

Federal Ministry of Health

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INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

Integrated Community Case Management (iCCM)

Caring for Newborns and Children in the Community

Facilitator's Guide



Treating Diarrhoea, Malaria and Fast breathing in the community

Nigeria Adaption
October 2013

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The materials on *Caring for the sick child in the community* were developed by Dr. Jane E. Lucas and reviewed by Dr. Antonio Pio. The two have declared no conflict of interest. The target audience and content of the materials were defined after consultation with WHO and UNICEF staff in regional and country offices, and with external experts experienced in working with community health workers. The experts did not declare any conflict of interest. Staff in the WHO Department of Child and Adolescent Health and Development and in UNICEF were technically responsible and provided oversight to all aspects of the development work. It is anticipated that the materials will remain valid until 2013.

For more information, contact the WHO Department of Child and Adolescent Health and Development, 20 Avenue Appia, 1211 Geneva 27, Switzerland, telephone +41.22.791.3281, or cah@who.int.

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The materials on *Caring for the sick child in the community* are fully compatible with the IMCI guidelines for first-level health workers. They are intended to serve as an additional tool to implement the IMCI strategy in countries that support the provision of basic health services for children by community health workers.

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The Facilitator guide may be printed separately. However, for convenience, you may copy the Facilitator guide on one side of paper, if possible in colour to contrast with the white pages of the CHEWs and CORPs Manual. Then to assemble, insert the page or pages of the Facilitator guide before the number in the CHEWs and CORPs Manual (*italics* in the footer and in this list of Contents). Put the CHEWs and CORPs Manual with the Facilitator guide in a ring binder for use during the training course.

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Make sure that you have the full set of materials for *Caring for the sick child in the community*:

1. **Manual for the Community Health Workers and Community resource persons**(bound participant copy, and single-sided copy to go with the Facilitator Guide)
2. **Facilitator Guide**
3. **Sick Child Recording Form**
4. **Photo Book: Identify signs of illness**
5. **Chart Booklet**
6. **Guide for Clinical Practice in the Outpatient Clinic**
7. **Guide for Clinical Practice in the Inpatient Ward**
8. **DVD: Identify signs of illness(demonstrations and exercises)**

Overview of Agenda

Caring for the Sick Child in the Community:
Identify signs of illness, and refer or treat the child
Agenda

Session	Day 1	Day 2	Day 3
Morning	<i>Classroom:</i> Opening Introduction of participants	<i>Practice in outpatient clinic:</i> ASK: What are the child's problems? LOOK for signs of illness— chest indrawing, fast breathing, unusually sleepy or unconscious	<i>Practice in outpatient clinic:</i> ASK and LOOK for signs of illness and severe malnutrition DECIDE: Refer or treat the child DECIDE: Home treatment for diarrhoea, malaria, or fast breathing
	UNIT 5 Introduction Caring for children in the community		
	<i>Classroom:</i> Greet the caregiver and child ASK: What are the child's problems? LOOK for signs of illness— Chest indrawing	<i>Classroom:</i> LOOK for signs of severe malnutrition— Red on MUAC strap, swelling of both feet	<i>Classroom:</i> Introduction: Treat children in the community If no danger sign, treat child at home
Afternoon	<i>Classroom:</i> LOOK for signs of illness— Fast breathing, unusually sleepy or unconscious	<i>Classroom:</i> Decide: Refer or treat the child	<i>Classroom:</i> TREAT diarrhoea TREAT fever: Do a rapid diagnostic test
	<i>Practice in inpatient ward:</i> LOOK for signs of illness— chest indrawing, fast breathing, unusually sleepy or unconscious	<i>Practice in inpatient ward:</i> LOOK for signs of illness and severe malnutrition	TREAT fever: If RDT is positive, give oral antimalarial ACT ADVISE on use of LLIN TREAT fast breathing <i>Note: This day runs later.</i>

Session	Day 4	Day 5	Day 6
Morning	<p>Practice in outpatient clinic:</p> <p>ASK and LOOK for signs of illness and severe malnutrition</p> <p>DECIDE: Refer or treat the child</p> <p>DECIDE: Home treatment for diarrhoea, fever, or fast breathing</p> <p>TREAT fever: Do an RDT for malaria</p> <p>Record treatment</p>	<p>Practice in outpatient clinic:</p> <p>ASK and LOOK for signs of illness and severe malnutrition</p> <p>DECIDE: Refer or treat the child</p> <p>DECIDE: Home treatment for diarrhoea, fever, or fast breathing</p> <p>TREAT fever: Do an RDT for malaria</p> <p>ADVISE: On home care and vaccines</p> <p>Record treatment and advice</p>	<p>Practice in inpatient clinic:</p> <p>ASK and LOOK for signs of illness and severe malnutrition</p> <p>DECIDE: Refer or treat the child</p> <p>DECIDE (and/or TREAT): Home treatment for diarrhoea, fever (malaria), or fast breathing</p> <p>ADVISE: On home care and vaccines</p> <p>For child referred, DECIDE: Pre-referral treatment</p> <p>Record treatment and advice</p>
	<p>Classroom:</p> <p>Review (as needed): DECIDE: Refer or treat DECIDE: Home treatment for diarrhoea, fever, or fast breathing</p>	<p>Classroom:</p> <p>Review (as needed): DECIDE: Refer or treat DECIDE: Home treatment for diarrhoea, fever, or fast breathing ADVISE: On home care and vaccines</p>	<p>Classroom:</p> <p>Review (as needed): Begin pre-referral treatment and assist referral</p>
Afternoon	<p>Classroom:</p> <p>ADVISE: On home care and vaccines</p> <p>FOLLOW UP the sick child</p> <p>Record treatment and advice</p>	<p>Classroom:</p> <p>If danger sign, refer urgently: BEGIN (pre-referral) TREATMENT and ASSIST REFERRAL</p>	<p>Classroom:</p> <p>Summary exercises</p>
	<p>Classroom:</p> <p>Follow up the sick child treated at home</p> <p>Record treatment and advice</p>	<p>Classroom:</p> <p>Summary exercises</p> <p>Use good communication skills</p>	<p><i>[NOTE: With the addition of the RDT for malaria, this session might need to be done in the late afternoon or evening]</i></p> <p>Classroom:</p> <p>Practise your skills in the community</p> <p>Closing</p>

Sample Facilitator Agenda

Caring for the Sick Child in the Community:
Identify signs of illness, and refer or treat the child

Facilitator Agenda

Day 1	Topic	Method	Pages in Manual	Facilitator
8.00 – 9.00	Opening Registration Opening Remarks Introduction of participants Administrative announcements	Introductions		
9.00 – 10.15	Introduction Caring for children in the community Objectives, methods	Reading Discussion	1-6	
10.15–10.30	COFFEE BREAK			
10.30 – 11.00	Greet the caregiver and child	Reading Exercise	7-9	
11.00 – 12.00	ASK: What are the child's problems?	Reading Exercise Role play demonstration and	10-17	
12.00 – 13.00	LOOK for signs of illness Chest indrawing	Photo book discussion Reading Video exercise	18-21	
13.00-14.00	LUNCH			
14.00 – 15.00	LOOK for signs of illness Fast breathing Unusually sleepy or unconscious	Reading Video exercises	22-28	
15. 00–15.15	COFFEE BREAK			
15.15 – 17.00	Inpatient ward: LOOK for signs of illness Chest indrawing Fast breathing Unusually sleepy or unconscious	Clinical practice (INPATIENT WARD)		

Day 2	Topic	Method	Pages in Manual	Facilitator
8.00 – 11.00	Outpatient clinic: ASK: What are the child's problems? LOOK for signs of illness Chest indrawing Fast breathing Unusually sleepy or unconscious	Clinical practice (OUTPATIENT CLINIC)		
11.00 – 11.15	COFFEE BREAK			
11.15 – 12.00	LOOK for signs of malnutrition Red on MUAC strap Swelling of both feet	Photo Book discussions Reading Exercise	29-34	

