



TUTOR'S GUIDE

**Training module on community
home-based prevention of disability
due to lymphatic filariasis**



World Health Organization
Geneva





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Programme to Eliminate Lymphatic Filariasis
Control, Prevention and Eradication (CPE/CEE/FIL)
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Preface

The prevention of disability due to lymphatic filariasis (LF) is a component of the Global Programme to Eliminate Lymphatic Filariasis (GPELF), which has two major objectives: (a) to stop transmission of lymphatic filariasis; and (b) to prevent the suffering and disability of individuals already affected by the disease.

The aim of this module is to contribute to the prevention of suffering and disability due to LF by training health and non-health workers (e.g., social workers, teachers, religious leaders) at the district level, who in turn will train others how to teach the principles of home-based self-care to LF sufferers and their relatives in order to prevent the chronic consequences of the disease. It has been developed following extensive field-testing in Zanzibar, United Republic of Tanzania.

The module is in two parts: **Part 1, the LEARNER'S GUIDE**, outlines the main learning objectives and provides the basic information and practical exercises required; and **Part 2, the TUTOR'S GUIDE**, also outlines the main learning objectives and provides guidance on teaching methods and materials to be used. The module is to be used in conjunction with a flipchart providing key messages and illustrations on the management of lymphoedema, and a poster illustrating various measures that can be used in the home to manage lymphoedema is to be given to LF sufferers and their relatives. Thus, this module is part of a complete training package.

The teaching approach to be used during the training of trainers workshop is primarily interactive, that is to say, it encourages the active participation of the learners, which facilitates the learning process. The training workshop using this module should usually take three days to complete (see proposed Training of Trainers Workshop Timetable at the end of the Introduction below).

This training module is part of a series of publications on the elimination of lymphatic filariasis produced by the World Health Organization to assist national programmes. Further details on these publications can be obtained from CDS Information Resource Centre, World Health Organization, CH-1211 Geneva 27, Switzerland (fax: (+41) 22 791 4285; e-mail: cdsdoc@who.int).

Introduction

The TUTOR'S GUIDE and the LEARNER'S GUIDE are to be used together for training workshops and for in-service training.

For whom is this training module intended?

The training module is intended for tutors responsible for training health and non-health care personnel (referred to as learners) from different ministries, such as ministry of health or ministry of education, involved in the Programme to Eliminate Lymphatic Filariasis (PELF). These learners will become trainers themselves and will teach the principles of prevention of disability due to lymphatic filariasis (LF) to informal carers. In turn, these informal carers, chosen by the community and usually already involved in health or educational activities, will go out into the community to spread health messages to LF sufferers and to their families, friends and neighbours.

Why provide a LEARNER'S GUIDE?

Providing learners with a LEARNER'S GUIDE ensures that they have exactly the same information and avoids unnecessary note-taking during training sessions. It also minimizes the possibility of learners making errors while note-taking. Tutors and facilitators can refer to any part of the LEARNER'S GUIDE knowing that all learners can quickly find the right page. Learners can spend more time reading the guide if need be and will have a greater chance of understanding it. After the workshop, learners will have a complete, helpful reference guide to take home and use in their daily work.

Use of the TUTOR'S GUIDE and LEARNER'S GUIDE

The TUTOR'S GUIDE and the LEARNER'S GUIDE are to be used together for training workshops and for in-service training. The LEARNER'S GUIDE may be used on its own for refresher training or as reference material.

The way in which tutors and facilitators should make use of the guides becomes apparent while working through the training workshop. Learners will follow the group training activities using the LEARNER'S GUIDE plus other materials as appropriate.

Structure and arrangement of the TUTOR'S GUIDE

The writing style of the TUTOR'S GUIDE has been kept simple in order to avoid misunderstanding and to facilitate translation into local languages.

The guide acquaints tutors with health education messages on the prevention of disability due to LF. It also describes teaching methods they can use with their future trainees (learners).

The guide begins with an introduction describing the objectives of the training workshop, the teaching methods and the tutor's tasks. Careful reading of this section provides you with valuable advice on teaching methods, style and approach. It helps you understand your role as a tutor in this type of training as well as the role of the facilitator (assistant), whose responsibility it is to aid you in any way possible. There can be more than one facilitator. It also explains why the LEARNER'S GUIDE has been designed in the way it has.

The introduction is followed by six learning units. At the beginning of each unit there is a box containing a list of learning objectives, summarizing the knowledge, skills and attitudes the learners should have acquired by the end of that unit.

It is also essential that you read the entire LEARNER'S GUIDE (Part 1) before planning your training workshop, rather than reading only the unit that relates to the next teaching session, as this will provide you with an overall picture of the workshop.

Meeting each other

First, introduce yourself, write your name on the board or flipchart and tell the learners a little about your background and job. The group facilitators should do the same.

The learners then introduce themselves. A useful technique is to divide the learners into pairs and ask them to exchange names, information about jobs, home towns, etc. Each learner then introduces his or her partner to the whole group. This method often reduces tension and a relaxed atmosphere is a good learning atmosphere. The learners will each have been given a copy of the LEARNER'S GUIDE and they should be allowed about 10 minutes to read the Introduction. Explain that working in small groups with facilitators makes learning easier and therefore there should be little need to take notes during the workshop.

Explain that the learners should keep the learning objectives in mind throughout the workshop and should always ask for help if they feel uncertain about achieving them.

Go through the objectives of the learning units so that the learners understand exactly what they should have achieved by the end of the workshop. Explain that the learners should keep these objectives in mind throughout the workshop and should always ask for help if they feel uncertain about achieving them. The facilitators' job is to make the learning process as effective as possible, but each learner is likely to be more aware of whether they understand a particular topic or have mastered a particular skill. In this way, the learners are responsible for asking questions when they don't understand something.

You may wish to raise other subjects at this time, but also try to encourage the learners to discuss the training workshop – what they expect of it, what aspects of it are worrying them, and so forth. Explain that you and the facilitators welcome feedback throughout the workshop, assuring them that constructive criticism from the learners will improve the workshop.

Finally, talk to the learners about evaluation. Explain that it will be a continuous process throughout the training workshop, done by you and the facilitators through questions, observations and the “Checklist for evaluating informal learners during home visits” (see Annex 2). You should stress that the evaluation process should be enjoyed rather than feared; it is a part of the learning experience. Its purpose is to allow you and the facilitators to assess the learners' progress, to correct mistakes and to clarify misunderstandings. Learners should be made aware that each person learns at a different speed and that you and the facilitators will make as much allowance for this as possible.

Educational level of learners

Learners from a wide range of backgrounds can be accepted for training on this subject. However, it is very important that learners:

- can read, write and understand simple English (or the language into which the LEARNER'S GUIDE is translated);
- can systematically follow a set of written instructions;
- have good hearing and eyesight;
- are sympathetic to the health problems of the community;
- indicate willingness to work with members of the community upon completion of the workshop.

How is the training workshop designed and what is its content?

The training workshop is designed to facilitate teaching of all the specific tasks involved in the dissemination of messages for the prevention of disability due to lymphatic filariasis.

Workshop objectives – The overall objective of the workshop is to provide training to future trainers (health and non-health care personnel):

- in implementing home-based care strategies for the prevention of disability due to LF;
- in disseminating health care-related messages to LF sufferers, their families and friends, and the community.

Workshop structure – One tutor and at least one facilitator are needed to conduct the workshop:

- the workshop lasts for 3 days with six learning units and is divided into morning and afternoon sessions;
- there are short breaks in the morning and the afternoon and a lunch break of 1–2 hours;
- at the beginning and end of each training day, 10–15 minutes should be spent revising the topics covered;
- on the last day of the workshop, learners will perform home visits to practise what they have learned about caring for LF sufferers.

Workshop approach – The workshop is based on active participation and using interactive teaching methods to assist learners in processing information, solving problems and practising skills.

Workshop contents – The workshop contents are:

- teaching methods;
- LF disease: signs and symptoms, assessment and management;
- acute attack;
- health education with and for the community;
- health education messages.

The tutor is responsible for organizing and running the workshop. The job will be easier and the teaching more effective if the tutor has one or more assistant.

Who runs the workshop?

As the tutor, you are responsible for organizing and running the workshop, designing the timetable, explaining the learning tasks to the learners and facilitators and helping them as needed. Although the LEARNER'S and TUTOR'S GUIDES will do much to help, the final results will depend upon your efforts.

Tutor's tasks during the workshop

- Make sure you have the materials needed for the training session.
- Arrange for the learners to sit in a semicircle so that everyone can see one another.
- Introduce yourself and write your name on the blackboard or flipchart.
- Ask the learners to introduce themselves.
- Tell the learners about each learning unit, the learning objectives and the teaching methods.
- Make sure that each learner understands the topics during the workshop.
- Provide information if a learner is confused.
- Lead group activities to ensure that learning objectives are met.
- Encourage learners by complimenting them on their correct answers, improvements or progress.

