

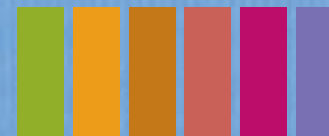
LEARNER'S GUIDE



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



World Health Organization
Geneva





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



Programme to Eliminate Lymphatic Filariasis
Control, Prevention and Eradication (CPE/CEE/FIL)
World Health Organization, Geneva, March 2003

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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 page 7*).

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

For whom is this training module intended?

This training module is intended for 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). The objective of the training workshop is for the learners to become trainers themselves and in turn to teach the principles of prevention of disability due to lymphatic filariasis (LF) to informal carers. This large network of informal carers, chosen by the community and usually already involved in health or educational activities, will then go out into the community to spread health messages to LF sufferers and to their families, friends and neighbours. The ultimate purpose is to help LF sufferers regain confidence in their ability to participate in all aspects of community life.

Objectives of the LEARNER'S GUIDE

At the end of the workshop you should be able to:

- describe your role and tasks in the implementation of your national programme to eliminate LF and the importance of your role within the community;
- make home visits to LF sufferers;
- assess and manage acute attack;
- manage lymphoedema;
- decide when an LF sufferer needs to be referred to a primary health care unit (PHCU);
- disseminate health education messages to LF sufferers and the community;
- record patients and follow-up visits using the *Individual Recording Form* and the *Individual Follow-up Form*.

This guide will provide you with information on the disease itself and on measures that can be taken to prevent disability due to LF. You will learn appropriate techniques for disseminating health education messages on the prevention of disability to those afflicted with LF as well as those helping LF sufferers.

You will gain this proficiency by following the tutor’s instructions and by closely interacting and working with everyone involved in the training workshop.

There are six learning units. At the beginning of each unit you will find a box listing the learning objectives that you are expected to achieve by the end of the session.

You will be expected to read the section of the learning unit to be covered before the start of each session. Formal presentation of information will be limited to introductory remarks by the tutor at the beginning of each subject. All the information that you will need is contained in the Guide and you will not need to take notes during the session.

This LEARNER’S GUIDE is a tool you should use during your daily work. It will help you to remember what you have learned during the workshop and you can consult it to refresh your memory whenever doubts arise.

TIMETABLE: 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

Role and tasks of informal carers

Learning objectives

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

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

Your role and tasks

This is the first unit and it is extremely important that you understand how the units work.

The tutor will describe and explain the objectives identified in the boxes at the beginning of each unit. The tutor will focus on the objectives and you should too.

In this unit you will learn about your role and tasks, who will benefit from your work and where you will carry out your activities.

Brainstorming: your role and tasks

The tutor will explain how brainstorming works and what the objective is.

This is an example of a brainstorming exercise:

The tutor will ask you: *“What do you think your role and tasks could be?”*

You will be given 10 minutes to answer the question by writing down all the ideas you can think of. Then everyone in the workshop will share their ideas with the group. The tutor will summarize and list all the suggestions that fit the learning objective.

When the brainstorming exercise is over, the tutor will discuss your role and tasks.

Your role is to:

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

Your tasks are to:

- visit LF sufferers at home;
- give information to LF sufferers and their families, relatives, friends and neighbours on home care and simple steps to follow to prevent disability caused by LF;
- manage acute attack;
- record LF sufferers using the *Individual Recording Form*;
- follow-up LF sufferers using the *Individual Follow-up Form*;
- collect the *Individual Recording* and *Individual Follow-up Forms* each week and give them to the PHCU;
- refer LF sufferers with acute attack to the PHCU.

What is home-based long-term care?

Home-based care relies on both the family and the community and, ideally, should be integrated into the health care system.

LF is a chronic disease that has long-term effects for sufferer, their families and friends. In most cases, it can be dealt with at home by the LF sufferers themselves or with the help of others.

Such home-based, long-term care ensures that the affected individual who is not fully capable of self-care can maintain the best quality of life, with the highest possible degree of independence, autonomy, participation, personal fulfilment and dignity.

Community health education

Learning objectives

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

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

Introduction to health education and communication

Health education is all about promoting good health or healthy behaviour. Our goal is 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, including 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.

Informal carers 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.

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.

Tutor's demonstration: role-play

The tutor will go through the demonstration as follows:

The tutor will play the part of an informal carer/health care worker who is in a meeting with the religious leader and one of the learners will play the part of the religious leader.

Listen to the story and pay attention to what the tutor says and does.

The objective of the meeting 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.

Learner's demonstration: role-play

In this role-play exercise you should demonstrate your communication skills and follow what the tutor said and did in the previous role-play.

The first learner will act as an LF sufferer and the second will play the role of a health care worker visiting the LF sufferer and family at home for the first time.