12.00 – 13.00	DECIDE: Refer or treat the child (1) <i>Introduce the Chart Booklet</i>	Reading Exercises	35-39	
13.00-14.00	LUNCH			
14:00-15:00	DECIDE: Refer or treat the child (2) Looking ahead	Reading Demonstration and practice	40-49	
15. 00–15.15	COFFEE BREAK			
15.15 – 17.00	Inpatient ward: LOOK for signs of illness and severe malnutrition	Clinical practice (INPATIENT WARD)		

Day 3	Topic	Method	Pages in Manual	Facilitator
8.00 – 11:00	Outpatient clinic: ASK and LOOK for signs of illness and severe malnutrition DECIDE: Refer or treat the child DECIDE: Home treatment for diarrhoea, fever, or fast breathing	Clinical practice (OUTPATIENT CLINIC)		
11.00 – 11.15	COFFEE BREAK			
11.15 – 13.00	Introduction: Treat children in the community If no danger sign, TREAT child at home Check the expiration date of medicine	Reading Demonstration and practice Exercise	50-59	
13.00-14.00	LUNCH			
14.00 – 15.00	TREAT diarrhoea: Give ORS	Reading Exercises	60-64	
15. 00–15.15	COFFEE BREAK			
15.15 – 15:45	TREAT diarrhoea: Give zinc supplement	Reading Exercise Role play	65-68	
15:45 – 17.30	TREAT fever: Do a rapid diagnostic test for malaria Give oral antimalarial AL ADVISE on use of LLIN	Reading Exercises	69-81	
17.30 – 18.00 <i>Note: This day runs later</i>	TREAT fast breathing: Give oral antibiotic	Reading Discussion	82-85	

Day 4	Topic	Method	Pages in Manual	Facilitator
8.00 – 11:00	Outpatient clinic: ASK and LOOK for signs of illness and severe malnutrition DECIDE: Refer or treat the child DECIDE: Home treatment for diarrhoea, fever, or fast breathing Record treatment	Clinical practice (OUTPATIENT CLINIC)		
11.00–11.15	COFFEE BREAK			
11.15 – 13.00	Review (as needed) DECIDE: Refer or treat the child DECIDE: Home treatment for diarrhoea, fever, or fast breathing	Exercises		
13.00-14.00	LUNCH			
14.00-15.00	ADVISE: On home care ADVISE: On vaccines	Reading Exercises	86-93	
15. 00–15.15	COFFEE BREAK			
15.15 – 17:00	FOLLOW UP the sick child treated at home Record treatment and advice	Reading Exercises	94-97	

Day 5	Topic	Method	Pages in Manual	Facilitator
8.00 – 11.00	Outpatient clinic: ASK and LOOK for signs of illness and severe malnutrition DECIDE: Refer or treat the child DECIDE: Home treatment for diarrhoea, fever, or fast breathing ADVISE: On home care and vaccines Record treatment and advice	Clinical practice (OUTPATIENT WARD)		
11.00 – 11.15	COFFEE BREAK			
11.15 – 12.00	Review (as needed) DECIDE: Refer or treat the child DECIDE: Home treatment for diarrhoea, fever, or fast breathing ADVISE: On home care and vaccines	Exercises		
12.00-13.00	If danger sign, refer urgently: BEGIN (pre-referral) TREATMENT	Reading Exercise	98-104	
13.00-14.00	LUNCH			

14.00 – 15.00	ASSIST REFERRAL	Reading Discussion Exercise	105-112	
15. 00–15.15	COFFEE BREAK			
15.15 – 17.00	Use good communication skills	Reading Exercise	113-117	

Day 6	Topic	Method	Pages in Manual	Facilitator
8.00 – 11.00	Inpatient clinic (apply all training): Use good communication skills ASK and LOOK for signs of illness and severe malnutrition DECIDE: Refer or treat the child DECIDE (or TREAT): Diarrhoea, fever, and fast breathing ADVISE: On home care and vaccines For child referred: Select (pre-referral) treatment to begin, and assist referral	Clinical practice (INPATIENT CLINIC)		
11.15 – 11.30	COFFEE BREAK			
11.30– 13.00	Review Putting it all together (assess skills)	Summary Exercises		
13.00-14.00	LUNCH			
14.00 – 15.00	Practise your skills in the community Closing	Reading Distribute supplies	118-119	
15. 00–15.15	COFFEE BREAK			

Gathering Equipment and Supplies

Caring for the Sick Child in the Community:
Identify signs of illness, and refer or treat the child

Equipment and Supplies

Item	Number	Comments
Overhead projector (for transparencies, optional) and LCD	1 / room	Note: If there is access to an LCD projection system from the computer, it would be helpful (for videos); LCD system also may be used instead of transparencies with overhead projector
Computer	1 / room	(see above item)
CD of course materials, DVD of videos	1 / room	
DVD on Identify Signs of Illness in a Child Age 2 Months up to 5 Years	1 set / room	
Transparencies, optional (prepared with forms) Flip charts Flip papers	1 set / room	Sample forms are provided in the CHEWs and CORPs Manual and the Facilitator guide. Therefore, the use of transparencies is optional. Sample forms in the Facilitator guide can also be projected from the computer.
Erasable marking pens, optional (for writing on transparencies)	1 set / room	(see above item)
Easel chart, paper	1 set / room	
Tape of plastic tack (for posting on wall)	3	For use in the classroom, clinic, and ward
Marking pens—various colours	6	
Note cards—3 x 5 or 4 x 6 coloured	50	
Name tags	1 / person	1/person = For each participant and facilitator
Carrying bag—to fit A4 materials, with 2-3 pockets for supplies (pencils, drugs, etc.)	1 / person	
Pens/pencils	2 / person	PLUS some extra pencils for the group
Paper pad (e.g. steno so pages do not separate)	1 / person	
Extension cords plus adapters for European plugs	3	
Pencil sharpener, stapler, two-hole punch	1 set	
2-hole binders (notebooks)—4 cm depth (1 1/2 inches)	1 / facilitator/ Observer	For facilitator/observers
ORS preparation equipment: 1 litre (or 500 ml) common home measure (e.g. water bottle), bowl or other container to mix ORS (larger than 1 litre), mixing spoon	1 set/ each 2 participants	

Item	Number	Comments
ORS giving equipment: common cups, spoons	1 set / participant	Spoons need to be metal to stir ORS, also used to crush tablets, with small spoons to give ORS and oral drugs
ORS carrying containers (common container with a lid, e.g. 500 ml milk or yoghurt drink containers)	1 set / each 2 participants	These can be less than 1 litre. They are for caregivers carrying ORS solution on trip to health facility or home
Dolls (or substitute)	1-3 / each 3 participants	Simple dolls used in training (if not available, use 3 towels instead for some or all of the dolls)
Medicine and supplies		
Low osmolarity ORS packets	3 / participant	Provide extra if dispensed at health facility during practice
Zinc tablets	2 blister packs / participant	In 10 per blister pack - Provide extra if dispensed at health facility during practice
Rapid Diagnostic Test (RDT) kits	1 / participant	Have extra kits on hand for the demonstration and to repeat tests that are invalid
RDT supplies: Spirit (alcohol) swabs, lancets, disposable gloves, buffer, timer, sharps box, garbage container	1 / participant	Or, in the case of the garbage container, available to each participant
Anti-retroviral post-exposure prophylaxis	2-3 doses / room	For rapid response if someone is pricked by a used lancet
Antimalarial ACT tablets	6 or 12 tablets for AL, 3 tablets for AA participant	Provide extra if dispensed at health facility during practice
Antibiotic tablets (or oral suspension)	For 3 children / participant	Provide extra if dispensed at health facility during practice
MUAC straps	2 / participant	
Medicine containers (ORS, zinc, antimalarial ACT, antibiotic) and RDT kits with expired and not expired dates	6-12 / room	Sufficient examples to demonstrate checking the expiration date
Adaptation: Rectal artesunate suppositories	1 / participant	Adaptation: Where children with fever who cannot drink receive pre-referral treatment for suspected malaria (Annex C)
Materials		
CHEWs and CORPs Manuals, Sick Child Recording Forms, 10 Sick Child Recording Forms, 1 Plastic covered Sick Child Recording Form, 5 Referral Note forms	1 set / participant	Note: See Annex E for a set of forms for copying (in black and white)

Item	Number	Comments
Facilitator guide, Photo Book, CHEWs and CORPs Manual (single sided, not bound), Sick Child Recording Form, plastic-covered Sick Child Recording Form, Overview wall chart, DVDs, other teaching materials listed in preparations for sessions	1 set / facilitator	
Timers	1 / 2 participants	1 / participant if timers will be given to each participant at the end of training
Certificates	1 / person	For participants and facilitators
Follow up in the community: Materials for community practice: extra Sick Child Recording forms, pencil, Referral Note forms, ORS, zinc, and antimalarials and antibiotics	1 / participant Plus	If dispensing medicine in the community, provide more ORS, zinc, antimalarials, and antibiotics. The amount depends on the schedule for replacing medicine as it is used.
Anything else?		