Tutor's tasks during the home visit

- Explain the objectives of this session to the learners.
- Demonstrate the skills exactly as they should be performed by the learners when dealing with LF sufferers.
- Observe the learners' progress and provide feedback and guidance as needed.
- Be available to answer all questions.
- Lead discussion to summarize and monitor learners' performances.

Who helps the tutor in the workshop?

Your job will be easier and the teaching more effective if you have assistants. Assistants, known as facilitators, should have some working experience in the subject matter.

Facilitators are not required to have trained as trainers but should be able to explain or demonstrate a particular activity and observe learners perform it. They must be willing to admit to learners when they do not know something and be prepared to refer the question or problem to you. You should then make it clear to the facilitators that no one is expected to know everything about a particular subject. There is no shame in saying, “I do not know, but I will find out for you”.

Many problems can be avoided by giving facilitators enough time to read the LEARNER’S GUIDE and to discuss any part of it that may need clarification. It is best if you and the facilitators go through both the TUTOR’S GUIDE and the LEARNER’S GUIDE together.

Training facilities and equipment required

Training facilities

The basic facilities and equipment must be organized before training can begin. You might experience long intervals between ordering supplies and their delivery, but training should not be delayed unnecessarily because of a lack of the best equipment. If the recommended facilities and equipment are not available, you should improvise or modify existing ones.

The same room should be used for the whole workshop (except for the home visits) and should be furnished with chairs and small tables or desks.

Ideally, there should be a reliable supply of electricity, running water, at least one sink and wall space for a blackboard.

Material and equipment for demonstrations should be available at the health care facility where the practical session will take place.

Whatever the conditions, you must ensure that the learners are as comfortable as possible – it is surprising how much can be achieved with relatively few facilities.

Arrangement of the meeting room

The training sessions should take place in a meeting room, preferably with small groups of learners seated in a semicircular arrangement facing the front of the room. If the chairs do not have fixed supports for writing, it is helpful to use small desks or tables. Everyone should have a clear view of the board and the projector screen. Each group should have a flipchart.

The composition of the groups can be changed occasionally or the groups can remain the same throughout the workshop. All group activities can take place in the same room and this will save time by not having to change location.

Teaching equipment

Ideally, the following items should be available for training sessions and class discussions:

- overhead projector,
- acetate sheets for overhead projector,
- coloured marker pens for acetate sheets (including permanent markers),
- flipchart or large blackboard or whiteboard,
- chalk for blackboard or marker pens for whiteboard and flipchart, in a selection of colours,
- electric extension cord, plugs and bulbs if needed.

Learners' equipment

The following items should be provided for each learner. You should order supplies well in advance of the workshop as some items are difficult to obtain on short notice:

- LEARNER'S GUIDE,
- notepad,
- pencil and ballpoint pen,
- erasers.


Material and equipment for demonstrations and practical sessions

The following materials and equipment should be available at the health care facility where the practical session will take place:

- washbasin,
- water,
- soap,
- pieces of cloth,
- gauze.

The most effective and efficient learning takes place when learners are actively involved in the learning process, whether participating themselves or learning from each other.

Teaching methods

The following are various teaching methods that you might use. Teaching methods throughout the module are identified by red fonts associated with this icon: 

Lecturing

The most effective and efficient learning takes place when learners are actively involved in the learning process, whether participating themselves or learning from each other. They will also learn from what you teach them but lectures should be kept to a minimum (maximum 15% of the total time). As much as possible, you should encourage learners to be interactive and participative.

- Plan and prepare materials the day before the lecture (for example, enlargement of the forms, blackboard and coloured chalks or flipchart paper and coloured markers).
- Introduce the topic and the lesson objective.
- Ask learners what they and their community know about LF and allow them enough time for discussion among themselves.
- Ask one of the learners to summarize all the ideas.

Class discussion

Once the learners become accustomed to group discussion, the two-way exchange of information between them and you or the facilitators makes this a very effective learning activity. Learners share their knowledge and experiences with the rest of the group and stimulate one another's thoughts on the topic being considered.

- You are the discussion leader.
- Classroom discussion is a two-way dialogue between you and the learners.
- It gives learners the opportunity to express their own opinions about a topic.
- It is a way for learners to review their experiences and reinforce what they have learned.

- It can be used at difficult points in a lesson or at the end of a topic for review.
- It is a rapid way to find out what has been understood or retained by the class and to provide information to reinforce ideas or correct errors.
- All the learners should be seated so they can see one another and be close enough to hear easily.
- How questions are asked during the discussion is vital. It is strongly recommended you use “closed” questions such as, “Do you agree with what has just been said?” which requires a yes or no answer instead of “open” questions such as, “What do you think about that?” which requires a longer answer. This will help you initially to focus the discussion more precisely and then you can guide the discussion more broadly.

Demonstration

Demonstration, either by you or by the learners, is a good way to directly show the learners how to perform specific tasks and skills. It is also a good basis for useful discussion.

- Demonstrations are used mainly to teach skills and to show how to perform certain tasks, for example, how to care for limbs affected by lymphoedema.
- Learners can also demonstrate their practical and communication skills.
- A demonstration must be as realistic as possible and, when possible, a real-life situation is preferable.
- Demonstrations must be visible to all the learners (you should divide the learners into groups and perform the demonstration for each group).

It is important to decide which skill is to be learned and which steps will be taken.

- Explain what is being done and why it is being done as each step is demonstrated.
- If possible, have learners practise each skill until each has mastered it.
- Ask questions to check whether the skill has been learned.

Role-play must have a clear learning objective and should be carefully planned. Always check the accuracy of the information given and the communication skills used by the role-players.

Role-play

Role-play is an exercise in which you, the facilitators and the learners act the parts of different people and so begin to experience some of the feelings of these people.

- Role-play must have a clear learning objective and should be carefully planned.
- Role-play means acting the part of another person in a specific situation.
- Role-play exercises are very useful for teaching communication and decision-making skills.
- Role-playing exercises are used to show a situation, enabling everyone to understand the attitudes and reactions involved in that particular situation.
- Devise a simple situation with two to four role-players.
- Role-players should be given a basic description of who they are supposed to be and what the situation is and should be given time to prepare.
- It may be difficult for the role-players to follow instructions if they are given too many details.
- Describe to the class each player's role and the situation to be enacted.
- Role-play may come to a natural end or you may decide that it has lasted long enough for educational purposes and stop it.
- When role-play is over, guide the discussion to emphasize the main points learned and summarize the session by asking questions rather than giving answers.
- Check the accuracy of the information given and the communication skills used by the role-players.

Visual aids

Visual aids are materials such as slides, photographs, drawings, flipcharts and pamphlets that can help the learners acquire a good understanding of a place or a situation without you having to take them there physically.

These aids can complement lectures by enhancing the ideas and facts that you are teaching. You can prepare visual aids yourself but remember to:

- ensure that visual aids are readable by everyone, especially when you write on the blackboard/flipchart;
- keep diagrams as simple as possible since unnecessary detail might confuse the learners;
- talk about each diagram to ensure that the learners understand their meaning.

Brainstorming

Brainstorming is a group process that combines each person's idea(s) to solve a common problem. You should explain the following brainstorming guidelines to the learners.

- Brainstorming should not last longer than 10–15 minutes.
- Everyone who has an idea about how to solve a specific problem is allowed to tell the group.
- Group members are not allowed to make remarks or pass judgment on the idea(s) offered by others.
- Members of the group can only offer ideas that concern the problem under consideration.
- Ask the class to choose one person to be the “recorder”.
- The recorder writes down the ideas as they are given.
- When there are no more new ideas, the group should review all the suggestions to see whether there are any common or similar ideas that may be combined.
- The group then votes (one vote per person) on which ideas are the most helpful for solving the problem.
- More than one idea can be considered.

The home visit is an essential part of the training workshop since it enables the learners to practise skills in a real-life situation.

- The recorder writes down the problem and suggested solutions on a flipchart, blackboard or notebook, summarizes the session and presents the results to the group.
- When several people look at the same problem, there is usually more than one solution.

Home visit

The home visit is an essential part of the training workshop since it enables the learners to practise skills in a real-life situation. The visit needs to be carefully organized well in advance following the measures given below:

- Meet the health care officer in charge of the primary health care unit (PHCU) several days in advance to inform him/her about the home visits and to plan all administrative and logistic arrangements.
- Ask the health officer to identify LF sufferers and invite them to come to the PHCU on a fixed date at a fixed time in order to explain the purpose of the home visit to them (learners should visit at least two sufferers in their homes).
- Ask the health care officer to make sure that the LF sufferers concerned will be at home on a fixed date at a fixed time.
- Check that the required equipment is available (see “Materials and equipment for demonstrations and practical sessions” earlier in this Introduction section), and if not, supply it.
- Learners should be divided into groups small enough to function easily.
- Each group should be supervised by you or a facilitator.