At the end of demonstration, a class discussion will follow to analyse the performance.

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Assessment and management of lymphatic filariasis

Learning objectives

By the end of this Unit, you 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

Brainstorming

The tutor will ask you the following questions as part of a brainstorming session:

- What do you know about LF?
- Where does LF come from?
- Are you familiar with signs and symptoms of LF?
- Does your community have any traditional beliefs concerning LF?
- How do other members of the community look upon LF sufferers?

When the brainstorming session is finished, the tutor will provide you with further details and explanations about the above questions.

LF is caused by parasitic worms that are transmitted from person to person by mosquitoes. 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

The tutor will show you some photos and describe what is represented in each. You will be given time to look at the photos and ask questions and then the tutor will ask you to describe the photos in your own words.

LF causes swelling (lymphoedema) in the legs (Figures 1, 2, 3 and 6), arms (Figure 4), and breasts (Figure 5), and in the genitals of men (Figure 7) and, very rarely, of women. Advanced lymphoedema is known as elephantiasis (Figure 8).

Next, the tutor will show you some photos and ask you to describe them.

There are three different types of lymphoedema :

- 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

Assessment of lymphoedema

The tutor will bring an LF sufferer to the classroom for you to see and will ask whether you have ever seen someone affected by this problem before, and if so, to share your experience with the other learners.

The tutor will give you the following further information about the signs and symptoms of LF, skin damage and taking care of lymphoedema.

Signs and symptoms of LF

Although LF can be acquired in early childhood, usually the first signs and symptoms appear only in adulthood. 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. These breaks in the skin are like open doors 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

The tutor will demonstrate how to manage LF sufferers and how to teach them and their families about taking care of swollen limbs or other affected parts of the body.

Taking care of the skin means following simple, basic rules of hygiene and doing exercises that the tutor will demonstrate.

Regular washing of the leg

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

- Wash the affected limb at least once a day with clean water at room temperature (do not use hot water) and ordinary, unperfumed soap.
- Wash thoroughly, applying soap from the knee down; take extra care to wash gently in between the toes and folds using a clean cotton cloth or gauze.
- Rinse the limb with clean water at room temperature.
- Repeat the process of washing with soap and rinsing until the rinse water runs clean to remove all accumulated dirt.
- Gently dry the skin well using a clean towel without rubbing the skin.
- Make sure that the skin between the toes and skin folds is carefully dried.

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

Prevention and care of entry lesions

Entry lesions 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

Elevation is important for LF sufferers with swelling (lymphoedema) to prevent the accumulation of fluid in the affected part of the body. 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

Wearing appropriate footwear is important for the following reasons:

- 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

Frequent exercise of the affected limb will bring relief. The exercises can be done anywhere and at any time, 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.

At the end of demonstration the tutor will ask one or two of you to summarize the topics covered.

The tutor will then provide feedback, will correct wrong answers and clarify any doubts.

Learners' demonstration

You will practise managing an LF sufferer following the instructions given by the tutor.

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Assessment and management of acute attack

Learning objectives

By the end of this Unit, you 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

Brainstorming

You will take part in a brainstorming session to find out what you know about acute attack. At the end of the brainstorming session, all of the suggestions will be discussed, the tutor will summarize the suggestions and give you further details about acute attack.

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 the LF sufferer and the family and friends.



- Most sufferers can easily care for acute attack at home starting with cooling the leg as soon as the attack starts.

It is important to emphasize that acute attack is a very serious condition. Even if you 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

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.

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.

- Even if you 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 you 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 with cooling the affected part of the body as soon as the attack starts. This will prevent worsening of the condition.

Tutor's demonstration

The tutor will show you 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. You should 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.

During an acute attack, you should tell the LF sufferer NOT TO:

- exercise (it can be very painful),
- put anything that is warm or hot on the skin,
- open or cut a blister, or 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

You will practise managing acute attack with an LF sufferer.

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Individual Recording Form and Individual Follow-up Form

Learning objectives

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

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

Completing the *Individual Recording Form*

The *Individual Recording Form* is the form on which you will write down the condition of the LF sufferer. You should always complete the *Individual Recording Form* when visiting an LF sufferer at home for the first time.

It is important for you 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

The tutor will show you the *Individual Recording Form*, demonstrate how to use it and explain what you should do with it once it has been completed.

The tutor will show you drawings of lymphoedema and acute attack so that you can practise recognizing them and recording them in the correct place.

You will practise completing the *Individual Recording Form*.

As you can see, there are many empty lines on the form and you will fill them in by writing your name, the date of the visit, the name of the village and street (where the visit takes place) and the name, sex and age of the LF sufferer.

