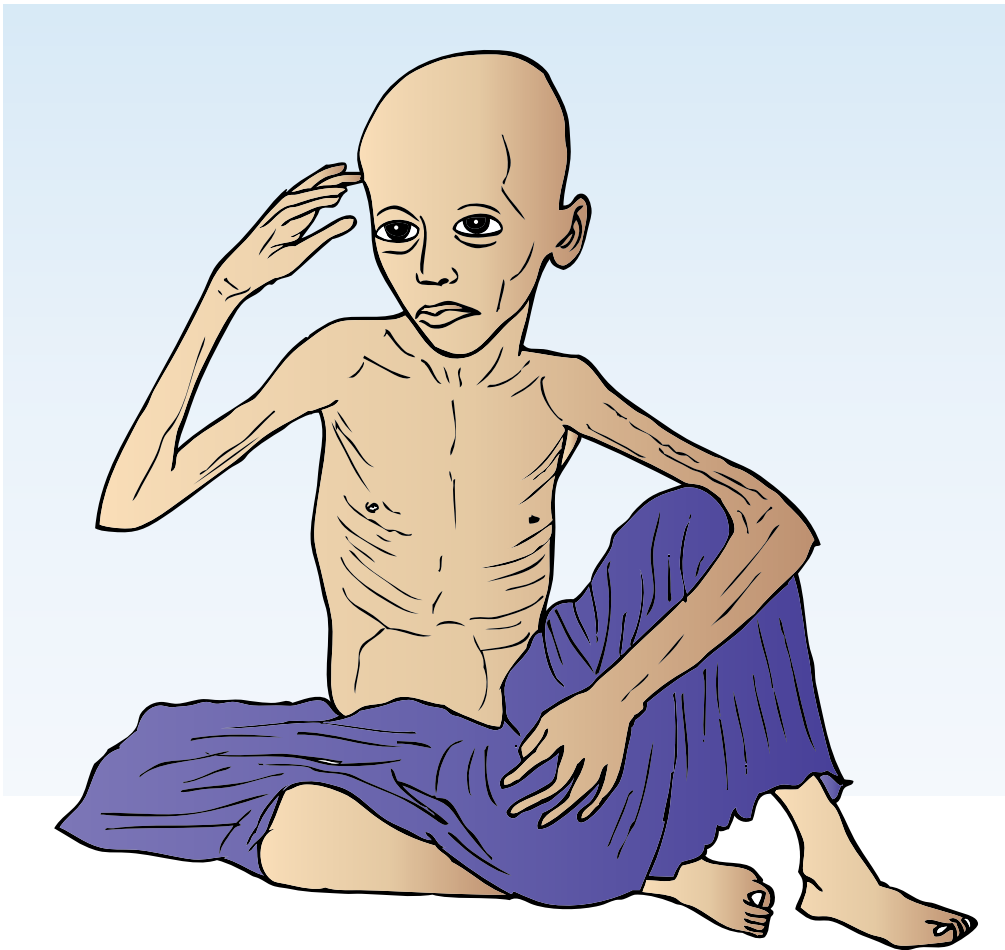
Any person with yellowness of the eyes within two weeks of onset of fever.



Guinea Worm:

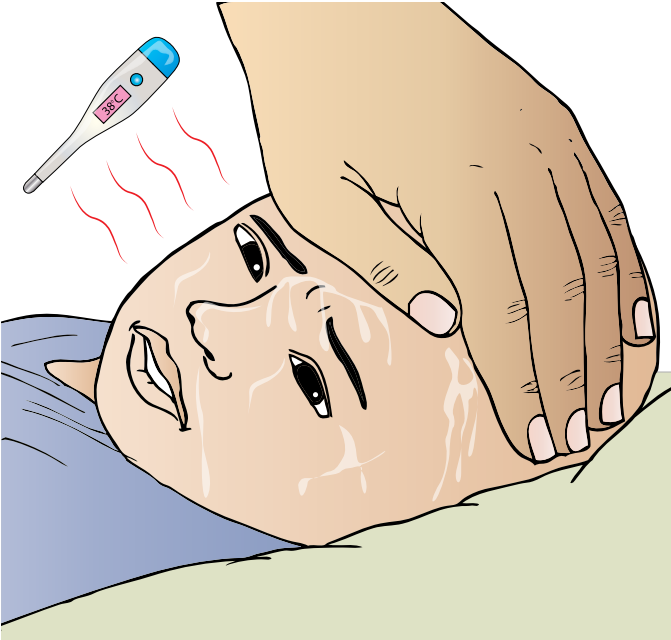
Any person having a history of a skin wound with the emergence of a worm

Some diseases/conditions to look out for and report immediately to the nearest health facility.