FACILITATOR NOTES FOR CLASSROOM ACTIVITIES

Who is a facilitator?

Participants come to the course: *Caring for the Sick Child in the Community* to learn the skills to be Community Health Extension Workers and Community Resources Persons (CHEWs and CORPs). They will manage children with childhood illness in the community, prevent childhood disease, and support families who are trying to raise healthy, productive, and happy children.

In this course, you will demonstrate what a CHEW/CORP needs to do, lead discussions, help participants practise skills in the classroom, and give feedback. You will also organize and supervise clinical practice in inpatient wards, in outpatient clinics and in the community. You will give participants any help they need to successfully complete the course.

The manuals, recording forms, Chart Booklets, and other materials structure the process of learning the skills the CHEW/CORP will need. Your task is to facilitate their use of these materials.

For facilitators to give enough attention to participants in the course to learn information and skills, a ratio of one facilitator to 5 to 6 participants is recommended. Two facilitators work as a team with a group of 10 to 12 participants.

Compared to other courses on the Integrated Management of Childhood Illness (IMCI) for first level health workers and hospital staff, this course requires more of the facilitator.

The facilitator will need to be skilled in demonstrating the tasks of the community health worker and providing practice in each of the skills. This is necessary because the CHEW/CORP works relatively independently in the community, often with little opportunity for close supervision. The CHEW/CORP, therefore, needs to learn tasks through a variety of methods, and then practise the tasks as much as possible in order to help families in the community.

What do you do, as a facilitator?

As a facilitator, you instruct, motivate, and manage.

To instruct:

- Make sure that each participant understands how to work through the materials and what he or she is expected to do in each exercise.
- Answer questions and explain what seems confusing.

- Lead group discussions, video exercises, demonstrations, and role play practice.
- Assess each participant's work and contributions.
- Help each participant identify how to apply the skills taught in the course to their work in the community.
- In the clinical sessions, explain what to do, and model good clinical and communication skills.
- Give guidance and feedback as needed during classroom and clinical sessions.

To motivate:

- Praise participants and the group on improving their performance and developing new skills. Children in their communities will depend on the skills.
- Encourage participants to move through the initial difficulties of learning new skills, by focusing on steps in their progress and the importance of what they are learning to do.

To manage:

- Plan ahead and obtain all supplies needed each day.
- Make sure that movements from classroom to clinic and back are efficient.
- Monitor the progress of each participant.
- Work with the facilitator team to identify improvements to be made each day.

What can these Facilitator Guide help you to do?

This Facilitator's Guide guides you through the classroom sessions. The guide indicates how to use the participant's *Manual for the Community Health Extension Worker and Community Resource Persons* (CHEWs and CORPs Manual) and other materials. The guide describes the *objectives* of exercises and lists the *items to prepare* for the session. It guides you through the *process* of a session with the participants.

To prepare yourself for a day:

- Read the Facilitator guide and the related material in the CHEWs and CORPs Manual.
- Meet with your co-facilitator to identify what the session requires and who will prepare for which activities. Use the detailed *Facilitator Agenda* to help you decide how to divide the facilitator tasks for the sessions.
- Gather and organize the supplies and other items needed for the session.
- Practise role plays, demonstrations, and other activities which are new for you.

- Identify possible questions participants may ask, and practise how you will answer them.
- When there is a clinic session, review the tasks to be done, and prepare the clinic staff. (See the *Guide for Clinical Practice in the Outpatient Clinic*.)
- Assist the clinical instructor in the inpatient ward, to help participants move through the activities and provide feedback.

Important

The schedule for the six days is very tight (see **Sample Facilitator Agenda** on pages x to xiii).

Participants will learn best through the demonstrations, exercises, videos, and—most important—clinical practice.

If discussions go beyond the materials or unnecessarily repeat the materials, then participants will not finish the unit. This requires that co-facilitators organize and control the timing during classroom activities, and move participants quickly to transportation to and from clinical practice, and to and from the breaks.

Opening

Introduction

Welcome participants. If there is a formal opening ceremony, introduce the guests. Complete the planned ceremony.

Then, introduce yourself and your co-facilitator. Write your names on the easel chart. Indicate how you want participants to call you by underlining the name (e.g. Professor Akume, or Juliana, or Dr Akume). State minimal information on your position (e.g. National Malaria Programme Officer, UNICEF Health Officer, WHO National Programme Officer, or District Medical Officer). More information about you and other participants will come out during the course.

Then ask each participant, one by one, to do the same. Ask participants to tell the group where they are from, whether they are currently a community health worker, or what other responsibility they have in the community.

Ask facilitators and participants to write their names on a card tent or name tag, using cards and markers.

Administrative tasks

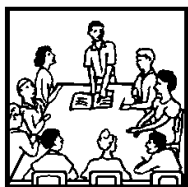
Make administrative announcements before the course starts. For example:

1. The daily schedule (when to start and finish the day, lunch breaks)
2. Facilities (lunch room, toilets, telephones, computers, copy machine)
3. Expected attendance (every day for the full session)
4. Reimbursement for travel and other expenses

Introduce the materials

Pass out the *Manual for the Community Health Extension Worker and Community Resource Persons*, one to each participant and the recording form. *Note: The recording form summarizes all knowledge and tasks, and CHEWs/ CORPs can do all their tasks with its guidance. Ask participants to read the introduction in the CHEWs and CORPs manual for themselves.*

After all participants have read the introduction, select a participant to begin reading the **Section 1: Caring for children in the community**, on page 2. Ask the next participant to continue reading, going around the room until the end of section 1. When they have completed reading section 1, take the participants through exercise A.



Exercise A: Care-seeking in the community

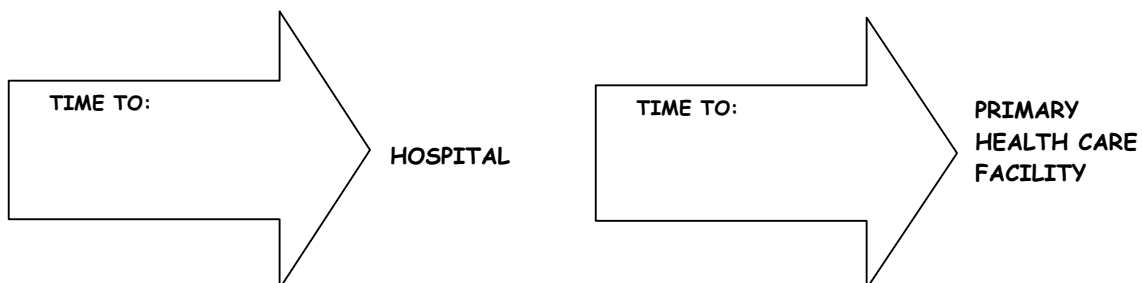
Objectives

This discussion introduces the importance of the CHEWs and CORPs role in the communities they serve. Participants will:

- Identify common childhood illnesses contributing to mortality.
- Identify typical care-seeking practices in their communities.
- Identify factors likely to influence whether families seek care for their sick children from a health facility or hospital.

Prepare

Easel chart paper—draw two large arrows to the words **HOSPITAL** and **PRIMARY HEALTHCARE FACILITY**(see example below). Leave space to record the distance for each in **TIME TO (by foot and/or transport)**. Put the two charts on the wall where you can write the time participants report during the discussion. (If there is room, the charts can stay up during the course. You can refer to the charts, for example, when you are discussing the importance of assisting referrals to hospital or health facility.)



