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SPRING
Strengthening Partnerships, Results,
and Innovations in Nutrition Globally

Community Health Volunteer Manual for Anaemia Control in Ghana

Participant Guide



Ghana

February 2017

About SPRING

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a five-year USAID-funded Cooperative Agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

Disclaimer

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Table of Contents

Table of Contents	3
Acronyms	v
Introduction	6
Lesson 1: Knowledge and skills	7
1.1 <i>Knowledge CHVs need.....</i>	7
1.2 <i>Skills CHVs need.....</i>	20
Lesson 2: Mobilize communities and families	22
2.1 <i>Accessing Mothers Groups and other Community based groups</i>	22
2.2 <i>Mobilizing families to support for anaemia prevention practices.....</i>	22
2.3 <i>Recording and reporting.....</i>	22
2.4 <i>How to link community to health facilities.....</i>	22

Acronyms

Introduction

Anaemia is a major problem in Ghana, and we can combat anaemia using many programs, including iron folic acid supplementation in pregnant women, infant and young child feeding, malaria control, community-based prevention and treatment of neglected tropical diseases, interventions to improve hygiene and sanitation, and health and nutrition education services.

The Ghana Health Service is creating a one-day training program on anaemia for Community Health Volunteers (CHV). The objective of the training is to give CHVs the knowledge and skills to assist the health worker in implementing programs. The Community Health Volunteer (CHV) can use this manual to guide him/her while participating during the training sessions. The training program is divided into two lessons - Lesson 1 deals with the knowledge and skills that CHVs need to reduce anaemia; Lesson 2 covers the knowledge and skills CHVs need to mobilize communities and families. It is hoped that the training will increase both awareness and knowledge of anaemia, its causes and effects, and what the CHV can do to reduce the burden of anaemia in Ghana, particularly among pregnant women and young children.

Lesson 1: Knowledge and skills

Total duration of unit: 1 hour

1.1 Knowledge CHVs need

A. What is anaemia?

Bottle 1 (Anemic Blood)



Bottle 2 (Healthy Blood)



B. What are the causes of anaemia?

The main causes of anaemia are:

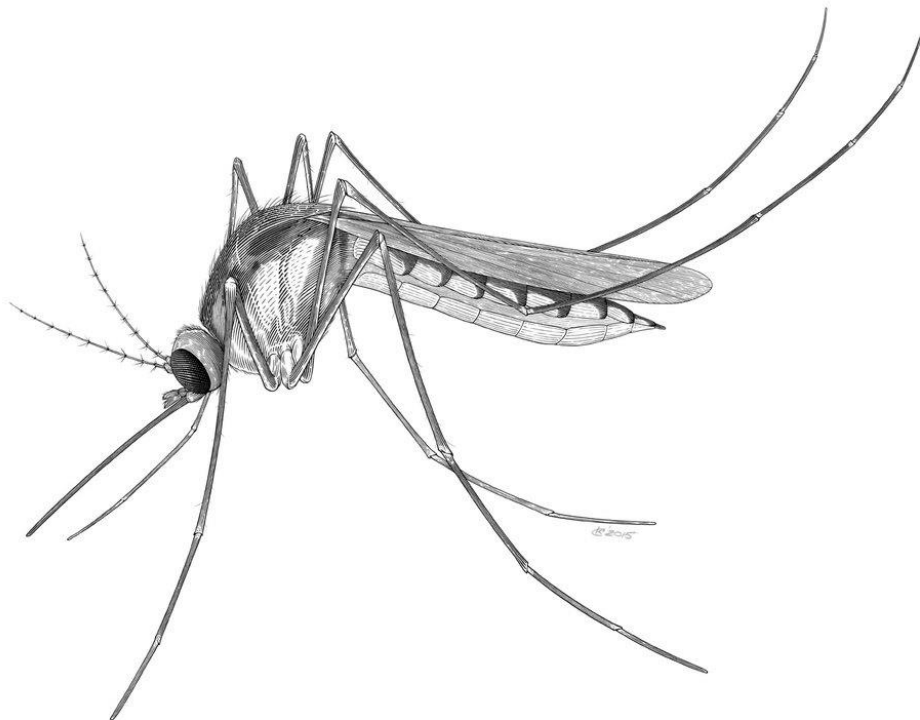
- 1) Poor quality of diet leading to less intake of important nutrients such as iron and folic acid



2) Blood loss from worm infection



3) Malaria is a leading cause of anaemia



- 4) Common infections like diarrhoea and pneumonia



Child with Fever

- 5) Poverty can lead to poor living conditions which can result in all of the above