HELP FOR TUTORS

- Plan lessons and prepare materials the day before the lesson.
- Do not sit behind the writing desk.
- Use simple, clear words.
- When using drawings, posters or flipcharts, show them while the topic is being discussed.
- Actively participate in each unit.
- Listen carefully to the learners' questions and requests.
- Encourage questions that will clarify the objectives.
- Respond positively to questions, for example, "Yes, I see what you mean" or "That is a good question".
- Do not talk too much – encourage the learners to talk.
- Be available and encourage the learners to come to you with questions and comments.
- Do not do other work during workshop time.
- At the end of each session, give the learners some positive comments on their work.

The community meeting is one of the two different methods that should be used to carry out health education activities.

Methods for carrying out a health education activity

Tell learners that there are many ways to carry out health education activities. However, in the community only two different methods should be used: the community meeting and the home visit.

Community meeting

A community meeting is a health education session that brings people together (individuals, groups or the whole community) to talk about LF and all the actions necessary to prevent acute attack and disability. When planning a health education session, learners should:

- meet local authorities and representatives to inform them about the health education session and involve them in its organization;
- talk to community leaders and members including the elders, women's and men's groups, religious leaders, traditional healers, agricultural workers associations or cooperatives, etc.
- discuss how the various parties can all work together to disseminate messages on LF to prevent acute attack and disability;
- provide information on LF and how the disease can affect the community, emphasizing that taking a few simple measures can prevent acute attack and disability;
- ask for their support and collaboration in planning and implementing the activity and in informing the community about the meeting, its objectives, and where and when it will take place.

Planning a community meeting

When planning a community meeting the following points should be considered:

- time and place of the session;
- the main topic;
- who will participate;
- the need to inform all parties involved in advance;
- the methods used to disseminate prevention of LF disability messages;
- materials needed to carry out the session.

Running a community meeting

When running a community meeting, remember to:

- gather people together to talk about LF in a group or in a number of small groups;
- introduce the topic;
- guide the discussion and use any other means possible to talk about LF;
- listen to what people have to say about LF;
- give everyone the opportunity to speak;
- ask for questions to give and receive feedback;
- make suggestions and provide accurate information;
- at the end of the session summarize what has been taught.

The home visit is the second of the two different methods that should be used to carry out health education activities.

Home visit

The home visit is the second way to reach people and often involves those living in distant or isolated villages.

Planning the home visit

When planning to visit people at home remember to:

- arrange a timetable to visit people systematically;
- inform the household to be visited in advance, if possible;
- bring the materials needed for the visit (posters, flipchart, booklet, etc.).

Making the home visit

When visiting people in their home, do not forget the following:

- You are a visitor – greet the householders appropriately and ask them whether you may enter the house or enter only if you are invited.
- Introduce yourself and explain the purpose of your visit.
- Ask questions politely and gently; do not be aggressive or rude.
- Give people time to answer questions.
- If people do not understand your question, rephrase it using simpler words and repeat the question as many times as needed.
- The households you visit may have very little food, soap and water, so use them sparingly.
- Do not be critical – you are there to help people to gain a better understanding of LF.

Evaluation

How will you know whether it was a good workshop?

Judging whether or not the workshop was successful is difficult but important and involves determining how well the learners did and how the learners viewed the training.

How well did the learners do?

This may be determined by evaluating the learners' performance as they work through the learning units and again at the end of the training. A further evaluation of how well they have retained their knowledge, skills and competence may be necessary 10–12 months later.

How did the learners view the training?

Learners' opinions and feedback about you, the facilitators and the workshop will yield valuable information on how useful they find this type of training. This can be done informally at the beginning or end of the day, as well as following exercises or units through discussion or question and answer sessions. Your national programme might have a prepared evaluation form you could use, in which case a short evaluation during the workshop and a longer one at the end of it would be helpful. Frankness in responding can be encouraged by allowing learners to complete the form anonymously.

Feedback provided during the workshop enables you to assess how well the training is being received and allows you to make any improvements deemed necessary. Feedback received at the end of the workshop will help to improve future workshops.

Evaluation of the learner

Evaluation means assessing the level of skill, competence and knowledge that the learners have achieved in a particular area.

At the end of the training workshop, you will evaluate the learners during the home visit using a checklist (Annex 2) that takes into consideration all the learning objectives of the workshop.

Whatever the government policy may be regarding the award of a certificate of competence, some record of attendance and level of competence reached by each learner should be kept for later comparison.

It is necessary to allow time for evaluation both during and after the workshop

Timetable

Dividing the workshop into six learning units makes planning easier.

Go through each of the learning units and calculate how much time is needed for each, including breaks. Then fit the units into the overall framework of the training workshop.

It is necessary to allow time for evaluation both during and after the workshop and for unexpected things such as transportation delays to training facilities.

The suggested timetable for a 3-day training workshop is provided as a guide only and may have to be adapted. As the workshop progresses, more or less time can be allocated for topics that the learners find either particularly difficult or particularly easy to understand. It is a good strategy to plan two or three extra hours that can be used in a flexible manner throughout the workshop. This guide includes two timetables, the first is for training of trainers and the second is for training informal carers.

TIMETABLE 1: Training of trainers workshop

Period	Time	DAY 1	Teaching methods
a.m.	30 min	Opening	
	1 h	Introduction to the LF Elimination Programme, TUTOR'S GUIDE, LEARNER'S GUIDE, workshop	Introductory remarks
	15 min	Break	
	1 h	UNIT 1 – Role and tasks of informal carers	Brainstorming Class discussion
	15 min	Break	
	1 h	UNIT 2 – Community health education	Brief lecture Role-play
	1 h 30 min	Lunch	
p.m.	45 min	Review: Community health education	Role-play
	15 min	Break	
	1 h	UNIT 3 – Assessment and management of lymphatic filariasis	Brainstorming Lecture Visual aids (photos) Tutor's demonstration Learners' demonstration
	10 min	Break	
	20 min	Summary of the topics	Brief lecture
		Evaluation	

Period	Time	DAY 2	Teaching methods
a.m.	1 h	Review: Assessment and management of lymphatic filariasis	Tutor's demonstration Learners' demonstration
	15 min	Break	
	2 h	UNIT 4 – Assessment and management of acute attack	Brainstorming Tutor's demonstration Learners' demonstration Brief Lecture
	15 min	Break	
	30 min	Review: Assessment and management of acute attack	Brief summary Tutor's demonstration Learners' demonstration
	1 h 30 min	Lunch	
p.m.	1 h	UNIT 5 – Individual Recording Form and Individual Follow-up Form	Brief introduction Tutor's demonstration Visual aids (drawings) Case study
	15 min	Break	
	1 h	UNIT 6 – Health education messages for the prevention of disability due to lymphatic filariasis	Brief lecture Group discussion Tutor's demonstration Role-play Class discussion
	15 min	Information for the person in charge of PHCU Summary of the topics Evaluation	
Period	Time	DAY 3	Teaching methods
a.m.	4 h	Home visits	Supervision
	1 h 30 min	Lunch	
p.m.	2 h	Home visits	Supervision
	30 min	Summary of the activity and comments Evaluation Closing	General discussion

It is a good strategy to plan two or three extra hours that can be used in a flexible manner throughout the workshop.

TIMETABLE 2: Training of informal carers

Period	Time	DAY 1	Teaching methods
a.m.	30 min	Opening	
	1 h	Introduction to the LF Elimination Programme, TUTOR'S GUIDE, LEARNER'S GUIDE, workshop	Introductory remarks
	15 min	<i>Break</i>	
	1 h	UNIT 1 – Role and tasks of informal carers	Brainstorming Class discussion
	15 min	<i>Break</i>	
	1 h	UNIT 2 – Community health education	Introduction Tutor's demonstration Learners' demonstration
	1 h 30 min	<i>Lunch</i>	
p.m.	45 min	Review: Community health education	Learners' demonstration
	15 min	<i>Break</i>	
	1 h	UNIT 3 – Assessment and management of lymphatic filariasis	Brainstorming Brief lecture Visual aids (photos)
	10 min	<i>Break</i>	
	20 min	Summary of the topics Evaluation	Brief lecture

Period	Time	DAY 2	Teaching methods
a.m.	1 h	Review: Assessment and management of lymphatic filariasis	Learners' demonstration Brief lecture Tutor's demonstration
	15 min	<i>Break</i>	
	2 h	UNIT 4 – Assessment and management of acute attack	Brainstorming
	15 min	<i>Break</i>	
	30 min	Review: Assessment and management of acute attack	Brief lecture Tutor's demonstration Learners' demonstration
	1 h 30 min	<i>Lunch</i>	
p.m.	1 h	UNIT 5 – Individual Recording Form and Individual Follow-up Form	Brief lecture Tutor's demonstration Visual aids Case study
	15 min	<i>Break</i>	
	1 h	UNIT 6 – Health education messages for the prevention of disability due to lymphatic filariasis	Brief lecture Tutor's demonstration Role-play Class discussion
	15 min	Information for the person in charge of PHCU Summary of the topics Evaluation	
Period	Time	DAY 3	Teaching methods
a.m.	4 h	Home visits	Supervision
	1 h 30 min	<i>Lunch</i>	
p.m.	2 h	Home visits	Supervision
	30 min	Summary of the activity and comments Evaluation Closing	General discussion

NOTES

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Role and tasks of informal carers

Learning objectives

By the end of this Unit, the learners should be able to:

- describe the role and tasks of informal carers
- describe the meaning of home-based, long-term care

Teaching methods

- Brainstorming
- Class discussion

Teaching materials

- Blackboard/flipchart and paper
- Chalk or markers
- Sheets of paper and pens/pencils

Introduction to the role and tasks of informal carers

In this unit you will cover the following topics:

- role and tasks of the learners as informal carers, the beneficiaries of their work, and where they will carry out their work;
- information and tools that the learners need to achieve the learning objective;
- learners' ability to approach LF sufferers, their families and friends to give them information about LF and to provide advice and counselling on home care and measures that can be taken to prevent disability due to LF;
- how the learners will become "informal carers" who will help LF sufferers, their families and friends to manage the disease and its related disabilities.