Process

1. For each question in the exercise in the CHEWs and CORPs Manual, ask the question and give participants time to think about their answers before you discuss them.
2. For questions 1 and 2, go around the room to get one response, on at least one question, from each participant. List the responses to question 1 on the easel chart under the heading **Common childhood illnesses**. For duplicate responses, add a tick [✓] to the listed illness. Star [*] the illnesses that children die from.
3. For question 3, ask participants where families in their communities seek care for their sick children. Participants can

add to the examples listed.

As participants reply, list the places or persons where children seek care on an easel chart under the title **where families seek care.**

4. For question 4, ask a participant to indicate where families usually first seek care.

Then, ask for other responses. (You might have 2 or 3 different responses.)

Lead a discussion on the reasons for their choices. Why do families in different communities choose to seek care from different places and persons? Identify, for example, whether families seek care from different places based on the child's illness or condition, or the distance, or the cost, or local traditions.

5. For questions 6 and 7, use the easel chart you prepared. Ask the time it takes to reach the nearest hospital and nearest health facility from their communities (by transport and/or foot, whichever is more common). Write the various responses on the arrow.
6. Once you are clear about the national policies and local considerations for which children should be treated at which level of facility, then discuss the recommendations with your participants. For example, in some places all children referred from the community should go to a health facility, as a matter of policy. In other places, where CHEWs and CORPs should refer a child might depend on which facility is closer or on the severity of the illness.
7. Summarize the discussion
 - Common childhood illnesses and causes of deaths of children under age 5 in the community.
 - Where families take their sick children for care, and why.
 - Where CHEWs and CORPs will refer sick children when they are unable to treat them in the community.

At the end of the exercise, ask the participants to continue reading the CHEWs and CORPs Manual from section 1.1 to 2.2. Ask the participants to read the text aloud. Point to the various course materials as they are introduced in the CHEWs and CORPs Manual. Then prepare and lead the following discussion on ***greet the caregiver and child.***

Greet the caregiver and child

Prepare

1. **Projection of a blank Sick Child Recording Form***.
2. **Overhead projector** for showing transparencies.*
3. **Erasable transparency markers**.*

* Throughout the course, you may use overhead transparencies or project sample forms from the computer. Whether or not you choose to project sample forms, make sure that facilitators walk around the room checking the written work of each participant at each step before going on to the next. (This instruction on preparing transparencies is not repeated for the remaining exercises.)

The abbreviation **NTF** in the facilitators notes refers to a specific *Note to the Facilitator*, not shared with participants.

Who is the caregiver?

NTF: After the reading of this section of the CHEWs and CORPs Manual, lead a brief discussion using these questions:

1. Who are the main caregivers of children in your communities?
2. What influences who the caregivers are?

NTF: Some factors might be the age of the child; whether a parent is sick, has died, or is working in the city; whether day care is available.

Ask about the child and caregiver

NTF: In these two sections, you introduce the visit with the caregiver and a sick child. The participant learns how to gather information about the child and how to use the recording form to guide the visit.

1. Introduce the top of recording form, item by item. Or ask a participant to read the items from in the text. Do not overwhelm participants by presenting too much information. For now, just focus on the information on the top of the recording form.
2. Then discuss the sample for Yetunde Abiola
Ask for any questions. Clarify the items on the form as needed.

When you have completed the discussion, ask participants to do Exercise B



Exercise B: Use the recording form (1)

Objectives

Before participants practice interviewing the caregiver, this exercise helps them understand the recording form and how it will help guide the interview with the caregiver. The participants will be able to:

- Write the basic information on the child and the visit on the recording form.

Prepare

Blank recording forms—here, and throughout the course, distribute blank recording forms only if participants will not write in the CHEWs and CORPs Manuals. If you use blank recording forms, the CHEWs and CORPs Manuals can be re-used.

Process

1. Ask a participant to read the instructions for **Child 1: Afiya**.
2. Ask participants to: Record the beginning information on the top of the recording form (today's date, the CHEWs and CORPs's initials or name). *NTF: Participants will write on the blank forms in their CHEWs and CORPs Manuals or on blank Sick Child Recording Forms.*
 - Then, read the information on the case from the CHEWs and CORPs Manual, one sentence at a time. Give time for participants to record the information.
 - Walk around to look at participants working. Make sure that participants have recorded the information correctly before you go on to read the next sentence. (See the answer sheet. Note that participants should write today's date and their own initials as the CHEWs and CORPs.)
3. **Child 2: Jatau**—Do the same as for Child 1. Then:
 - Ask someone to read what he or she recorded.
 - Ask if anyone wrote something different. If so, resolve the differences.

ANSWER SHEETS

Child 1: Afiya Markus

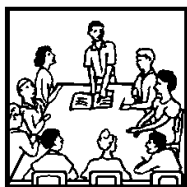
Sick Child Recording Form <i>(for community –based treatment of children from birth up to 5 years)</i>	
Date	____/____/____ CHEWs/ CORP _____ (Day /month/year)
Child's name: First	<u>Afiya</u> Family <u>Markus</u> Age: <u>3</u> Years ____ Months ____ Days Boy <u>Girl</u>
Caregiver's name:	<u>Chavala Markus</u> Relationship: <u>Mother</u> other/ other _____
Address, community:	<u>16 Gashala Road Hong</u>
What are the child's problem(s)	_____

Child 2: Jatau Garba

Sick Child Recording Form <i>(for community –based treatment of children from birth up to 5 years)</i>	
Date	____/____/____ CHEW/CORP _____ (Day /month/year)
Child's name: First	<u>Jatau</u> Family <u>Garba</u> Age: ____ Years <u>4</u> Months ____ Days <u>Boy</u> Girl
Caregiver's name:	<u>Paul Garba</u> Relationship: mother / <u>Father</u> other _____
Address, community:	<u>Sabon Tasha Kaduna</u>
What are the child's problem(s)	_____

At the end of this exercise, ask participants to read the CHEWs and CORPs manual from section 3 to 3.2. They should read aloud as they take their turn to read each paragraph. At the end of section 3.2, take the participants through the sample form for Yetunde Abiola.

At the end of the discussion of the sample form for Yetunde Abiola, ask participants to do Exercise C and D.



Exercise C: Use the recording form to identify problems (2)

Objective

This exercise is a continuation of the previous one with additional information gathered from interviewing the caregiver.

The exercise helps participants understand the recording form and how it will help guide the interview with the caregiver. The participants will be able to:

- Write the basic information on the child and the visit on the recording form.
- Systematically identify and record problems identified by asking the caregiver.

Process

1. Ask a participant to read the instructions for **Ekaete Akpan**.
2. Then ask participants to fill out the recording form. You may go item by item so that the group completes the form together. For example, ask:
 - Did Miss Uduak say that Ekaete had cough?
 - If yes, for how long?
 - Did she mention diarrhoea?
 - Then continue by listing each problem.
3. Walk around the room to review how participants are completing the form. (See the Answer Sheet.)
4. Summary:
 - The recording form is like a checklist. It helps you remember everything you need to ask the caregiver.
 - It is also a record of what you learned from the caregiver. With this information, you will be able to plan the treatment for the child.

Child: EkaeteAkpan

CHEWs and CORPs Manual 14



EXERCISE D: Role Play Demonstration and Practice: Interview and record information

Part 1. Role play demonstration

The purpose of this role play is to demonstrate how a community health worker greets and welcomes the caregiver and child to the home, and finds out what are the child's problems.

Prepare

1. **Two chairs**—one for the caregiver and her child, and one for you.
2. A **doll** or other object (e.g. a rolled towel) to be the doll.
3. **Role play script** (next page)—two (2) copies.
4. **Caregiver**—selects someone to play the role of the caregiver, and give them a copy of the script on the next page (for example, your co-facilitator could play the role). You will play the CHEW/CORP.