- 6) Disorders of our genes such as sickle cell anaemia

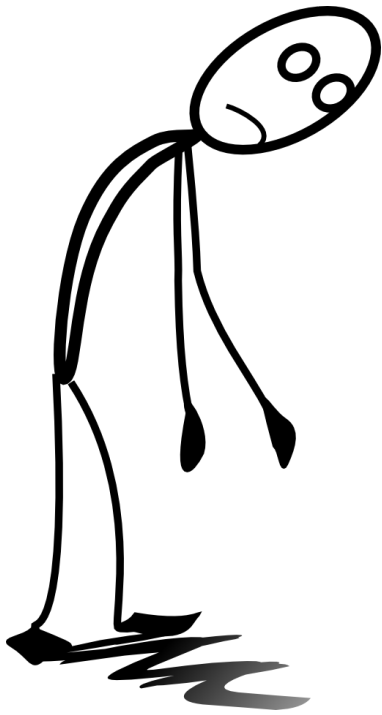


- 7) Increased need for nutrients such as iron during certain times in our lives where there is rapid growth and development – under age of 5 years, adolescence, and pregnancy and lactation



C. What are the symptoms and signs of anaemia?

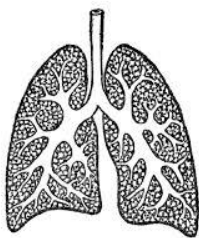
1. Weakness and getting tired easily



2. Dizziness



3. Shortness of breath



4. Palpitations



If you examine the palms, nails and eyes of the people, you will notice that they are pale as compared to your palms or to the palms of others who are not anaemic



D. What are the consequences of anaemia?

Anaemia can have major effects at different stages of our lives:

Baby – low birth weight, risk of dying during birth, risk of poor physical and mental development of infant and toddler

Mother - Increased risk of bleeding during childbirth, poor health leading to loss of work

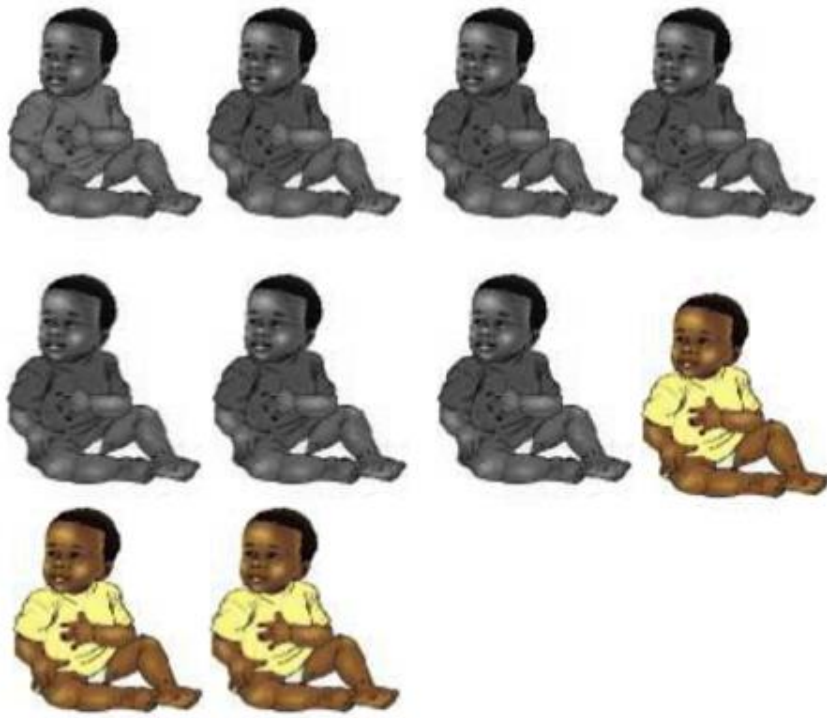
Adolescent - poor physical capacity and academic performance

Community – poor economic growth

Country - poor economic growth and a sicker population

E. What is the extent of anaemia in Ghana?

7 out of every 10 children has anaemia



4 out of every 10 mothers has anaemia



F. What can we do to prevent anaemia?

- 1) **IFA supplementation for pregnant women, women of menstruating age including adolescent girls**



2) Malaria prevention



3) Treatment of worms



- 4) Reducing infection by reduction of exposure to animal and human waste, washing hands with soap, and early initiation and exclusive breastfeeding for 6 months