Exercise on how to complete the *Individual Recording Form*

Look at the drawings of lymphoedema and acute attack, look at the drawings on the *Individual Recording Form*, and then:

- Tick the box on the form that corresponds to the affected part of the body you have identified in the drawings and, in the case of limbs and breasts, tick the boxes that 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, you 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 you are visiting the LF sufferer on 22 February and the LF sufferer had acute attack on 10 February, you will tick “Yes” because the attack occurred less than 30 days ago. If the LF sufferer had acute attack in December, you will tick “No” because the attack was more than 30 days ago.

Be sure to ask the tutor if you have any questions or doubts so that you can get clarification and feel confident that you completely understand how to complete the form.

Individual Follow-up Form

Now you will practise completing an *Individual Follow-up Form* a month after the first home visit. During each follow-up visit you 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 there is any other part of the body that 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.



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

Charting progress on the *Individual Follow-up Form*

You will be given a copy of the *Individual Follow-up Form*. This is the form that will help you chart LF sufferers' progress since the first visit and will enable you to further advise and counsel LF sufferers and their carers. The form covers visits for a period of one year.

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

- any episodes of acute attack have occurred and how many have occurred in a month;
- there have been any wounds or skin damage;
- there has been any swelling;
- there has been an improvement in the condition;
- the advice you gave on self-care to prevent pain and disability due to LF has been followed and was effective;
- referral to a PHCU is necessary.

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

Looking at the *Individual Follow-up Form*, you can see that this form consists of many rows and columns. To correctly complete the *Individual Follow-up Form*, you should do the following:

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 wound(s) 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

Individual Follow-up Form

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																								

Case study

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

Individual Recording Form

You will perform an exercise in which you will complete an *Individual Recording Form* with the following information about a fictitious LF sufferer:

- your 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 – *you must tick the appropriate box*;
- he had acute attack 15 days ago – *you must tick the appropriate box*;
- he has no wounds – *you must tick the appropriate box*;
- he does not need to be referred to a PHCU – *you must tick the appropriate box*.

The tutor will help you during the exercise by explaining and clarifying your questions and doubts. Be sure that you fully understand how to complete this form.

Individual Follow-up Form

Now you will practise completing an *Individual Follow-up Form* a month after the first home visit. During each follow-up visit you 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.

To finish completing the *Individual Follow-up Form*, the tutor will provide you with the following additional information related to the same fictitious 43-year-old male 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 the tutor will analyse your performance and provide you with feedback. You should be sure to ask any questions you have so that you fully understand how to complete this form.

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

Learning objectives

By the end of this Unit, you 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

You have now learned about LF and should feel confident about your understanding of what it is, what causes it, its signs and symptoms, and how it affects people's lives.

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

You 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. For this purpose, you will need to adapt your method of communication to fit the different categories of people you are going to address.

Each of the groups listed above should be involved in spreading health education messages on prevention of disability due to LF.

Tutor's demonstration

The tutor will describe five different health messages that address all the issues related to LF disability, as well as suitable methods for you to teach these messages to others. You should remember to use the communication skills that you learned in Unit 2.

When you visit an LF sufferer's home you should remember to:

- greet the people;
- introduce yourself;
- ask permission to enter the house;
- inform them about the Programme to Eliminate Lymphatic Filariasis;
- tell them what your role is and explain that your purpose is to spread health messages to all members of the community on how to prevent disability due to LF;
- tell the LF sufferer and the family that they will be visited 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.

You should inform the different members of the community that you 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.

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*, you should explain to the sufferer that:

- the disease is transmitted by mosquitoes;
- LF can affect anyone, including children;
- it is not a curse nor a punishment;
- swelling of limbs or other parts of the body is 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

The tutor will show you drawings and will describe how to best communicate messages related to them. You should remember to:

- give LF sufferers 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 sufferers are told to take care of both of them;
- make sure that LF sufferers have fully understood the messages by asking them 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).