Process

1. Introduce the role play by reading these instructions:

Mrs. Hassan has brought her sick young boy Tanko to see the community health Extension worker at home. Observe the interview and record the information as you hear it on the form in your CHEWs and CORPs Manual. *NTF: Write the names on an easel chart, if they are difficult for local participants.*

Be prepared to discuss what you have seen:

1. How did the community health worker greet Mrs. Hassan?
 2. How welcomed did Mrs. Hassan feel in the home? How do you know?
 3. What information from the visit did you record?
2. After the role play demonstration:
NTF: Ask each of the questions in the CHEWs and CORPs Manual (also listed directly above). Lead a discussion using the information that the participants give you.
 3. Check the completed recording forms. (See the answer sheet that follows the role play script.)

4. Ask participants what difficulties they had recording the information. Help participants correct the information on their recording forms.

Role Play Script:

Interview and record information for Tanko Hassan

CHEW/ CORP: Hello. Welcome. Please come in.

Mrs. Hassan: Hello. My son is sick. He has been sick since last night. Can you please take a look at him?

CHEW/ CORP: Certainly. I am glad that you brought your son right away. Please sit down here. Let me ask you a few questions to find out what is wrong. I also need to get some information from you. First, what is your son's name? *[Sit close to Mrs. Hassan, and look at her in a concerned, supportive way. Use a recording form to record the information you get from the answers to your questions.]*

Mrs. Hassan: His name is Tanko. Tanko Hassan. T-A-N-K-O H-A S-S-AN.

CHEW/ CORP: How old is Tanko?

Mrs. Hassan: He is 3 months old.

CHEW/ CORP: And what is your name?

Mrs. Hassan: My name is Sarah Hassan. S-A-R-A-H Hassan.

CHEW/ CORP: Mrs. Hassan, where do you live?

Mrs. Hassan: We live near Bolori Road Damaturu.

CHEW/ CORP: Thank you, Mrs. Hassan. I hope we can help Tanko feel better. Let me ask you some questions to find out how he is feeling. What is Tanko's problem?

Mrs. Hassan: Tanko has a cough.

CHEW/ CORP: Yes, I can see that Tanko has a cough. How long has he had a cough?

Mrs. Hassan: He has been coughing since the market day, Sunday.

CHEW/ CORP: So he has been coughing for 3 days. Has he had any diarrhoea?

Mrs. Hassan: No. He does not have diarrhoea.

CHEW/ CORP: Has he had a hot body—any fever?

Mrs. Hassan: No. Tanko has not had any fever. *[The CHEWS and CORPs feel Tanko's skin on his legs and arms to confirm that Tanko is not hot.]*

CHEW/ CORP: Has he been vomiting?

Mrs. Hassan: He burped up some milk last night. This morning he spit up a little.

CHEW/ CORP: Does he spit up all of his milk, or has he been able to keep some of it down?

Mrs. Hassan: He kept most of it, I think. He is tired, and he is not eating as much as usual.

CHEW/ CORP: So, he is able to drink and keep down some of his milk.

Feel Tanko's skin on his legs and arms.]

CHEW/ CORP: What about convulsions? Have you seen any shakes or fits? *[Demonstrate what a convulsion might look like.]*

Mrs. Hassan: No. I don't think he has had any convulsions.

CHEW/ CORP: Do you have any other concern about Tanko that you would like to talk about today?

Mrs. Hassan: No. I am mostly worried about his cough.

CHEW/ CORP: I can see that you are. It is good that you brought Tanko to see me. I will take a look at Tanko now.

CHEW/ CORP: Tanko breaths 39 breaths in 1 minute and no chest indrawing.

NTF: End the role play, and begin the discussion. Ask the following questions (also listed in the CHEWs and CORPsManual):

1. How did the community health worker greet Mrs. Hassan?
2. How welcomed did Mrs. Hassan feel in the home? How do you know?
3. What information from the visit did you record? How complete was the information?

Emphasize the *quality of the conversation*:

- How the **CHEW/ CORP** approaches Mrs. Hassan.
- How the **CHEW/ CORP**sits in relation to Mrs. Hassan.
- How the **CHEW/ CORP** looks at Mrs. Hassan.
- How the **CHEW/ CORP**does not take the child from Mrs. Hassan.
- How gently and encouragingly the **CHEW/ CORP**speak and listen to Mrs Hassan.

Role Play: Tanko Hassan

Sick Child Recording Form <i>(for community –based treatment of children from birth up to 5 years)</i>		
Date ____ / ____ / ____ (Day /month/year)	CHEW/CORP _____	
Child's name: First <u>Tanko</u> Family <u>Hassan</u> Age: ___ Years <u>3</u> Months ___ Days <div style="float: right; border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; text-align: center; line-height: 40px; margin-left: auto;">Boy</div> Girl		
Caregiver's name: <u>Sarah Hassan</u> Relationship: <div style="border: 1px solid black; border-radius: 50%; width: 80px; height: 30px; display: inline-block; vertical-align: middle; margin-right: 10px;"></div> Mother father/ other _____		
Address, community: <u>BoloriRoad, Damaturu</u>		
What are the child's problem(s) _____		
Ask the Caregiver	Circle Danger Signs Present	Action
Cough Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If cough How long <u>3</u> days Breaths in 1 minute <u>39</u> Fast breathing Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Chest Indrawing Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • Cough for 14 days • Chest indrawing 	
Diarrhoea (3 or more loose stool in 24 hrs) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If diarrhea: How long _____ days Blood in stool Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> • Diarrhoea for 14 days • Blood in stool 	
Fever (reported or now) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes Started _____ days ago	<ul style="list-style-type: none"> • Fever last for 7days 	
Convulsions Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • Convulsion 	
Difficulty drinking or feeding Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • Not able to drink or feed anything 	
Vomiting Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, vomits everything Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> • Vomits everything 	
Sick Newborn (Children 0 day up to 2mo) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • Any Sick Newborn 	
Look at the child Unusually sleepy or unconscious Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • Unusually sleepy or unconscious 	
For child 6mths up to 5 years MUAC (Strap Colour) _____	<ul style="list-style-type: none"> • Red on MUAC 	
Swelling of both feet Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • Swelling of both feet 	
Any other problem Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • I cannot Treat, refer 	
Ask about the child's immunization status Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> • Needs immunization 	

Part 2. Role play practice

Objectives

This is the first role play practice for the participants. It will take some extra time to set up the groups, present the roles, and help them get started. At the end of this first practice, participants will be able to:

- Identify how to greet and welcome a caregiver.
- Ask for information about the child and the family.
- Ask the caregiver what she thinks are the child's problems.
- Record information on the recording form.

In addition, participants will follow a process for conducting role play practice for learning many of the skills in the remainder of the course.

Prepare

1. **Space, chairs**—set up areas within the room with 3 chairs. Leave space for you to walk around the groups and observe their activities.
2. **Doll** or other item to be a child for each group (for example, a rolled towel).
3. **Groups**—form groups of 3 participants. Ask the groups to identify who will be the caregiver, the community health worker, and the observer.
4. **Recording forms**—provide extra recording forms to be used as needed. (If the CHEWs and CORPs Manuals will be reused, ask participants to write on the worksheets instead of in the manual.)

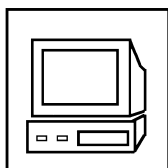
Process

1. Ask a participant to read the section **The Role Play** for the rest of the group
2. There are no scripts for this practice, as participants will play the role. Read these instructions:
 - The caregiver will come to the community health worker's door with his or her sick child. Hold the "child" (the doll or other item to be the child). Caregivers can use their own name, as the caregiver, and provide information for their own or an imagined sick child. Caregivers should answer the questions as the community health worker asks.
 - Be very cooperative, as this is the first practice for your community health worker. We are now practising the

very basic steps for gathering the information. Do not make the interview complicated.

- The community health worker should greet and interview the caregiver.
 - Both the community health worker and the observer should complete the top of the recording form.
 - Are there any questions?
3. Then, start the role play. Walk around and observe. Help groups change roles and start again, when they finish each role play.
 4. After the role play, lead a discussion using the questions in the CHEWs and CORPs Manual.
 5. Summarize
 - Identify what community health workers did well.
 - Identify any difficulties community health workers had.
 - Answer questions.
 6. Emphasize the quality of the conversation:
 - How the **CHEW/ CORP** approaches the caregiver.
 - How the **CHEW/ CORP** sits in relation to the caregiver.
 - How the **CHEW/ CORP** looks at the caregiver.
 - How the **CHEW/ CORP** does not take the child from the caregiver.
 - How gently and encouragingly the **CHEW/ CORP** speaks and listens.
 7. Finally, as role plays will be repeated, review the role play process.
 - Encourage participants to stay in role during the role play.
 - Caregivers should provide the information requested and not make additional difficulties for the community health worker.
 - Observers should not interfere with the role play.
 - Next time, participants will set up the chairs and space, recording forms, etc. for their role play practice.