- 5) Promoting a **four-star diet** rich in nutritious foods rich in nutrients



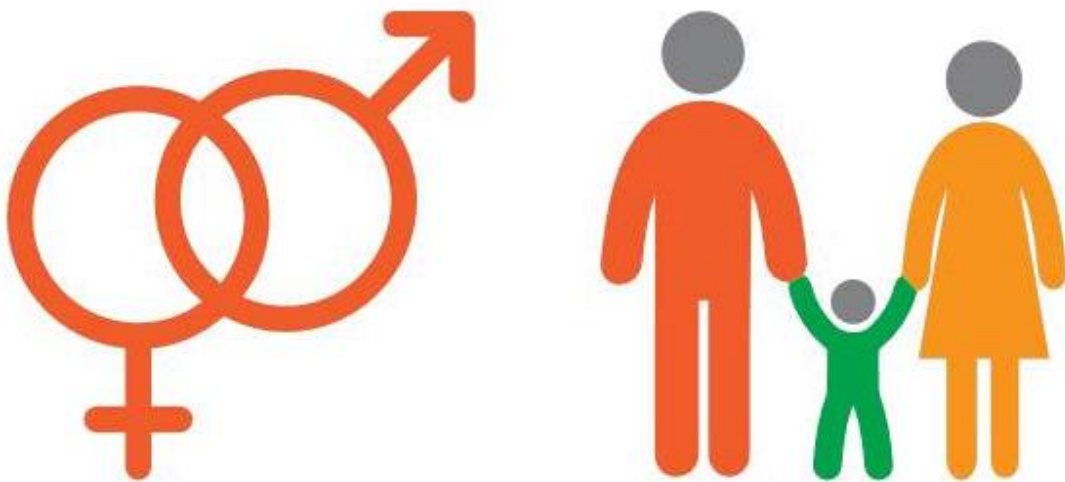
6) **Exclusive breastfeeding** and promotion of appropriate complementary feeding for children 6-23 months

Start feeding at 6 months

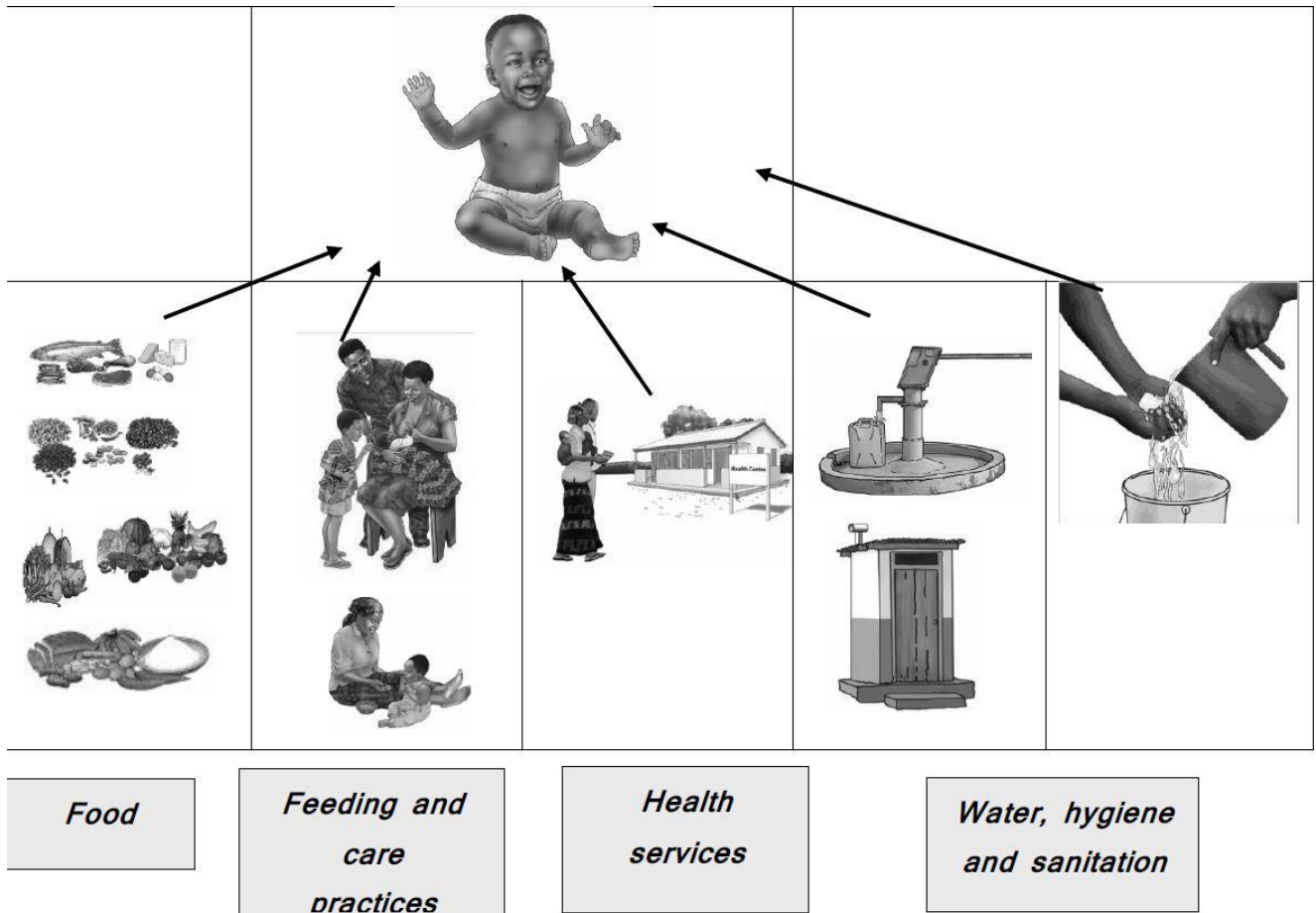




7) Use of **family planning** methods for mothers between birth of children



8) Child care practices



G. What are the roles of CHVs in anaemia programs?



How can you prevent Anaemia in pregnancy?