Malnutrition in children:
Any child less than 5 years
with severe weight loss and/
or swelling of both feet.

Some diseases/conditions to look out for and report immediately to the nearest health facility.



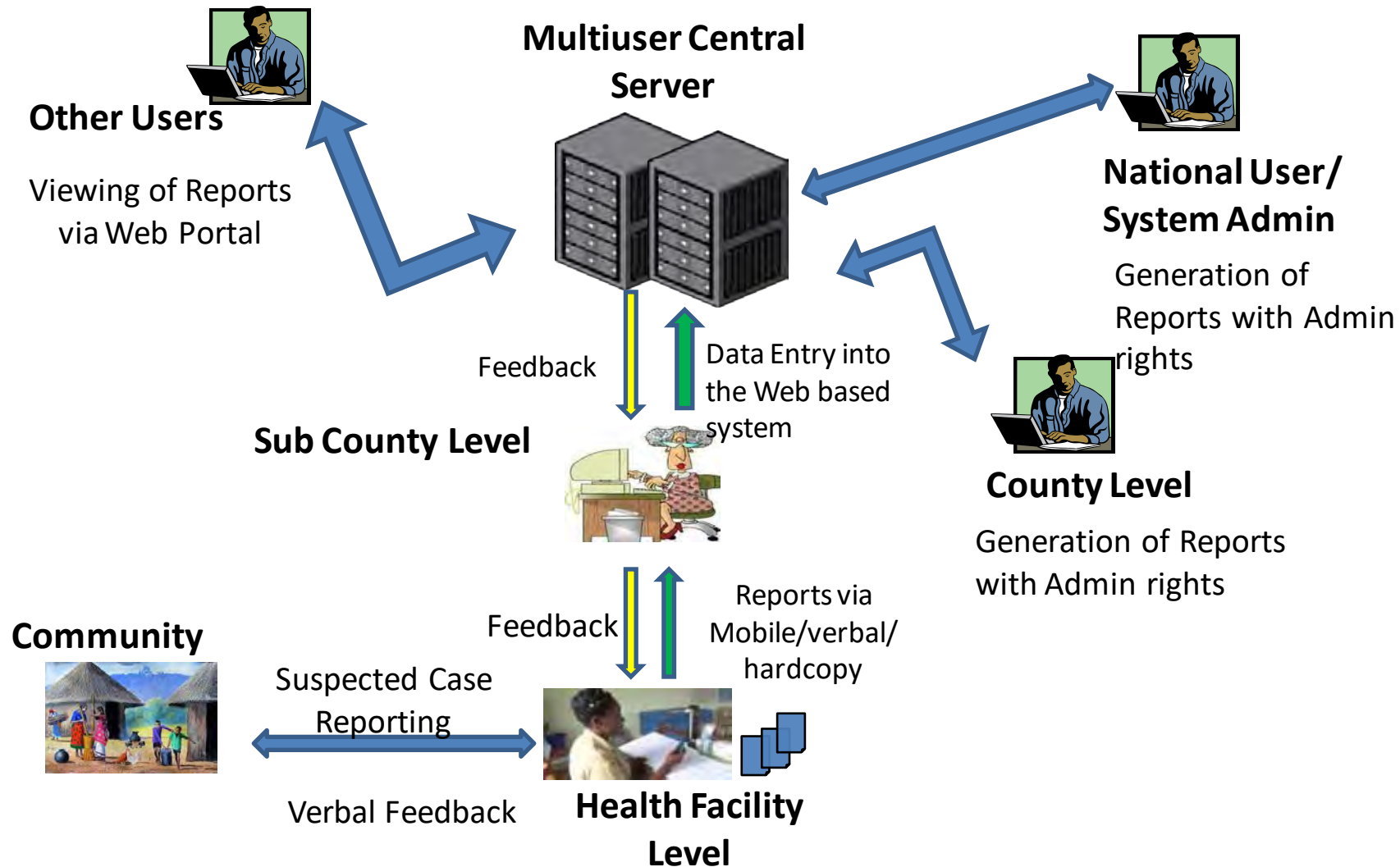
Tuberculosis (TB):
Any person with cough for 2 weeks or more, night sweats and weight loss.



How to report diseases identified.

- When reporting, use the most convenient and accurate method;
 - You can personally visit the health facility and report,
 - You can use a phone to call or to text
 - You can also send message through a trusted messenger
- Keep the contact information of health workers and health facility

Surveillance Reporting network.



Information to record diseases or events identified.