When this exercise has been completed, ask participants to read out the CHEWS and CORPs manual from section 3.3 and 3.3.1, after which they will do exercise E



EXERCISE E:

Video Exercise- Identify chest indrawing

Objectives

Participants will be able to:

- Identify chest indrawing as a danger sign (severe pneumonia).

Prepare

1. **DVD: Identify signs of illness**—before the session, locate the section **Identify chest indrawing**
2. **Video machine and monitor, or a computer**—make sure that the equipment for showing the video on DVD is ready, turned on, and set at the point on the DVD where the examples of chest indrawing are.

Process: Demonstration and practice

1. Gather participants around the TV monitor or the computer to show the video. Ask them to bring their CHEWs and CORPs Manuals with them.
2. Introduce the video: The video will show examples of **chest indrawing**. It also shows examples for practice in identifying chest indrawing.
3. Show the demonstration on chest indrawing. Ask if there are any questions. Repeat the video examples, as needed. If a participant is having difficulty, ask the participant to point to the place on the child's chest where they see or do not see chest indrawing.
4. Then go to the exercise **Identify chest indrawing**. Ask participants to decide whether each child has chest indrawing. Say:
 - Take out your CHEWs and CORPs Manuals. We will look at the video exercise in the manual.
 - For each child in the video, decide whether the child has chest indrawing. Indicate whether Mary, Jenna, Ho, Amma, or Lo have chest indrawing by circling Yes or No.
 - We will stop after each child to discuss your decision. We can repeat the child's image, as necessary.

NTF: It is critical that you do not discuss the answers before each participant has written down the answer (without consulting others) and a facilitator has checked them. Facilitators must know which participants are having difficulty before going on to the next example in the exercise. This is a critical skill for

CHEW/CORP to identify whether a child must be urgently referred. Everyone must be able to identify chest indrawing.

5. The second set of exercises provides additional opportunities to practise until participants are confident that they can recognize chest indrawing. It is also useful to show this exercise as a review, in preparation for going to the clinic or inpatient ward.

ANSWER SHEET

1. Video Exercise: chest indrawing

Does the child have chest indrawing?		
Mary		No
Jenna	Yes	
Ho	Yes	
Amma		No
Lo		No

ANSWER SHEET

2. Video Exercise: Additional practice and review on chest indrawing

Does the child have chest indrawing?		
Child 1	Yes	
Child 2		No
Child 3	Yes	
Child 4	Yes	

Does the child have chest indrawing?		
Child 5		No
Child 6	Yes	
Child 7		No

3. **In the CHEWs and CORPs Manual: Question 3.** The answers to a, b, c, and d are all “No”. Ask participants to explain the answers.

4. **Question 4.** Discuss which answers are appropriate or not appropriate for calming a crying child in order to check for chest indrawing. The best answers are (c) or (d).

Answer (a) is not correct. Although a child who is breastfeeding is calm, the child's chest may draw in while suckling (feeding). This is not chest indrawing due to pneumonia.

Answer (b) is not helpful. Taking the child from the caregiver usually upsets the child more.

Answer (c) could be correct *only* if the child **stops breastfeeding** before you check for chest indrawing.

Answer (d) could also be correct. The CHEW/CORP can continue assessing for other signs, and look for chest indrawing later, when the child is calm. The CHEW/CORP should avoid the tasks that disturb the child until he or she has looked at the child's chest.

Now ask participants to read the CHEWs and CORPs manual section 3.3.2, after which they will do exercise F and video exercise G.



Exercise F: Identify fast breathing

Objectives

Participants will be able to:

- Identify fast breathing, using the breathing rates of sample children.

This exercise can be conducted in two ways:

- *Conduct a group discussion on each of the children listed in the exercise.* This method works well when participants are unsure of the content of the exercise. This method is active. Participants move to the front of the room and work together.
- *Ask participants to complete the exercise as individual work, as it appears in the CHEWs and CORPs Manual.* This method provides an assessment of the individual's knowledge. It can be completed as a review exercise, either at the end of this unit or at the beginning of the next unit.

Prepare for the group discussion

1. **Child cards**—copy onto cardboard or heavy paper the **Child cards—Set 1: Identify fast breathing**. The cards describe sample children with different breathing rates (see **Annex 1. Card games**). Cut the cards to separate them.
2. **Easel chart**—write the two labels at the top of two columns: **FAST BREATHING** and **NO FAST BREATHING**.
3. **Tape**—or other means to stick the cards on the easel chart.

Process for the group discussion

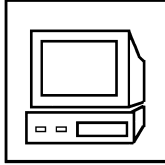
1. Ask participants to come to the easel chart. Bring their recording forms and CHEWs and CORPs Manuals with them.
2. One at a time, give each participant a card and ask the participant to read the card. Ask: Does the child have fast breathing?
3. Determine whether others agree with the decision. Have participants refer to the recording form to answer their own questions.
4. Then ask the participant to decide where to stick the card on the easel chart, under the label **FAST BREATHING** or **NO FAST BREATHING**.
5. Repeat the process until all cards have been posted in the correct place on the easel chart.
6. Refer to the Answer Sheet below for the correct answers.

Process for individual work

1. Decide on whether Jumoke has fast breathing as a group.
2. Then, ask participants to complete the rest of Exercise. They should refer to the chart booklet to help them decide on fast breathing. Show them the box on fast breathing on the chart booklet form.
3. Then, go around the room asking participants to report their answers—**YES** or **NO**, whether each child has fast breathing. The answer sheet is below.
4. Discuss any disagreements. Refer participants to the recording form to help participants make a decision.

ANSWER SHEET**Exercise: Identify fast breathing**

	Does the child have fast breathing?	
Jumoke Age 2 years, has a breathing rate of 45 breaths per minute	Yes	
Ahmed Age 4½ years, has a breathing rate of 38 breaths per minute		No
Afolabi Age 2 months, has a breathing rate of 55 breaths per minute	Yes	
Jummai Age 3 months, has a breathing rate of 47 breaths per minute		No
Chinedu Age 3 years, has a breathing rate of 35 breaths per minute		No
Pam Age 4 months, has a breathing rate of 45 breaths per minutes		No
Ufere Age 10 weeks, has a breathing rate of 57 breaths per minute	Yes	
Amina Age 4 years, has a breathing rate of 36 breaths per minute		No
Wavanyi Age 36 months, has a breathing rate of 47 breaths per minute	Yes	
Rebecca Age 8 months, has a breathing rate of 45 breaths per minute	Yes	
Jiya Age 3 months, has a breathing rate of 52 breaths per minute	Yes	



EXERCISE G:

Video Exercise - Count the child's breaths

Objectives

Participants will be able to:

- Count the breaths of a child.
- Determine if the child has fast breathing (a sign of pneumonia).

Prepare

1. **DVD: Identify signs of illness**—before the session, locate the section on **Cough and difficult breathing—count breathing**.
2. **DVD machine or computer, and monitor**—make sure that the equipment is ready, turned on, and set at the point on the DVD where the examples for counting breaths are.

Process

1. Gather participants around the TV monitor or the computer to show the video. Ask them to bring their CHEWs and CORPs Manuals with them.
2. Introduce the video: This is a chance to practise counting breaths to identify fast breathing.
3. Ask a participant to read the instructions in the CHEWs and CORPs Manual before starting the video. Again, ask participants to write down the answer, and then walk around the room to check answers before discussing results.
4. You may need to repeat sections of the tape several times to make sure that participants learn to recognize breathing in, and can count breaths accurately.
5. If a participant has difficulty, ask him or her to go to the screen, and point to the place on the child's chest to observe the movement. Make sure that the location is the clearest to make the count. Then, ask the participant to count out loud with the chest movement.
6. Set a goal of everyone on the room reaching the correct count plus or minus 2 breaths per minute. Repeat counts as needed.