As informal carers, the learners will work at the community level visiting LF sufferers and their families at home to:

- talk about their condition and how they cope with it;
- give them information on measures that can be taken to prevent disability due to LF;
- give them information on home-based care and explain its objectives and importance.

LF is a long-term disease and most of the time LF sufferers can take care of themselves at home with help from their parents, relatives, friends or neighbours.

Brainstorming

Ask the learners what they think their role and tasks would be as informal carers and then give them no more than 10 minutes to write down their suggestions. Discuss, summarize and list all useful suggestions that fit the objective on a flipchart or blackboard.

When the brainstorming session is over, give the learners the following information.

Informal carers' role:

- to increase people's awareness of disability caused by LF;
- to understand what can be done to prevent and improve LF sufferers' quality of life;
- to support families in caring for LF sufferers at home;
- to strengthen the link between members of the community and health care and social services to make them more accessible to people.

Informal carers' tasks:

- to visit LF sufferers at home;
- to give information to LF sufferers and their family and friends on home care and simple steps to follow to prevent disability;
- to take care of acute attack;
- to record the LF sufferer using the *Individual Recording Form*;
- to follow-up the LF sufferer using the *Individual Follow-up Form*;
- to collect the *Individual Recording* and *Follow-up Forms* and give them to the PHCU every week;
- to refer LF sufferers with acute attack to the nearest PHCU.

Definition of home-based care

Home-based care means different things to different people, but whatever forms it takes, it relies on two strengths: the family and the community.

LF is a long-term disease and most of the time LF sufferers can take care of themselves at home with help from their parents, relatives, friends or neighbours.

A long-term disease requires long-term care that should become an integral part of health and social systems, including activities carried out by professionals and non-professionals from health, social or volunteer sectors.

The goal of long-term care is to ensure that individuals who are not fully capable of long-term self-care can maintain the highest possible quality of life, with the greatest possible degree of independence, autonomy, participation, personal fulfilment and dignity.

NOTES

This image shows a full page of a handwriting practice worksheet. It consists of ten sets of horizontal dashed lines spaced evenly down the page, providing a guide for letter height and placement. The background is plain white, and there are no margins or additional markings.

Community health education

Learning objectives

By the end of this Unit, the learners should be able to:

- make a home visit
- organize and carry out health education sessions

Introduction to health education and communication

Tell the learners that health education is all about promoting good health or healthy behaviour. In our case, it is used to inform LF sufferers, their parents, relatives, friends and neighbours and the whole community about the steps to follow to prevent disabilities caused by LF.

To make health education effective and useful, you need to communicate directly with people, whether individually or in groups.

Communication is the day-to-day sharing of ideas, feelings and information with other people. Talking is the most common way of communicating, but there are many other ways, for example: writing, gestures, drawing, singing, playing, etc.

Communication is also creating a relationship between you and another individual that should be based on respect for each other's ideas and beliefs.

Health care workers should be aware of any prejudices and attitudes they might have because both can affect and influence their work. When you talk to people about health care education, you need to consider three important points:

- talk and present information clearly,
- listen,
- clarify.

Teaching methods

- Brief lecture
- Role-play:
 - involving tutor and learners
 - involving learners only

Teaching materials

- Blackboard/flipchart and paper
- Chalk or markers
- LF flipchart

- **Talk and present information clearly**

- **Listen**

- **Clarify**

Communication is the day-to-day sharing of ideas, feelings, and information with other people.

Talking and presenting information clearly

- Let people know who you are and explain what you are doing.
- Speak and/or write clearly.
- Use simple, everyday words to explain ideas, topics, etc.
- Use the local name for LF.
- Do not be wordy: the messages will be lost in a long speech.
- If you use flipcharts or posters, make sure the image you are talking about is visible to everyone in the audience.

Listening

- Listen to what others have to say.
- Pay attention to what others say, do not look at something else or fidget.
- Show respect and encourage people to speak freely.

Clarifying

- Find out whether what you heard was correct.
- Ask questions to clarify what was said.
- Try to repeat what was said and ask the person whether you have understood correctly.
- Encourage others to repeat in their own words what you have said to see whether they have understood correctly.
- Encourage others to summarize what has been said to see whether you were understood correctly.

Role-play (involving tutor and learners)

Tell the learners that you, the tutor, will play the part of a health care worker who is in a meeting with the religious leader and that you will choose one of the learners to play the part of the religious leader.

The objective of the meeting being enacted is to talk about the prevention of disability due to LF, which is part of the Programme to Eliminate Lymphatic Filariasis, and to reach an agreement with the religious leader about disseminating the messages during regular religious gatherings.

The health care worker will explain to the religious leader the importance of the Programme to Eliminate Lymphatic Filariasis in your community, how the community is affected by LF and what can be done to reduce suffering caused by it.

At first, the religious leader will appear sceptical and ask the health worker various questions, but will eventually be convinced and willing to collaborate with the programme.

Discussion will follow, to analyse the performance.

Role-play (involving learners only)

Ask two learners to demonstrate their communication skills following all the steps you previously presented. The first learner will act as an LF sufferer; the second learner will play the role of a health care worker visiting the sufferer and the family at home for the first time.

Discussion will follow, to analyse the performance.

NOTES

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings present.

Assessment and management of lymphatic filariasis

Learning objectives

By the end of this Unit, the learners should be able to:

- describe how LF spreads
- describe LF signs and symptoms
- assess and manage lymphoedema
- identify the benefits of lymphoedema management
- decide when the LF sufferer needs to be referred to a health care facility

Lymphatic filariasis

Conduct a brainstorming session to find out what the learners know about LF. Remember that the goal of this learning unit is to provide the learners with a basic knowledge of LF and a more detailed knowledge of assessment and management of lymphoedema.

At this point, do not go into detail about LF transmission, the parasite and the lymphatic system. After the brainstorming session, the information that you give to the learners should be very precise.

Brainstorming

Ask the learners:

- what they know about LF;
- where LF comes from;
- whether they are familiar with LF signs and symptoms;
- whether their community has any traditional beliefs concerning LF;
- how other members of the community view LF sufferers.

Teaching methods

- Brainstorming
- Lecture
- Visual aids (photos)
- Tutor's demonstration
- Learners' demonstration

Teaching materials

- Blackboard/flipchart and paper
- Chalk or markers
- Photographs
- Water
- Soap
- Washbasin
- Cloths
- Gauze

As soon as the brainstorming session is finished, give the learners further details and explanations so as to integrate your information with that obtained from the brainstorming session.

As soon as the brainstorming session is finished, give the learners further details and explanations so as to integrate your information with that obtained from the brainstorming session.

Tell them that LF is caused by parasitic worms that are transmitted from person to person by mosquitoes and that the disease evolves slowly to the point where there is enlargement of the limbs (arms and/or legs) and/or genitals (scrotum, breast and very rarely female genitals).

Photo exercise

Show the learners one photo at a time and describe what is represented in each. Give them enough time to look at each photo and let them ask questions. Answer the questions and then ask some of the learners to describe the photos in their own words.

Describe swelling (lymphoedema) due to LF in the legs (Figures 1, 2, 3 and 6), arms (Figure 4), breasts (Figure 5), and in the genitals of men (Figure 7) and, very rarely, of women. Tell them that advanced lymphoedema is known as elephantiasis (Figure 8).

Describe the different types of lymphoedema of the leg.

Tell them to look at the photos of lymphoedema and ask them to describe:

- slight swelling,
- swelling with shallow folds,
- severe swelling with knobs and/or deep folds.



Figure 1

The legs and feet of two female villagers and one male; all have swelling/elephantiasis of the left leg



Figure 2

A mother and her young son sit with another woman from the same village – both women have swelling/elephantiasis of the left leg



Figure 3

A mother of two sits showing elephantiasis of the right leg and swelling in the left



Figure 4

Lymphoedema of the arm



Figure 5

A 36-year old woman with a grossly enlarged breast – she has had the condition for 17 years



Figure 6

The feet of a male villager showing elephantiasis and skin lesions of the left leg and foot



Figure 7

A 40-year-old man with hydrocele – he has had the condition for 11 years



Figure 8

Elephantiasis of the leg in a young mother of two

Lymphatic filariasis can be acquired in early childhood but usually the first signs and symptoms appear only in adulthood.