- Keep a notebook to record diseases and events identified and reported
- For each case, record this information
 - Name of sick person
 - Age (Days/weeks/months/years) or date of birth if known
 - Sex (Male or Female)
 - Suspected diseases or events
 - Date sickness or event started
 - Parent/Guardian's name
 - Telephone number
 - Village
 - Date reported
 - Name of person or HF reported to

Information to record on diseases or events identified.

Name of patient	Age (Days/ weeks/months/years	Sex	Suspected disease or events	Date of onset of disease	Guardian/Parent Name	Tel. No.	Village	Date reported	Name of person / HF Reported to

How to report diseases identified

Indicate name(s) of H/F in-charge, CHEW & or surveillance coordinator

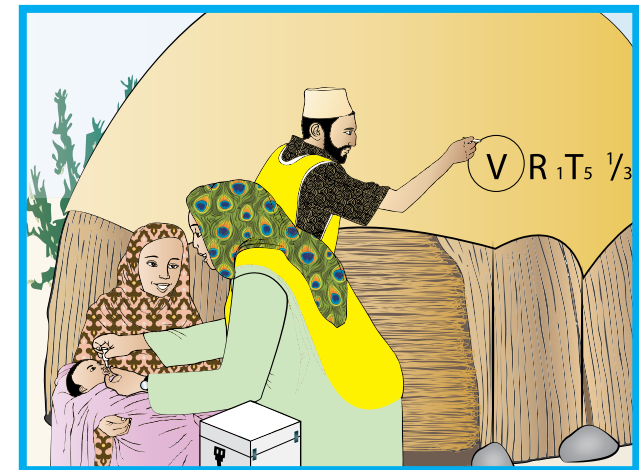
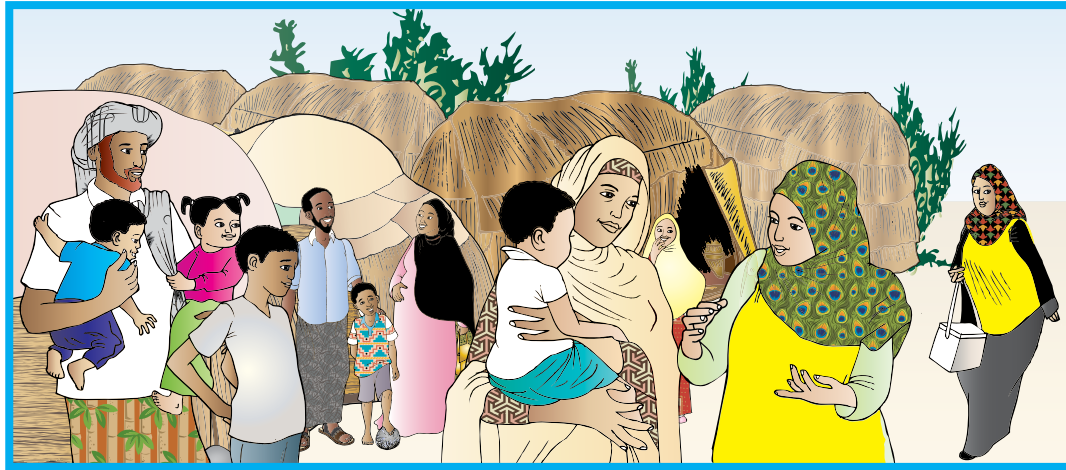
Fill the table with the addresses or contacts of all the persons to be reported to by the CHVs

- Surveillance coordinator at sub county and county
 - In-charge and CHEW of the respective health facility
 - CHV, Key community leader
-
- Give each CHV, CHEW and HF i/c a copy and retain one
 - A copy should be retained at the health facility and displayed on the wall

Contacts of persons to report to.

	Name	Telephone
Health Facility i/c		
CHEW		
Key Community Leader		
S/County Surveillance Coordinator		
County Surveillance Coordinator		
Other.....		

Role of CHV Role of CHV in disease surveillance.



Roles of CHV in disease surveillance.