NTF: Counting breaths accurately is a critical skill for identifying pneumonia and determining whether the CHEW/CORP will give an antibiotic. Each CHEW/ CORP must be able to count breaths accurately. Provide individual practice for participants who continue to have difficulty after several attempts.

ANSWER SHEET

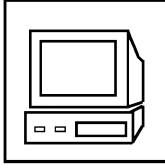
Video exercise: Count the child's breaths

	Age?	Breaths per minute?	Does the child have fast breathing?	
Mano	4 years	65	Yes	
Wumbi	6 months	65	Yes	

Additional practice: Count the child's breaths

	Age?	Breaths per minute?	Does the child have fast breathing?	
Child 1			Yes	No
Child 2			Yes	No
Child 3			Yes	No
Child 4			Yes	No

At the end of this exercise ask participant to read section 3.3.3 and be prepared to do exercise H.



Video Exercise H: Identify children with danger signs

Objectives

Participants will be able to:

- Identify children with general danger signs—not able to drink or feed, vomiting everything, convulsions, and unusually sleepy or unconscious.

Prepare

1. **DVD: Identify signs of illness**—before the session, locate the section of the DVD that demonstrates these **Danger signs**. This section demonstrates the signs not able to drink or feed, vomits everything, convulsions, and unusually sleepy (lethargic) or unconscious, **yellowness of the eyes**.
2. **DVD machine or computer, and monitor**—make sure that the equipment for showing the video is ready, turned on, and set at the point on the DVD where the examples are.

Process: Demonstration and practice

1. Gather participants around the TV monitor or the computer for showing the video. Ask them to bring their *CHEWs and CORPs Manuals* with them.
2. Introduce the video:
 - The video starts with not able to drink or feed, showing children who are unable to breastfeed.
 - Then it shows the health worker asking the caregiver if the child vomits everything, and if the child has convulsions.
 - Then it shows children who are unusually sleepy or unconscious. You will notice that a child who is unusually sleepy is not necessarily sound asleep. But the child is not alert and does not notice sounds and movements around him.
3. Stop at the end of the demonstration section before going on to the exercise. Ask if there are any questions.
4. Then, go on to the next section of the video, the **Exercise to assess the general danger sign unusually sleepy or unconscious**. Ask participants to record their answers in their *CHEWs and CORPs Manuals*. (See the answer sheet on the next page.)
5. Make sure that participants can recognize the sign. Repeat the images as necessary.
6. Discuss the question: How are the children who are unusually sleepy or unconscious different from those who are not?

ANSWER SHEET

Video Exercise: Unusually sleepy or unconscious

1.

Is the child unusually sleepy or unconscious?		
Child 1		No
Child 2	Yes	
Child 3		No
Child 4	Yes	

Preparation for clinical practice

1. Tell participants where the group will go to practise checking for danger signs. They will be going to a hospital ward where there are very sick children. They are going there because they are more likely to find the danger signs in the inpatient ward.
2. Introduce their clinical instructor who will meet them at the hospital and will give them more information.

After the exercise, ask participants to read through section 3.3.4 after which you will lead a discussion on severe malnutrition



EXERCISE I:

Discussion - Severe malnutrition

Purpose

The discussion will help demonstrate the importance of using two methods to identify severe malnutrition—measuring the arm circumference and checking oedema on both feet.

Prepare

1. **Photo Book**—pictures 3, 4, 5, 6, 7, 8 and 9 of severely malnourished children and how to identify them.

Process

1. Ask participants to come close to you and the **Photo Book** for the discussion.
2. In the **Photo Book**, refer to the notes to the facilitator that correspond to each photo 3 to 9, to guide the discussion
3. After the discussion of the photos, continue with the reading in the CHEWS and CORPS Manual. The manual and exercises will review the methods on how to identify severe acute malnutrition.

After the participants have finished reading, ask the participants to do exercise J



Exercise J: Use the MUAC strap

Objectives

Participants will be able to:

- Use a banded MUAC strap to measure the upper mid-arm circumference, to identify severely malnourished children.

Prepare

1. Sample **arm tubes**—prepare 10 cardboard tubes to represent the arms of the children in the exercise (**Tinu, Dauda, Ajie, Shola, Onayade, Onuekwusi, Wammanda, Abdul, Bassi and Ebun**).
 - a. Roll a cardboard and tape the ends together (see instructions below on the next page). The tighter you roll the cardboard, the smaller is the “arm circumference”.
 - b. Roll some tubes smaller than the <115 mm mark and others larger than the mark. (If the group is large, make more than 10 sample tubes.)
 - c. Write a name of one of the children on each tube.
 - d. Prepare your own **answer sheet** for the sample children. Measure each tube. Then circle Yes or No for each sample child in the chart below to make your answer sheet.
 - e. Set the tubes on the table with enough space between them so that participants can work with them.
2. **MUAC straps**—one for each participant.
3. **Tape or coloured yarn**—to tape or tie the MUAC straps into the participants’ CHEWs and CORPs Manuals.

Process

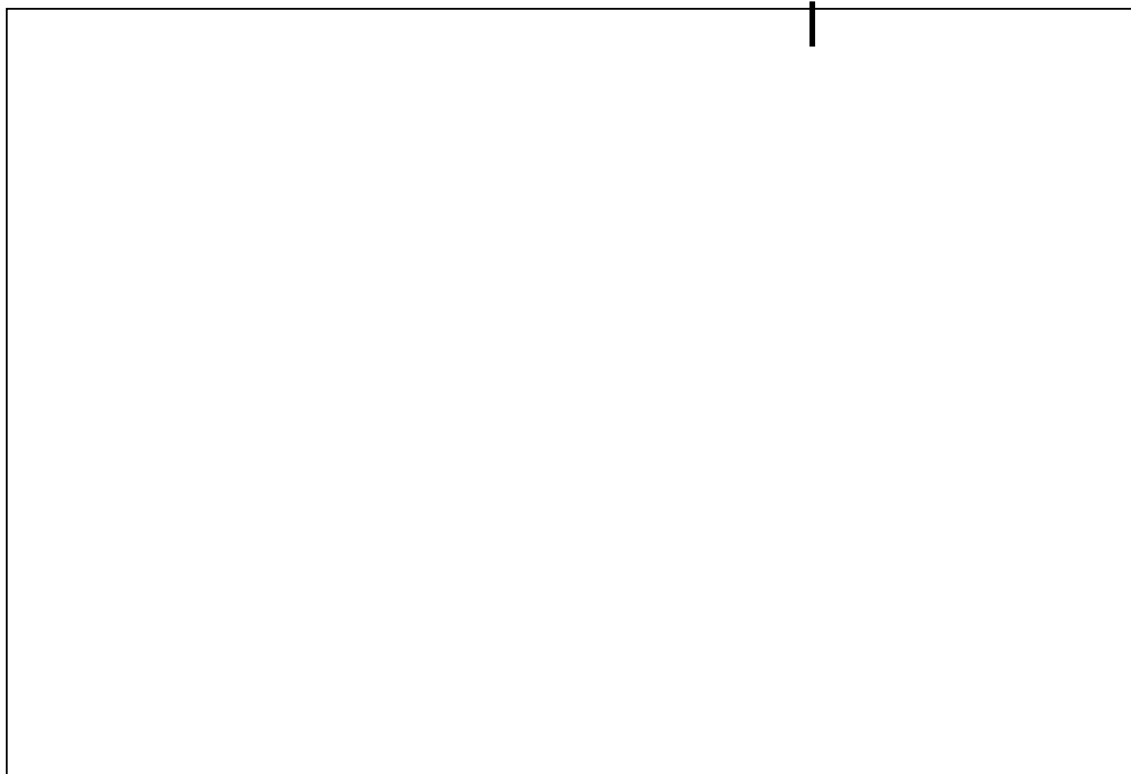
1. Pass out a **MUAC strap**, one to each participant. Demonstrate where to put the green end of the strap, in order to make a circle. Let participants briefly practise using the strap, putting the green end into the second slit on the strap.
2. Demonstrate how to measure the mid-upper arm circumference on one of the arm tubes.
 - Locate the “mid-upper arm” on the tube.
 - Use the MUAC strap to measure the child’s arm circumference. Ask a participant to identify whether the “child” is severely malnourished.