Assessment of lymphoedema

Invite an LF sufferer to the classroom for the learners to see and ask the learners whether they have ever seen people affected by this problem before and, if so, how they coped with it.

Give the learners enough time to answer your question, let them talk to one other and share ideas.

Answer their questions in full and summarize their ideas.

Give the learners further information, as described below, about signs and symptoms of LF, skin damage and taking care of lymphoedema.

Signs and symptoms of LF

Tell them that although LF can be acquired in early childhood, usually the first signs and symptoms appear only in adulthood. Make sure they understand that the parasite can be in the blood from an early age even if there are no symptoms.

One of the main signs of LF is swelling (lymphoedema) of the limbs, breast, scrotum and penis, and hydrocele (fluid-filled, balloon-like enlargement of the sacs around the testes).

Lymphoedema can be massive with a number of folds that can be shallow or deep. In a number of cases, the LF sufferer also develops knobs and cracks in the skin. Usually the skin thickens.

Skin damage

LF sufferers with swollen limbs (or other parts of the body) are often prone to skin damage in the form of small wounds, blisters, minor cuts, scratches, etc. A wound is like an open door through which all kinds of dirt and germs can enter, causing infection that can be very serious for an LF sufferer and can cause acute attack. The same small wounds, blisters, minor cuts and scratches in a healthy person would rarely have such a serious effect.

Management of lymphoedema

LF sufferers with lymphoedema – a swollen limb or other part of the body – should take extra care with their skin to prevent wounds of any kind that can lead to acute attack.

Tutor's demonstration

Make advance arrangements for an LF sufferer to be present at this session in order to demonstrate how to manage the swollen limb so the learners will be able to teach LF sufferers and their families and friends how to take care of their affected limbs.

If an LF sufferer is not available, the demonstration can be given using one of the learners.

Regular washing of the leg

Taking care of the skin means following simple, basic rules of hygiene as follows:

- The affected limb should be washed at least once a day with clean water at room temperature (do not use hot water) and ordinary, unperfumed soap.
- Washing should be thorough, applying soap from the knee down; extra care should be taken to wash gently in between the toes and folds using a clean cotton cloth or gauze.
- The limb should be rinsed with clean water at room temperature.
- The process of washing with soap and rinsing should be repeated until the rinse water runs clean to remove all accumulated dirt.
- The skin should be dried gently and well, using a clean towel without rubbing the skin.
- The skin between the toes and skin folds should be carefully dried.

Some LF sufferers may need help with washing and drying the limb. These cleaning and care techniques should also be used for other parts of the body affected by LF.

Prevention and care of entry lesions

Make sure that you explain what entry lesions are. They are defined as any break in the skin that enables dirt and germs to enter the body. Small wounds, blisters, minor cuts and scratches are entry lesions.

- Every time the limb is washed, the skin should be examined for entry lesions that can be very small and hidden in between the toes (or fingers) or folds.
- Avoid scratching the skin.
- Entry lesions should be very carefully washed and dried.
- If an entry lesion is infected, the LF sufferer should be referred to a PHCU for examination.

Elevation

Emphasize the importance of elevating (raising) the affected limb (or other part of the body) to prevent the accumulation of fluid. This is a very simple measure that can bring considerable relief.

- When sitting, the affected leg should be raised to hip level on a stool or chair or something similar. The leg should rest in a comfortable manner; if necessary, a pillow should be placed under the knee for support.
- When lying down, the leg should be elevated by placing a support, such as a brick, under the foot of the bed, or a pillow under the mat if the person sleeps on the floor. The entire leg should be raised, not just the foot.
- If the arm, breast or scrotum are affected they can be elevated by placing a pillow or a folded blanket under them at night.
- Please note that elevation should not be done if the LF sufferer is known to have a heart problem.

Wearing appropriate footwear

Emphasize the importance of the following:

- Wearing appropriate footwear will protect the soles of the feet from injury that can lead to acute attack.
- The footwear should be comfortable, should not be tight, should allow air to circulate around the foot and should have a very low heel.
- Sandals are preferable.

- LF sufferers should make sure that the footwear does not cause rubbing or blisters because they can lead to acute attack. If blisters develop, they should not be punctured and extra care should be taken until they are completely healed.

Exercise

Point out that frequent exercise of the affected limb will bring relief. The exercises can be done at any time and anywhere, whether sitting, standing or lying down, but should not be done during acute attack.

The following exercises are recommended and should be repeated 5–15 times each:

- Standing on both feet and holding onto a wall, tree, chair or person, rise up onto the toes of both feet at the same time and then lower the heels to the ground.
- Sitting or lying down, point the toes towards the ground and then flex them upwards, one foot at a time.
- Sitting or lying down, move the ankle in a circle, one foot at a time.

Revise the topic by:

- asking one or two learners to summarize the topics covered;
 - asking learners questions about signs and symptoms of LF and skin damage, to give and receive feedback;
 - correcting wrong answers and clarifying any doubts.
-

Learners' demonstration

Learners will practise caring for an LF sufferer following the above techniques.

NOTES

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Assessment and management of acute attack

Learning objectives

By the end of this Unit, the learners should be able to:

- assess signs and symptoms of acute attack
- manage LF sufferers with acute attack
- advise LF sufferers and their family and friends what to do during acute attack
- decide when to refer LF sufferers with acute attack to the PHCU

Acute attack

Conduct a brainstorming session to find out what the learners know about acute attack. Ask them if they have seen an LF sufferer with this condition and how the sufferer and family dealt with this.

Brainstorming

Ask the learners whether they know anything about acute attack.

Follow brainstorming techniques and summarize the discussion.

As soon as the brainstorming session is finished, summarize the discussion and give the learners additional information on assessing and managing acute attack and integrate it with what was learned in the brainstorming session.

Teaching methods

- Brainstorming
- Tutor 's demonstration
- Learners' demonstration
- Brief lecture

Teaching materials

- Blackboard/flipchart and paper
- Chalk or markers
- Visual aids (photos/slides)
- Water
- Soap
- Washbasin
- Cloths
- Gauze

Be sure to emphasize that acute attack can be a very serious condition.

Assessment of acute attack

Small wounds, blisters, minor cuts, scratches on the skin and in between the toes, fingers and skin folds are the main causes of acute attack in LF sufferers with lymphoedema since they allow dirt and germs to enter the skin and cause infection.

During acute attack, the skin becomes red, painful, hot and swollen. The LF sufferer also may develop general symptoms such as fever, headache, shivering and possibly nausea and vomiting. If the infection spreads, acute attack could endanger the life of the LF sufferer.

Acute attack usually lasts from 3–5 days and the LF sufferer may not be able to walk or to get out of bed. The limb or other affected part of the body is extremely painful and even the lightest touch can be unbearable. Following acute attack, the skin becomes dry, peels, and may become darker in colour.

Every acute attack worsens the lymphoedema so prevention is very important. This is why it is critical to teach the elements of home care to LF sufferers and the family and friends.

Most LF sufferers can easily care for acute attack at home. The first step is to cool the leg as soon as acute attack starts.

Be sure to emphasize that **acute attack is a very serious condition**. Also emphasize that, even if learners do not see an LF sufferer during acute attack, there are signs that indicate a recent attack, such as dry, peeling skin which may be darker in colour.

Management of acute attack

Tell the learners that there are certain measures that can be taken to prevent and reduce the severity of acute attack. These measures consist of educating LF sufferers and their families and friends in how to care for the limbs (or other parts of the body) during acute attack.

The main ways of managing acute attack are to relieve pain, ensure good hydration and provide rest.

Pain relief

Pain relief is obtained by cooling the affected limb or other part of the body either by applying a clean cloth soaked in cold water and changing it as soon as it becomes warm, or by soaking the affected part in a bucket of cold water. The cooling process should continue until the pain subsides.

Medicine can be given to bring down the fever, for example, paracetamol.

Hydration

The LF sufferer should drink plenty of water.

Rest

The LF sufferer should rest, elevating the affected part of the body as comfortably as possible. Exercise should be avoided.

Explain to the learners that if acute attack does not subside and/or there is a very high fever, shivering, or confusion and if pain does not respond to the above measures within 24 hours, the LF sufferer should be referred to a primary health care unit where antibiotics, or other measures, may be prescribed by a doctor or nurse.

Most LF sufferers can easily care for their acute attack at home, by starting cooling the affected part of the body.

Remind the learners

- Even if they do not see an LF sufferer during acute attack, there are physical signs that indicate a recent attack, such as dry, peeling skin and darkening in the area where it has occurred.
- It is extremely important for them to teach the elements of home care to LF sufferers and their relatives.
- Most LF sufferers can easily care for their acute attack at home, by starting cooling the affected part of the body as soon as the attack starts. This will prevent worsening of the condition.