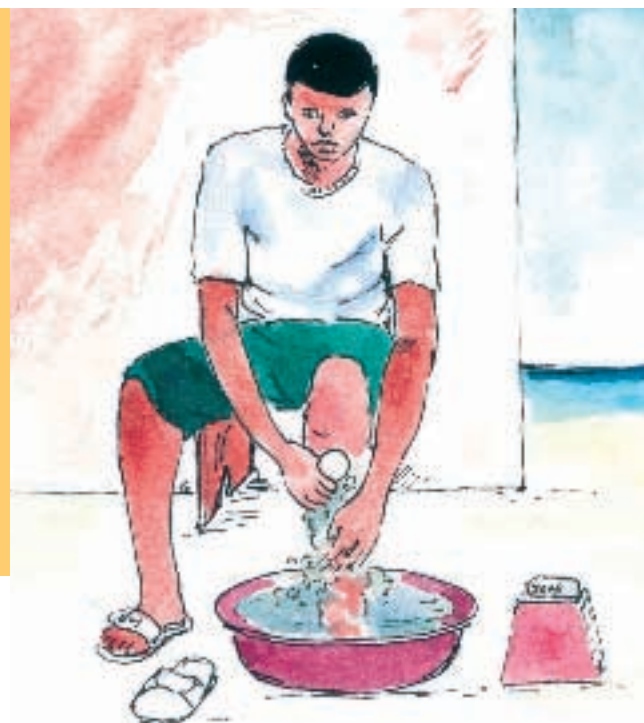


Figure 9

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 her leg. 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

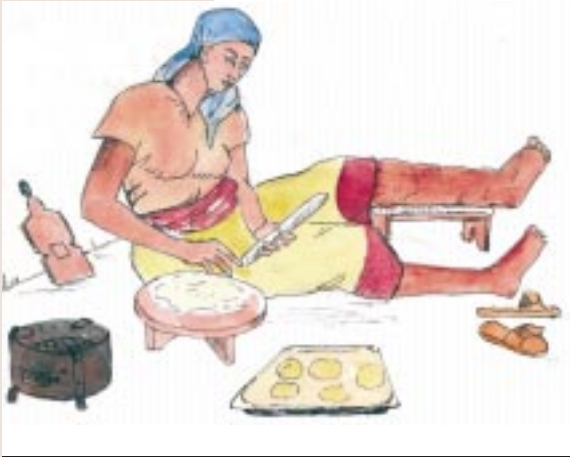


Figure 15

Woman elevating her leg while working



Figure 16

Man elevating his leg while working

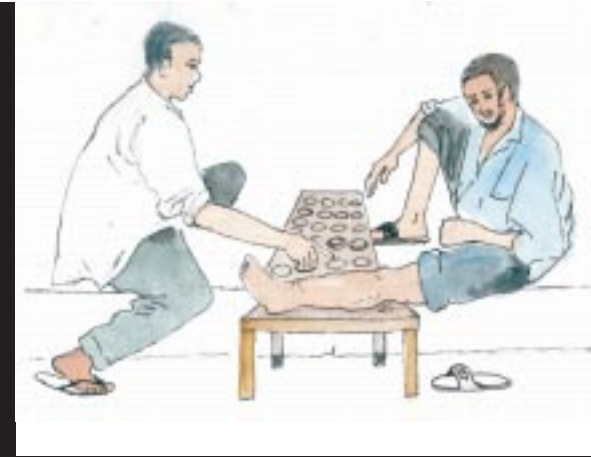


Figure 17

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

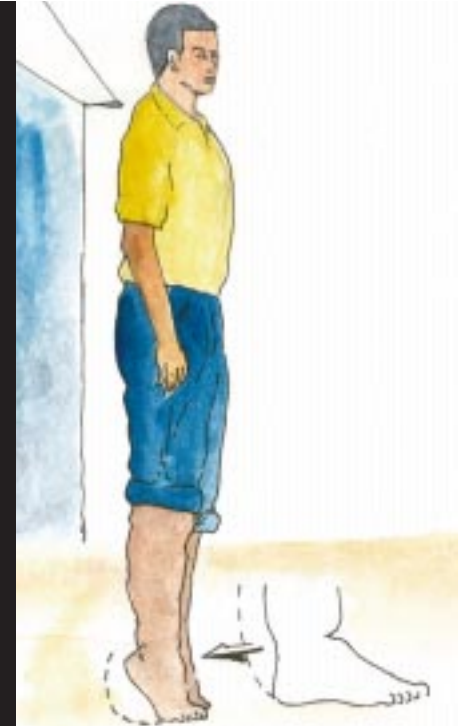


Figure 22

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);
- continue to cool the leg until the pain stops;

ACUTE ATTACK

**Figure 26**

Sufferer of acute attack taking tablets for fever

**Figure 27**

Applying antiseptic cream/ointment prescribe by a doctor or nurse

- 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

The tutor will ask you 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:

Learners who watch the role-play and provide feedback at the end. The tutor will 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.

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, each learner will be asked 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.

You have now completed the workshop. It is hoped that you will now feel confident to go out into your community and spread the health messages that will help LF sufferers. Remember that you can refer to this Guide whenever you need to refresh your memory or have a doubt about a particular issue. Pay particular attention to the sections on Community health education (Unit 2) and Health education messages for the prevention of disability due to lymphatic filariasis (Unit 6). We wish you success and satisfaction in your work.

NOTES

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