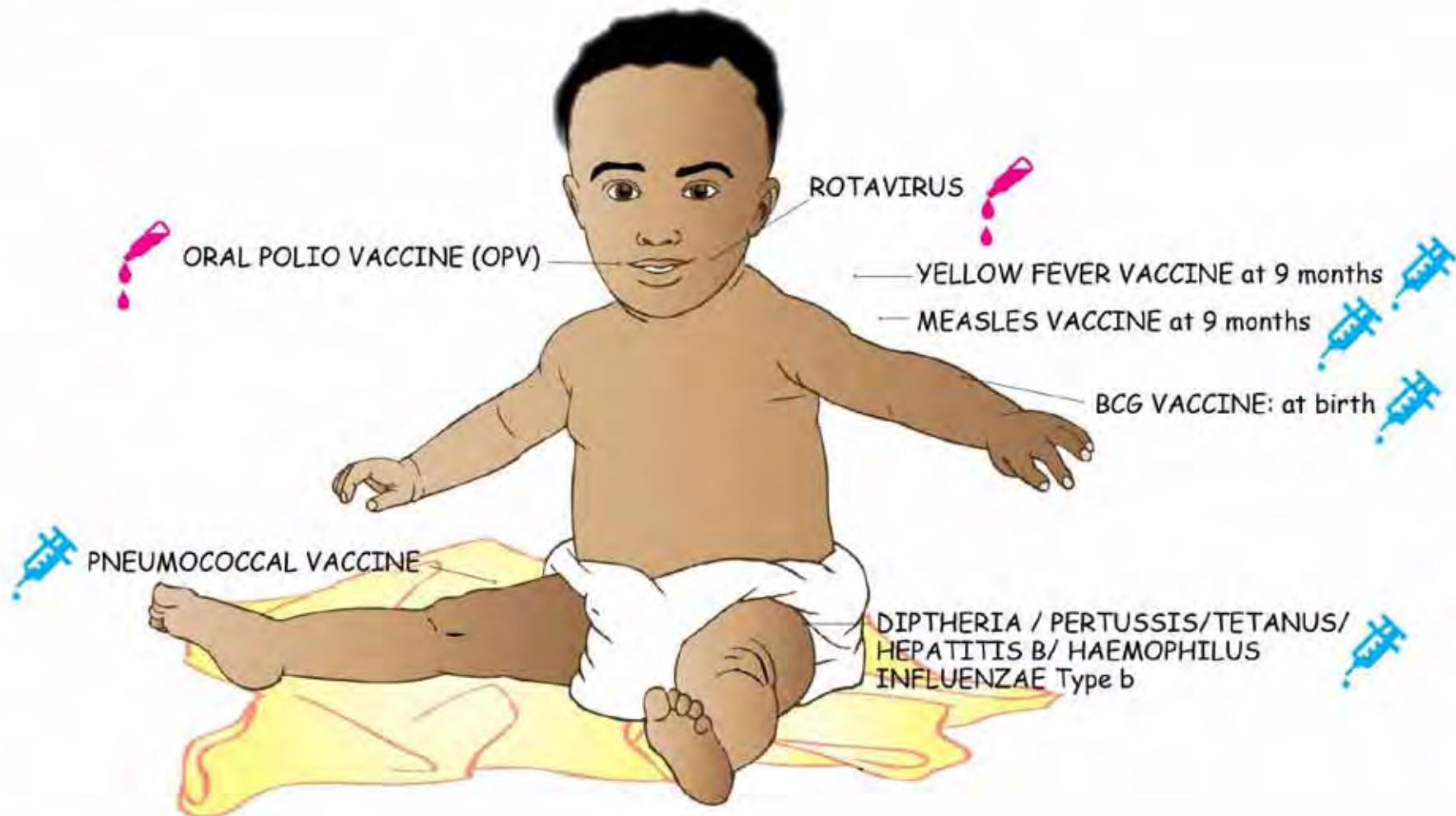
Include;

- Educating community on the dangers of diseases and how they can be prevented
- Looking out for diseases and reporting to health facility
- Referring and encouraging persons with disease to visit the health facility
- Assessing and advising on health issues during house visits e.g. excreta and solid waste disposal, food hygiene, personal or family hygiene
- Assisting in mobilizing the community, including identifying village leaders who can assist in activities of health promotion
- Reporting any negative health issue or disease to the health facility

CHVs Training

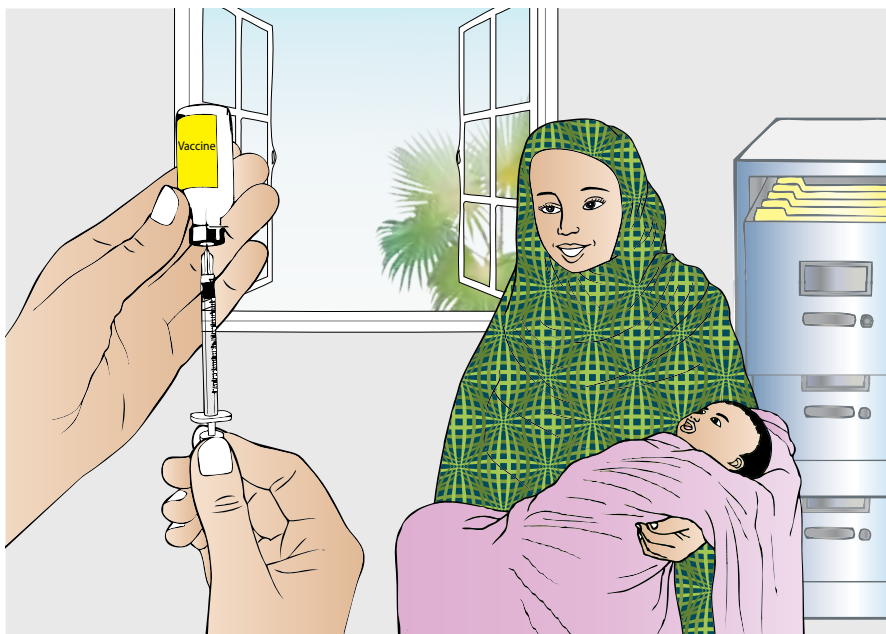
Session 5: Routine Immunization.