Tutor's demonstration

Show the learners how to manage an LF sufferer with acute attack, following these steps:

- First, soak the leg in a bucket or tub of cold water or apply a cloth/compress soaked in cold water, change the cloth/compress once it becomes warm.
- Continue to cool the leg or other part of the body until the pain stops.
- Give medicine to bring down the fever (for example, paracetamol).
The medicine should be taken every 4–6 hours until the fever goes down.
- Tell the LF sufferer to rest and to elevate the leg or other part of the body as comfortably as possible.
- Tell the LF sufferer to drink plenty of water.
- Tell a nursing mother that it is not harmful to her or her baby to continue breastfeeding during acute attack.

What the LF sufferer should NOT DO during an acute attack:

Tell the LF sufferers not to:

- exercise (it can be very painful),
- put anything that is warm or hot on the skin,
- open or cut a blister,
- cut the skin for any reason,
- bandage the leg,
- rub herbs, ashes, or anything else on the skin that has not been advised by a doctor or nurse.

Learners' demonstration

Tell the learners that it is now their turn to practise managing acute attack with an LF sufferer.

Follow their performance carefully, take notes, list correct and incorrect actions and at the end of the demonstration discuss your findings with the learners.

NOTES

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Individual Recording Form and Individual Follow-up Form

Learning objectives

By the end of this Unit, the learners should be able to:

- recognize different types of lymphoedema
- recognize acute attack
- complete the *Individual Recording Form* and *Individual Follow-up Form*

Completing the *Individual Recording Form*

Provide each learner with a copy of the *Individual Recording Form*. Tell them that this is the form on which they should write down the condition of the LF sufferer. They should always complete the *Individual Recording Form* when visiting an LF sufferer at home for the first time.

It is important for them to remember to record the name of the village on the form and to be able to identify where each LF sufferer lives for follow-up visits.

Tutor's demonstration

Show the learners the *Individual Recording Form* (example at the end of this unit) and demonstrate how to use it. This form is given to the person in charge of the PHCU.

Show the learners drawings of lymphoedema and acute attack so that they can practise recognizing and recording them in the correct place by ticking the corresponding box on the *Individual Recording Form*.

Then, using the enlargement of the *Individual Recording Form*, point out the blank lines at the top of the form and indicate where they will write their name, the date of their visit, the name of the village and street where the visit takes place and the name, sex and age of the LF sufferer.

Teaching methods

- Brief introduction
- Tutor's demonstration
- Visual aid (drawings)
- Case study

Teaching materials

- Enlargement of *Individual Recording and Follow-up Forms*
- *Individual Recording and Follow-up Forms*
- Drawings

Make sure that all learners correctly fill in the *Individual Recording Form* before passing to the next exercise.

Exercise on how to complete the *Individual Recording Form*

Point out the drawings on the form and ask the learners to identify which part and side of the body is affected (left or right or both) and in the case of limbs, which type of swelling (lymphoedema) is present.

Ask them to tick the box on the form that corresponds to the affected part of the body they have identified and, in the case of limbs and breasts, tick the boxes below that part to indicate whether it is the right or left side that is affected. In the case of acute attack, hydrocele, wounds and referral to a PHCU, they will tick the “Yes” or “No” boxes.

In the case of acute attack, the “Yes” box refers to the current month and the “No” box to a previous period. For example, if they are visiting the LF sufferer on 22 February and the LF sufferer had acute attack on 10 February, “Yes” should be ticked because the attack occurred less than 30 days ago. If the LF sufferer had acute attack in December, “No” should be ticked because the attack was more than 30 days ago.

Ask learners whether they have any questions or doubts concerning completion of the *Individual Recording Form* and respond appropriately. You should feel confident that the learners fully understand how to complete the *Individual Recording Form* before proceeding to the *Individual Follow-up Form*.

Charting progress on the *Individual Follow-up Form*

Provide each learner with a copy of the *Individual Follow-up Form*. Tell the learners that this is the form where they should chart the LF sufferer's progress since the first visit. This form covers visits for a period of one year.

Each LF sufferer must be followed up monthly to find out whether:

- any episodes of acute attack have occurred and how many have occurred in a month,
- there has been an improvement in their condition,
- the advice that was given on self-care to prevent pain and disability due to LF has been effective,
- referral to a PHCU is necessary.

If the LF sufferer has been following the advice and the condition has improved, he or she should be congratulated.

Tutor's demonstration

Show the learners the *Individual Follow-up Form* (example at the end of this unit) and demonstrate how to use it. This form is given to the person in charge of the PHCU.

Explain to the learners that the *Individual Follow-up Form* is a tool that will help them chart the LF sufferer's progress. It will enable them to know whether acute attack has occurred, how many attacks there have been in a month, whether there is any skin damage and whether their advice is being followed. This information will enable them to further advise and counsel the LF sufferers and their families and friends who are caring for them.

Show the learners the rows and columns on the enlargement of the *Individual Follow-up Form* and explain that in order to correctly complete the form they should do the following:

Row 1: write the date (day, month, year) of the follow-up visit; the same should be done for subsequent visits

Row 2: circle the number of the visit: "Visit 1" is the first follow-up visit, and so on

Row 3: tick the left or right leg

Make sure that all learners correctly fill in the *Individual Follow-up Form* before passing to the next exercise.

Row 4: tick the left or right arm

Row 5: tick the left or right breast

Row 6: tick yes if acute attack is present, or no if not

Row 7: tick yes if hydrocele is present, or no if not

Row 8: tick yes if wounds are present, or no if not

Row 9: tick yes if the LF sufferer needs to be referred to a PHCU, or no if not

Case study

This case study will enable the learners to practise completing both the *Individual Recording Form* and the *Individual Follow-up Form*.

Individual Recording Form

Tell the learners that they will perform an exercise in which they will complete an *Individual Recording Form* with the following information about a fictitious LF sufferer:

- their own name, the name of the village and street where the visit takes place;
- the name of a 43-year-old male LF sufferer;
- his left leg is slightly swollen and has shallow folds – *tick the appropriate box*;
- he had acute attack 15 days ago – *tick the appropriate box*;
- he has no wounds – *tick the appropriate box*;
- he does not need to be referred to a PHCU – *tick the appropriate box*.

You should provide support to the learners during the exercise as needed.

Individual Follow-up Form

Tell the learners that they will perform an exercise in which they will complete an *Individual Follow-up Form* a month after the first home visit. Make sure they understand that during each follow-up visit they should report the following information on the *Individual Follow-up Form*:

- the part of the body that was affected by lymphoedema on the first visit;
- whether any other part of the body has developed lymphoedema since the last visit;
- whether there has been acute attack;
- whether any small wounds, blisters, minor cuts, scratches, etc., have appeared;
- whether the LF sufferer needs to be referred to a PHCU.

For this particular case study, you should provide the learners with the following information about the LF sufferer:

- he has no new swelling, but his left leg is still affected;
- he did not have acute attack during the past month;
- he has no small wounds, blisters, minor cuts, scratches, etc.
- he does not need to be referred to a PHCU.

At the end of the exercise analyse the learners' performance and provide them with feedback.

This exercise can be repeated several times, changing the information given to the learners for more practice.








At the end of the exercise analyse the learners' performance and provide them with feedback.

Individual Recording Form

Health worker's name

Date Village Street

LF sufferer's name Sex Age

LEG A*		LEG B*		LEG C*		ARM		BREAST		ACUTE ATTACK		HYDROCELE	
													
Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Yes	No	Yes	No
Wound		Yes	No										
LF sufferer referred		Yes	No										

* Leg A = slight swelling – Leg B = enlarged, with shallow folds – Leg C = greatly enlarged, with deep folds

Individual Follow-up Form

Date																								
Visit	Visit 1		Visit 2		Visit 3		Visit 4		Visit 5		Visit 6		Visit 7		Visit 8		Visit 9		Visit 10		Visit 11		Visit 12	
	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right
Leg																								
Arm																								
Breast																								
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Acute attack																								
Hydrocele																								
Wounds																								
LF sufferer referred																								

NOTES

[illegible]

Health education messages for the prevention of disability due to lymphatic filariasis

Learning objectives

By the end of this Unit, the learners should be able to:

- explain the meaning of each health education message
- disseminate health education messages by using communication methods and the LF flipchart

Communicating about lymphatic filariasis

Explain to the learners that, at this point, they should feel confident about their understanding of what LF is, its cause and symptoms, and how it affects people's lives.

Repeat that their main task is to teach LF sufferers and their families and friends about the disease and how to deal with it.

In addition, emphasize the fact that they will need to talk to different members of the community such as religious and political leaders, health officers, nurses, community-based health workers, social workers, farmers, women's associations and teachers to enlist their help in spreading the appropriate health messages related to LF disability.

You must be very clear that, for this purpose, they will need to adapt their method of communication to fit the different categories of people they are going to address.