1



Go to the Ante natal clinic (ANC) as soon you realize you are pregnant

2



Take the iron and folic acid tablets each day until 6 weeks after the baby is born

3



As soon as your baby moves, go to the clinic so the midwife can give you SP for Malaria Prevention

4



Sleep under an insecticide treated bed net (ITN) each night

5



Eat foods that contain lots of Iron and Vitamin C with every meal.



"No tea or coffee one hour before or after taking the tablets"

Taking IFA Tablets Made Easy

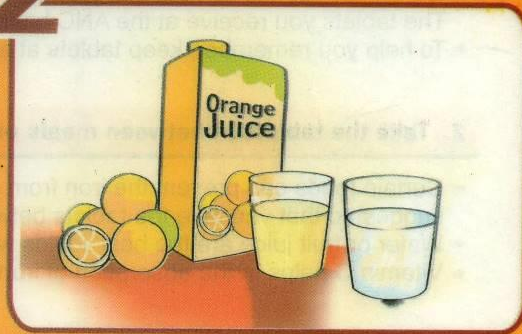
Take ONE tablet of iron and ONE tablet of folic acid each day if you are pregnant

1



2

Take the tablets in between meals with water or fruit juice.



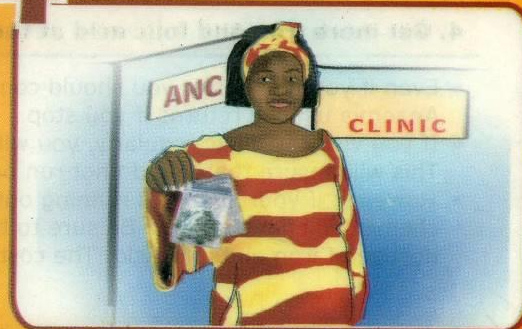
3

Continue taking the tablets even if you have minor side effects.



4

Get more iron and folic acid at the ANC clinic or chemist shop before your supply runs out



5

Take the tablets every day until 6 weeks after the baby is born



"No tea or coffee one hour before or after taking the tablets"

Lesson 2: Mobilize communities and families

2.1 Accessing Mothers Groups and other Community based groups

- 1) CHVs can create awareness in all households in the community through MG members
- 2) Most of the mothers are already members of Community Groups
- 3) Mothers attend meetings regularly when they see benefits from such meetings for their family
- 4) Mothers might not know stepwise processes of meeting but have some ideas. So it will be good to let them know the whole process and show them that they are important part of the MG meeting
- 5) Mothers will see the benefit of MG meeting for reducing anaemia in themselves and their children
- 6) Community Chief, leaders and community health nurse can participate in the meeting to emphasize recommended practices for preventing anaemia
- 7) This process of regular MG meeting and interaction with health staff will strengthen the linkages between community and health facility and trust for CHVs

2.2 Mobilizing families to support for anaemia prevention practices

- 1) The CHV can advise the family that the mother or child who are receiving any of the following interventions need the support of all family members – husband, in-laws, grandparents, siblings:
 - a) IFA for pregnancy
 - b) Malaria treatment
 - c) Worm treatment
 - d) Reduce infections by reducing exposure to human & animal faeces, washing hands with soap, and treatment of common infections
 - e) Exclusive Breast-feeding for 0-6 months and appropriate complementary feeding
 - f) Iron-rich/diverse diet (4-Star diet) for child 6-23 m, adolescent girls, pregnant and menstruating women
- 2) Support from family makes interventions much easier; CHVs can play an important role in facilitating that support.
- 3) The listed interventions can be discussed at MG meetings

2.3 Recording and reporting

- 1) The information below can be collected by CHVs:
 - a) Number of women identified as pregnant and referred to register at ANC
 - b) Number of pregnant women taking IFA
 - c) Number of MGs meetings facilitated, mothers attending MGs
 - d) Number of home visits
 - e) Number of patients being treated for anaemia who were follow up in the last month
- 2) Collecting and reporting monitoring data can help improve the effectiveness of programs

2.4 How to link community to health facilities

- 1) Building trust between the health system and the community will strengthen both groups
- 2) Trust is built through communication and respect
- 3) Community volunteers should be proud of their contributions to reducing anaemia

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