Protect your child



What is Immunization?

- Immunization is a process that protects a person against diseases by giving vaccines.
- Immunization;
 - Prevents people from falling sick or getting diseases
 - Helps children grow well and healthy
- Vaccines are given regularly to;
 - Children
 - Women of child bearing age and
 - Other persons occasionally as need arises

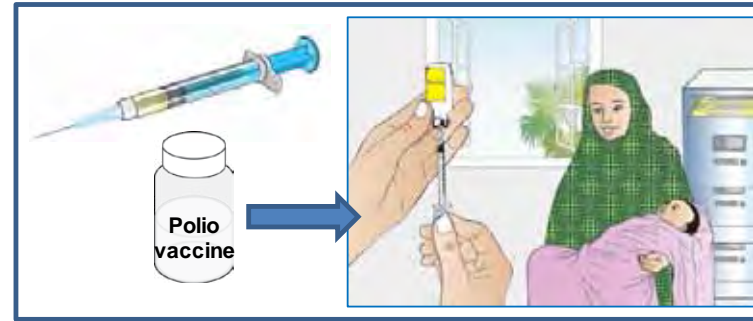
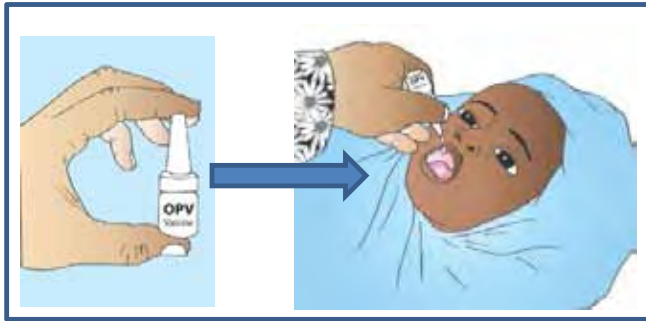


Importance of immunization.

- Protects and saves children's lives from illness, disability and death.
- Prevents pain and suffering from sickness.
- Saves money for other needs
- Helps protect the community by preventing disease outbreaks and spread.
- Immunization protects future generations e.g. smallpox vaccine
- Vaccination saves the family time spent taking care of sick children

Targeted groups.

Children are vaccinated from birth until they are 18 months of age.



Pregnant mothers Women/Girls of child bearing age (15-49 yrs).

Childhood vaccines.

A child should start vaccination immediately after birth.

- BCG - immediately after birth to protect from TB disease
- Oral Polio vaccine - immediately after birth to protect from polio disease.
- Oral Polio vaccine – 3 other times to protect from polio disease
- Inactivated Polio Vaccine (IPV)- to protect from polio disease
- Penta vaccine -3 times to protect from diphtheria, whooping cough, tetanus, hepatitis and influenza diseases
- Pneumonia vaccine 3 times to protect from pneumonia disease
- Rota vaccine 2 times to protect from diarrhea disease
- Measles Rubella vaccine at 9 months and 18 months of age to protect from measles disease

BCG injection will leave a scar, but if a scar does not develop, visit the vaccinator again

A child is said to be fully protected when he or she gets all vaccines as per Immunization schedule.

National Immunization schedule.