Teaching methods

- Brief lecture
- Group discussion
- Tutor's demonstration
- Role-play
- Class discussion

Teaching materials

- Blackboard/flipchart and paper
- LF flipchart
- Chalks or markers
- Materials to perform a washing demonstration:
 - chair
 - washbasin
 - water
 - soap
 - cloths

Be sure to emphasize to the learners the importance of using good communication skills when introducing health messages in the community.

Brief lecture to introduce the health messages

You need to describe five different health messages that address all the issues related to LF disability as well as suitable methods to teach these messages to others. Remind the learners to use the communication skills that they learned in Unit 2.

The learners should be told that when visiting an LF sufferer's home, they should follow this procedure:

- greet the people;
- introduce themselves;
- ask permission to enter the house;
- inform the people about the Programme to Eliminate Lymphatic Filariasis;
- tell them that their role is to explain and disseminate health messages to all members of the community on how to prevent disability due to LF;
- tell the LF sufferers and their family that they will visit each month to follow up their progress;
- before leaving the house, thank the people and ask them to spread the messages among their friends and relatives.

Explain to the learners that they should inform the community that they are part of the same programme that undertakes the mass distribution of two drugs that can prevent transmission of LF. Most of the community has probably already been reached by the mass drug distribution.

Make sure that the learners understand that the home visits will address the problems of LF sufferers who are already affected by the consequences of the disease (swelling of limbs and breast, and hydrocele) that the drugs cannot cure.

After recording the LF sufferer's condition on the *Individual Recording Form*, the learners should explain to the LF sufferer that:

- the disease is transmitted by mosquitoes;
- LF can affect anyone, including children;
- it is not a curse or a punishment;
- swelling of limbs or other parts of the body are caused by LF;
- drugs cannot cure the swollen limbs but there are measures that can improve the LF sufferer's life.

Health messages for the LF sufferer

Explain to the learners that they need to do the following when they give health messages to LF sufferers and their families, friends or neighbours:

- give the LF sufferer only one or two messages at a time;
- show the drawings related to those messages;
- make sure that, if both limbs are swollen, the LF sufferer is told to take care of both of them;
- make sure that the LF sufferer has fully understood the messages by asking him/her to repeat what you have said and done.

MESSAGE 1

***“WASH YOUR LEG, OR
OTHER PART OF YOUR
BODY AFFECTED BY
LYMPHOEDEMA, WITH
SOAP AND CLEAN WATER.”***

When your leg or another part of your body is swollen, there are some simple measures you can take to avoid further swelling and pain.

These measures will also help you to walk more easily, to be able to work and to participate in social and religious activities.

The first step is to carefully wash the limb with soap and clean, room-temperature water and to look for small wounds, blisters, minor cuts, scratches, etc. (Figure 9).

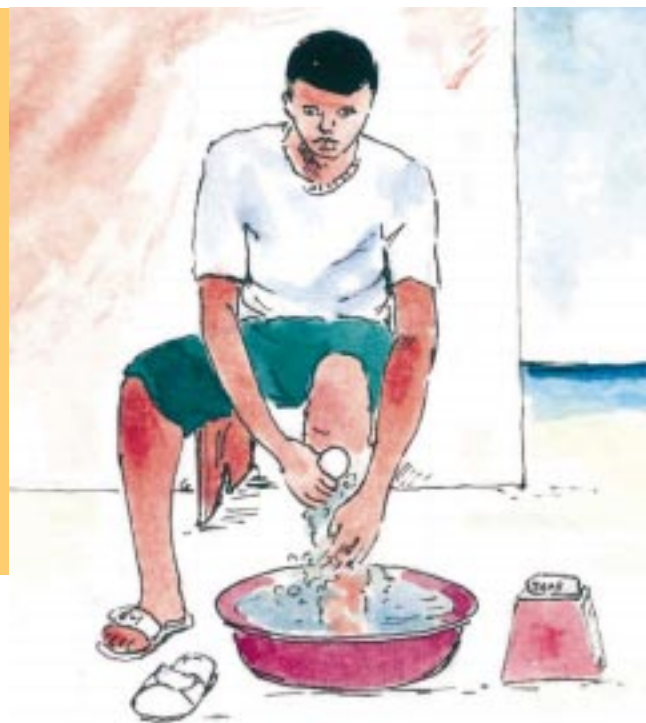


Figure 9

Man washing his leg with soap and clean water

WASH YOUR LEG WITH SOAP AND CLEAN WATER



Figure 10

Man being taught how to clean in between the folds



Figure 11

Woman being helped to wash her leg

You can wash your leg by yourself but you might need the help of a relative, parent or friend to clean places that are difficult for you to reach (Figures 10 and 11).

The person helping you does not risk catching the disease because LF is transmitted only by mosquitoes.

The man is washing his swollen leg with soap and clean water. The woman is being helped to wash. The leg and the foot are washed gently, including in between the toes and folds, using a clean cloth. Washing the leg is important to protect the skin from infection.

MESSAGE 2

***“DRY YOUR LEG, OR
OTHER PART OF YOUR
BODY AFFECTED
BY LYMPHOEDEMA,
CAREFULLY AND GENTLY.”***

It is very important that you dry your leg and foot gently to avoid damaging the skin (Figure 12).



Figure 12

Man drying his leg

DRY YOUR LEG CAREFULLY AND GENTLY



Figure 13

Man drying in between the toes



Figure 14

Man drying in between the folds

You should use a clean cloth and pay extra attention to drying carefully in between the toes and folds (Figures 13 and 14).

If it is difficult for you to reach your leg or foot, ask a relative or friend to help you.

The man is carefully and gently drying his swollen leg with a clean cloth, taking extra care in between the toes and folds.

MESSAGE 3

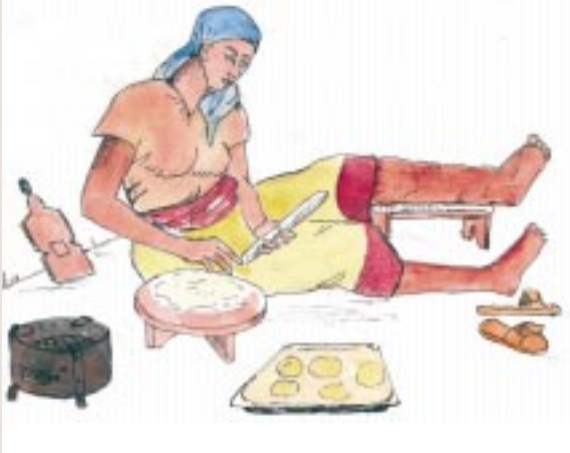


Figure 15

Woman elevating her leg while working



Figure 16

Man elevating his leg while working

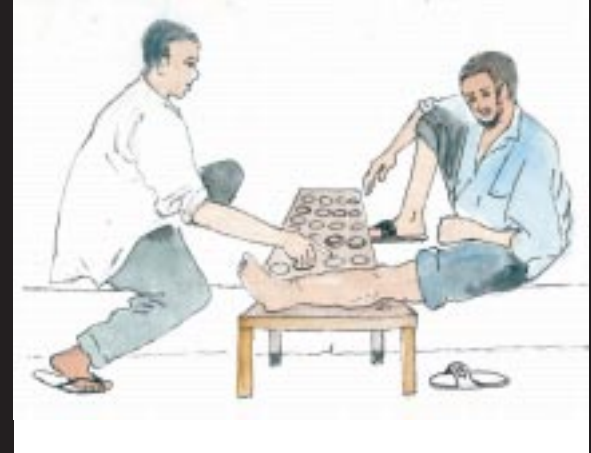


Figure 17

Man elevating his leg while playing

***“ELEVATE YOUR LEG
DURING THE DAY
AND AT NIGHT.”***

If your leg is swollen, make sure you raise it as much as possible. There are many things you can continue to do while sitting with your leg raised, such as cooking (Figure 15), working (Figure 16), playing with friends (Figure 17), and, if you are a woman, breastfeeding your baby (Figure 18).

Make sure you elevate your leg in a comfortable position on a stool or cushion while you are sitting.

ELEVATE YOUR LEG DURING THE DAY AND AT NIGHT



Figure 18

Woman elevating her leg while breast-feeding her baby



Figure 19

Elevation of the leg by putting a pillow under the mattress



Figure 20

Elevation of the leg in bed

Elevate your leg at night by putting a pillow under the mattress (Figure 19) or bricks under the feet of the bed (Figure 20).

If another part of the body is swollen, such as breast, arm, or scrotum, you can elevate it at night by putting a pillow or a folded blanket under it.

Elevation is a simple measure that can improve the condition of your leg if you do it every day and that will enable you to carry out your daily activities more easily.

MESSAGE 4

***“EXERCISE AT
ANY TIME AND
ANYWHERE.”***

You should exercise your leg several times throughout every day because movement is essential for improving the condition of your leg.

Exercise 1:

Rise up and down on your toes – this exercise can be done standing or sitting (Figures 21 and 22).