	Age	Antigen	Disease Prevented
1	Birth	BCG OPV HEPB	Tuberculosis Polio Hepatitis B
2	6 Weeks	DPT HIB HEP B OPV PNEUMOCOCCAL ROTA VIRUS	Diphtheria, Pertussis, Tetanus Haemophilae Influenza Type B Hepatitis B Polio Pneumonia Rotavirus
3	10 Weeks	DPT HIB HEP B OPV PNEUMOCOCCAL ROTA VIRUS	Diphtheria, Pertussis, Tetanus Haemophilae Influenza Type B Hepatitis B Polio Pneumonia Rotavirus
4	14 Weeks	DPT HIB HEP B OPV PNEUMOCOCCAL ROTA VIRUS	Diphtheria, Pertussis, Tetanus Haemophilae Influenza Type B Hepatitis B Polio Pneumonia Rotavirus
5	6 Months	VIT A	Vitamin A Deficiency
6	9 Months	MEASLES YELLOW FEVER	Measles Yellow fever

For maximum protection, all children must get all the due immunisations before they are two years old. Other vaccines not included in the KEPI Schedule but offered in private Hospitals Include:

- Flu Vaccine (6 & 7 Months)
- Chicken Pox I & II
– 9 & 11 Months
- Menactra 1 (Meningitis)
– 9 Months
- MMR – Mumps, Measles and Rubella – 15 Months
- Typhoid – 2 Years

Immunization services are available in:



Health facilities; health centres,
dispensaries, hospitals & clinics.
Outreach clinics & Mobile clinics

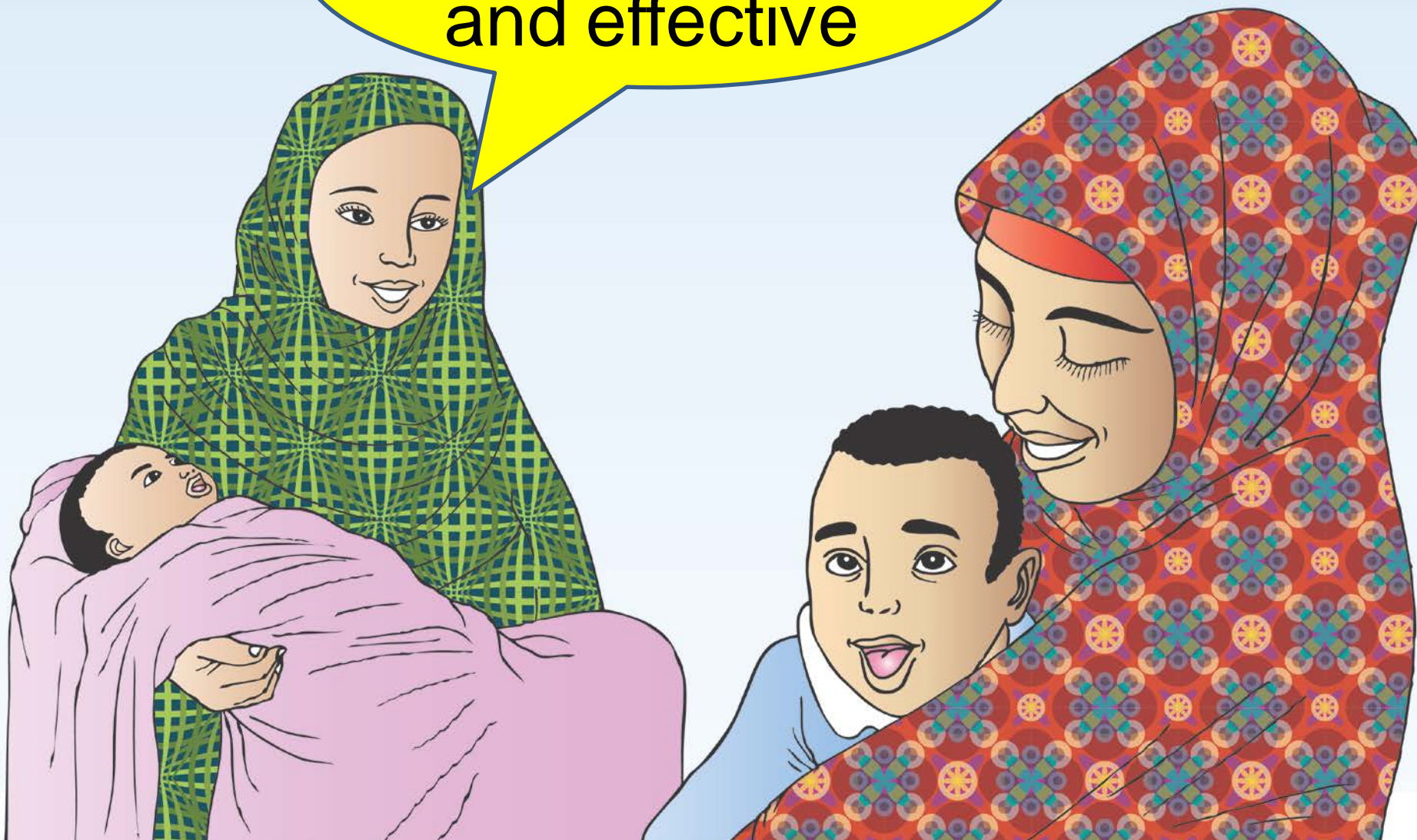
Where is immunization offered.

- Immunization services are available in:
 - Health facilities; health centres, dispensaries, hospitals, clinics
 - Outreach clinics
 - Mobile clinics
- Immunization services are free in all public health facilities.

Immunization services are also offered during immunization campaigns such as;

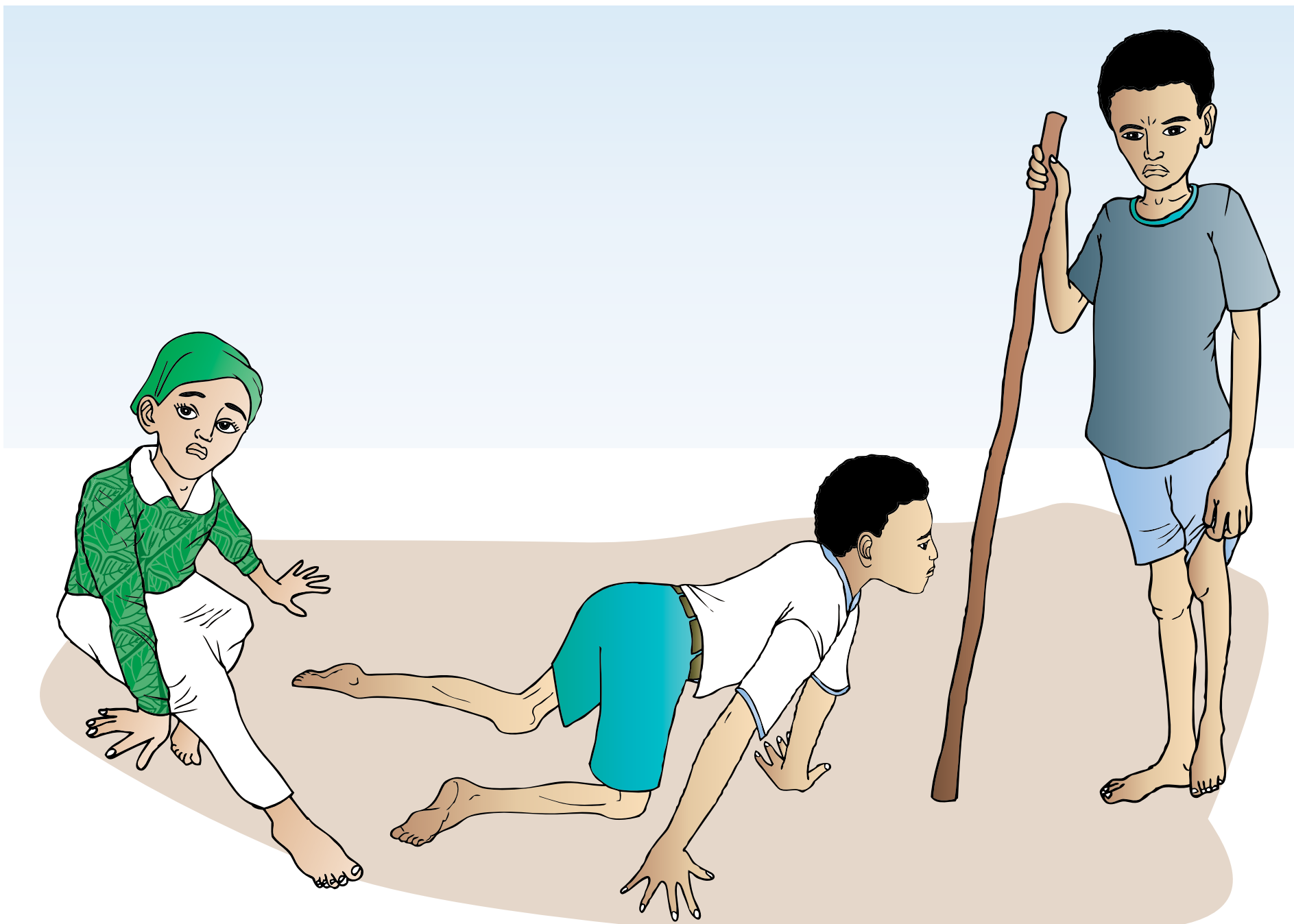
- Polio campaigns
- Measles Rubella campaigns
- Malezi bora
- Yellow fever
- Immunization days/weeks

**Vaccines are Safe
and effective**



Safety.