Figure 21

Exercise 1, rising up on your toes

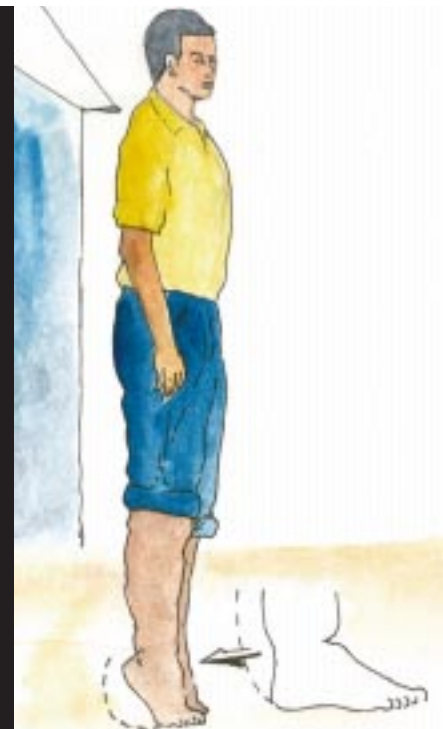


Figure 22

Exercise 1, going down on your toes

EXERCISE AT ANY TIME AND ANYWHERE

**Figure 23**

Exercise 2: flexing the foot and making circles with the ankle

Exercise 2:

Flex the foot upwards and make a circle with the ankle (Figure 23).

Do these exercises as often as you can. If you feel tired, stop exercising and rest.

MESSAGE 5



Figure 24

Woman suffering from acute attack



Figure 25

Cooling the leg during acute attack

“MANAGE ACUTE ATTACK.”

Have you ever had the following:

- very intense, deep pain of the swollen leg?
- red and painful skin?
- fever (which can be very high), headache and shivering?
- nausea and/or vomiting?

If so, it means you are having acute attack. By following all the measures described in the previous messages you should be able to prevent painful acute attack (Figure 24).

If you have acute attack, you should immediately do the following:

- soak the leg in a bucket or tub of cold water or apply a cold compress (Figure 25);

ACUTE ATTACK

**Figure 26**

Sufferer of acute attack taking tablets for fever

**Figure 27**

Applying antiseptic cream/ointment prescribe by a doctor or nurse

- continue to cool the leg until the pain stops;
- drink plenty of water;
- rest and do not exercise;
- take medicine to bring down the fever (e.g., paracetamol every 4–6 hours until the fever goes down) (Figure 26), and if necessary, antibiotics prescribed by a doctor or nurse.

As soon as the pain has gone, wash your leg thoroughly, including in between the toes and folds. Make sure you carefully and gently dry your leg to avoid damaging your skin, not forgetting in between the toes and folds. If you have any wounds or infection, apply antiseptic cream/ointment if prescribed by a doctor or nurse (Figure 27).

DURING ACUTE ATTACK

Further advice on acute attack

If she feels well enough, a nursing mother can continue breastfeeding during acute attack as this will not harm the baby.



Figure 28

Man washing his leg with hot water



Figure 29

Man cutting the skin on his leg
to remove excess fluid



Figure 30

Man bursting a blister

During acute attack, DO NOT:

- put anything warm or hot on the skin (Figure 28);
- cut the skin to remove excess fluid or blood (Figure 29);
- bandage the leg;
- rub onto the skin herbs, ashes, or anything that has not been prescribed by a doctor or nurse;
- open a blister or cut it (Figure 30);
- exercise.

Role-play

Organize a role-play by asking the learners to enact the following story.

The story

Today, a community health worker in charge of activities for the prevention of disability due to LF is planning to visit an LF sufferer and his family to talk about LF disability prevention messages.

Actors:

Health worker	person A
LF sufferer	person B
Wife	person C
1st daughter	person D

2nd daughter	person E
1st son	person F
Grandmother	person G
Grandfather	person H

Observers:

All the remaining learners will be observers of the role-play. Their role is to observe the actors and provide feedback on what they said and did, how effective or ineffective they were and to make suggestions for improvement.

You should clearly explain the role that each actor has to play, as follows:

1. The health worker will:

- practise communication skills;
- use the *Individual Recording Form* to record the LF sufferer and the LF flipchart to explain each message;
- demonstrate to the LF sufferer how to care for the part of the body affected by lymphoedema;
- make sure the family has fully understood by asking one of them to repeat the demonstration.

During the role-play, the observers should watch the role-play, not interfere with the actors and evaluate the whole performance.

2. The LF sufferer and his family members should:

- act like real, concerned people who are a little confused about the disease;
- ask questions about transmission, treatment and disability;
- use simple language.

3. The observers should:

- watch the role-play;
- not interfere with the actors;
- note whether the health worker:
 - delivers the messages clearly;
 - explains all the steps related to care of the leg or other part of the body affected by lymphoedema;
 - answers all questions properly and in the right manner;
 - provides enough information and detail to the LF sufferer and the family about LF and acute attack.

Class discussion

At the end of the role-play session, ask each learner to comment on what was done well and what was not done well in order to improve communication between LF sufferers and health care workers.

Information for the person in charge of the primary health care unit (PHCU)

LF registration book, home visits and supervision

Explain to the learners that this a brief section for the person in charge of the PHCU.

The person in charge of the PHCU will perform the following tasks:

- report data on LF sufferers in the registration book (log book);
- organize home visits to be undertaken by learners who have attended a training workshop and by informal carers;
- supervise informal carers at the PHCU.

1. LF registration book

- The LF registration book is for registering LF sufferers.
- It contains all the information from the *Individual Recording Form* and the *Individual Follow-up Form* that have been completed by informal carers.
- The person in charge of the PHCU is responsible for reporting all the information from the *Individual Recording Forms* and the *Individual Follow-up Forms* about LF sufferers to the registration book.
- Each page of the registration book is designed for one LF sufferer and will last around 12 months (one year).

The person in charge of the PHCU is responsible for reporting all the information from the *Individual Recording Forms* and the *Individual Follow-up Forms*.

You, the tutor, will show the learners a registration book and explain how it is arranged and how to use it, as follows:

The top part of the page is to record:

- Health worker’s name: *your name*
- Village: *name of village where the visit takes place*
- Street: *name of the street*
- LF sufferer’s name: *name, sex, age of LF sufferer*

- Row 1:** write the date (day, month and year) of the follow-up visit; the same should be done for subsequent visits
- Row 2:** circle the number of the visit: “Visit 1” is the first follow-up visit, and so on
- Row 3:** tick the left or right leg
- Row 4:** tick the left or right arm
- Row 5:** tick the left or right breast
- Row 6:** tick yes if acute attack is present, or no if not
- Row 7:** tick yes if hydrocele is present, or no if not
- Row 8:** tick yes if wounds are present, or no if not
- Row 9:** tick yes if the LF sufferer needs to be referred to a PHCU, or no if not

Lymphatic Filariasis Registration Form

Health worker's name

Village Street

LF sufferer's name Sex Age

Date	Visit 1		Visit 2		Visit 3		Visit 4		Visit 5		Visit 6		Visit 7		Visit 8		Visit 9		Visit 10		Visit 11		Visit 12	
	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right
Leg																								
Arm																								
Breast																								
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Acute attack																								
Hydrocele																								
Wounds																								
LF sufferer referred																								

The person in charge of the PHCU will:

- report data on LF sufferers in the registration book;
- organize home visits;
- supervise informal carers.

2. Home visit

- The person in charge of the PHCU in the area where the training activity will be performed should organize home visits and/or demonstrations for the classroom.
- This person will also be responsible for identifying LF sufferers and for informing them of the objective of the visit or demonstration.
- This person should be sure to make clear to the LF sufferer that there is no obligation to be involved in the demonstration – the visit can be accepted or refused.

3. Supervision

The person in charge of the PHCU is responsible for supervising informal carers' activities, as follows:

- Checking the *Individual Recording Form* to make sure that it has been properly completed including Referral (if the informal carer ticked “acute attack” or “wounds”, then “referral” should also be ticked).
- Checking the *Individual Follow-up Form* to make sure that the informal carer assesses the LF sufferer on the basis of the previous condition (for example, if on the previous visit the LF sufferer had a wound, the informal carer would have to assess the current condition and tick whether the wound is improving or worsening).
- Giving feedback to informal carers so as to correct mistakes and strengthen weak points.

Checklist for evaluating informal carers during home visits

Score	Insufficient	Average	Good
Communication			
Introduce himself/herself and his/her tasks			
Introduce the programme			
Talk clearly using simple language			
Listen carefully to people			
Clarify			
Answer questions			
Disseminate appropriate health messages			
Explain the messages			
Show the drawings/photos			
Demonstrate			
Check people's understanding			
Give feedback			
Recording LF sufferers			
Ensure ability to:			
• correctly complete the <i>Individual Recording Form</i>			
• identify different types of lymphoedema			
• record according to the identified condition			
• enquire about and record acute attack			
• enquire about and/or look for wounds			

Insufficient: learner is unable to correctly perform any of the actions listed on the checklist.

Average: learner is able to perform some of the actions listed on the checklist but has some weaknesses.

Good: learner is able to correctly perform all the actions listed on the checklist.

NOTES

[illegible]