- Vaccines are Safe and effective
- All vaccines are approved by the government.
- Multiple injections are safe and effective
- It is safe and important to vaccinate sick and disabled children.
- A new syringe should be used for every child.
- All vaccines should be given by trained health workers.



What happens when people are not immunized.

- Affects normal growth and development
- They will have low ability to fight diseases.
- They will be exposed and may suffer diseases, disabilities and deaths.
- There will be disease outbreaks and spread that puts community at risk.
- It results in family and social suffering.
- Its costly and time consuming to treat, control and manage diseases.

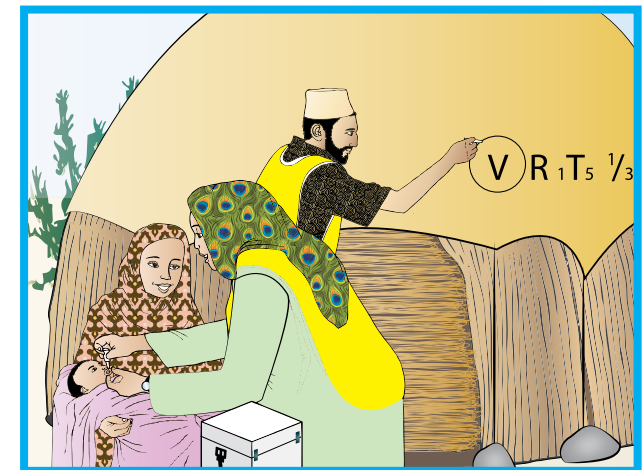
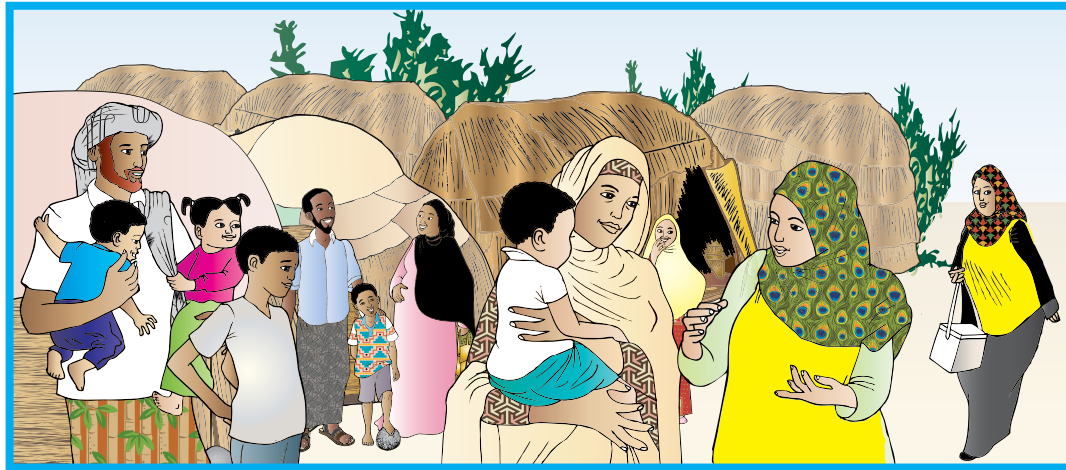
Mild side effects of Immunization.

Mild side effects may occur after immunization. These include;

- Pain ,swelling and redness in the injection site.
 - For multiple injections, it is better for the child to suffer pain once other than bringing the child several times.
 - Shivering, fatigue, headache, muscle and joint pains.
 - Mild fever
 - Crying of child
 - DO NOT panic, the child will get well in a few days.
- However, if these side effects persist seek medical attention.

Do not treat at home

Role of CHV



Role of CHV in Immunization

- Visit caregivers/families who have new-borns and children to encourage them to start/continue vaccination.
- Educate and sensitize communities and caregivers on;
 - The benefits and safety of vaccines,
 - When children need to be immunized,
 - Where and when vaccines are available,
- Mobilise pregnant women to attend ante natal clinics at health facilities.

- Inform parents/caregivers the importance of keeping mother-child booklets and the need to bring them along to every clinic visit.
- Help mothers understand the immunization schedule.
- Look out for childhood diseases and report to the health facility
- Look out for immunization defaulters and refer to the health facility.
- Keep data and information on immunization status of children in your village.

Questions on Routine immunization

- What diseases can be prevented by vaccination?

List diseases as mentioned

- Who needs to be vaccinated in clinics?
- Are vaccines for children charged?
- What vaccines are given at birth?
- What is the minimum number of doses of polio vaccine should a child receive?
- At what age is measles vaccine given?
- What is your role in immunizing children?
- Mention 'Vaccine are available & free in health facilities'