3. Form pairs for participants to work together at an arm tube on the table.
4. Ask participants to measure each of the arm tubes, using a MUAC strap. Write in their CHEWs and CORPs Manuals whether the child is, **Yes** or **No**, severely malnourished. They will move around the table to measure each of the tubes.
5. If you have made more than 10 sample arm tubes, ask participants to write the name of the child in their CHEWs and CORPs Manual with the results of the MUAC reading.
6. When the pairs have finished, discuss the results. Resolve differences, if any, by having a participant measure the arm tube again.
7. Let the participants know that they will have a chance to practise measuring the arm circumference of real children in the clinic.
8. Give participants tape to tape the end of the MUAC strap onto the plastic cover of their CHEWs and CORPs Manuals. (Or provide a piece of coloured yarn to tie the strap into the manual. Or thread a piece of coloured yarn through the MUAC strap and tie it to the Chart Booklet.)

How to make arm tubes to represent arms of sample children

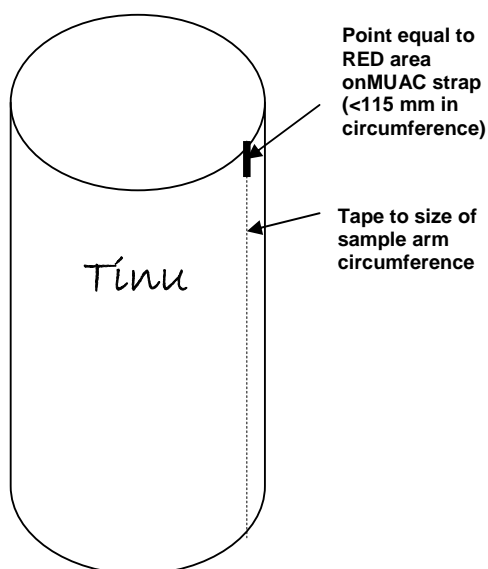
Copy on cardboard and cut out four of these card shapes for the arms of sample children.

Point equal to
RED area
on MUAC strip
(<115 mm in
circumference)



Roll the cards and tape them to represent different arm circumferences. Some should be taped to the left of the mark (smaller), and some to the right of the mark (larger). Hide the mark in the inside of the rolled tube.

Write the name of a child on each: **Tinu, Dauda, Ajie, Shola, Onayade, Onuekwusi, Wammanda Abdul, Bassi, and Ebun.**

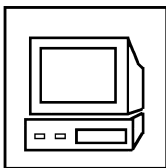


ANSWER SHEET

Exercise: Use the MUAC strap (prepare the answer sheet according to the samples you make)

Is the child severely malnourished (wasted)?		
Child 1. Tinu	Yes	No
Child 2. Dauda	Yes	No
Child 3. Ajie	Yes	No
Child 4. Shola	Yes	No
Child 5. Onayade	Yes	No
Child 6. Onuekwusi	Yes	No
Child 7. Wammanda	Yes	No
Child 8. Abdul	Yes	No
Child 9. Bassi	Yes	No
Child 10. Ebun	Yes	No

At the end of this exercise ask participants to read through section 3.3.6 and do exercise K



EXERCISE K:

Video Demonstration-Look for severe malnutrition

Objective

Participants will be able to:

- Identify children with the danger signs for malnutrition—Red result using the MUAC strap and swelling (oedema) of both feet.
- 1. **DVD: Identify signs of illness**—before the session, locate the section on identifying malnutrition.
- 2. **DVD machine or computer, and monitor**—make sure that the equipment for showing the video is ready, turned on, and set at the point on the DVD with the demonstrations of looking for severe malnutrition.

Process

1. Gather participants around the monitor or the computer for showing the video. Ask them to bring their CHEWs and CORPs Manuals with them.
2. Introduce the video by telling participants that there will be a demonstration of how to look for severe malnutrition. First will be a demonstration of how to use the MUAC strap to identify severe wasting (marasmus). Then there will be a demonstration of how to look for oedema on both feet (kwashiorkor).
3. At the end of the videotape, answer questions. Show the images again, if necessary.

After you have completed exercise K, tell participants to read section 4 and 4.1 of the *CHEWs and CORPs manual* after which you will conduct a demonstration on how to use the Chart booklet, Exercise L.



Exercise L: Use the Chart Booklet

Objectives

- *Participant know the chart booklet well*
- *Use the chart booklet to take decision about caring for sick child in the community*

Distribute the chart booklet

Introduce it by highlighting the following points:

- This booklet is called the chart booklet
- You have been told earlier in the CHEWs and CORPs manual, section 1.4, that one of the materials you will use during this course is the chart booklet
- It contains information about all the necessary steps on how to care for the sick child in the community
- It describes the same process as presented in the CHEWs and CORPs manual
- It a summary of the CHEWs and CORPs manual
- It is convenient to use

Show the various pages and discuss how the participants can use the chart booklet

Show the participants how to use the chart booklet to take decision on deciding to treat the sick child at home, deciding to refer the child to the health facility, identifying the drugs dosages etc.

Answer any questions the participant may ask.

At the end of this demonstration, ask the participants to read section 4.2 to 4.2.8 of the *CHEWs and CORPs manual* and be prepared to do exercise M.



Exercise M: Decide to refer (1)

Objectives

Participants will be able to:

- Identify danger signs based on information the caregiver provides.
- Use the recording form as a resource for answering questions.

As in an earlier exercise, this exercise can be done in two ways:

- *Conduct a group discussion on each of the children listed in the exercise.* Participants move to the front of the room and work together.
- *Ask participants to complete the exercise as individual work, as it appears in the CHEWs and CORPs Manual.*

Prepare for the group discussion

1. **Child cards**—copy onto cardboard or heavy paper the **Child cards—Set 2a: Ask caregiver**. The cards describe sample children with different signs of illness from the caregiver's report (see **Annex 1. Card games**). Cut the cards.
2. **Easel chart**—write two labels at the top of two columns: **DANGER SIGN—REFER** and **NO DANGER SIGN**.
3. **Tape**—or other means to stick the cards on the easel chart.

Prepare for individual work—No special preparation.

Process for the group discussion

1. Ask participants to come to the easel chart. Bring their recording forms with them.
2. One at a time, give each participant a card and ask the participant to read the card. Ask: Does the child have a danger sign? Determine whether others agree with the decision. If there is a question, have participants refer to the recording form.
3. Then ask the participant to decide where to stick the card on the easel chart, under the label **DANGER SIGN—REFER** or **NO DANGER SIGN**.
4. When all participants have posted their cards, pass out the remaining cards, if any. Repeat the process until all cards have been posted in the correct place on the easel chart.
5. Refer to the Answer Sheet below, with comments to add to the discussion.

Process for individual work

1. Ask a participant to read the instructions for the exercise.
2. Then, work as a group to decide whether the first child, Sam, has a danger sign. Continue with several more children until the participants are clear on the task. Help them refer to the Danger Signs listed on the recording form, if necessary.
3. Then, ask participants to complete the exercise on their own.
4. Finally, go around the room asking participants to report their answers—**Yes** or **No**, the child has a danger sign.
5. Refer to the Answer Sheet below, with comments to add to the discussion.

ANSWER SHEET

Exercise: Decide to refer (1)

Does the child have a danger sign? (Refer any child with a danger sign.)			Comment
Susleiman – cough for 13 days		No	
Mulikat – cough for 2 months	Yes		
Biola – diarrhoea with blood in stool	Yes		
Maryam – diarrhoea for 10 days		No	<i>If there is diarrhoea for 14 days or more, the child has a danger sign—one reason that a follow-up visit is important for this child (more to be said later). If this child has diarrhoea almost all the time, discuss what the community health worker should do.</i>
Amina – fever for 3 days		No	
Nneka – low fever for 8 days, not	Yes		<i>A low fever for 7 days or more may mean that there is an unknown cause, which must be assessed and treated at health facility.</i>
Idiagbon – diarrhoea for 2 weeks	Yes		<i>What might be a reason for diarrhoea lasting for 2 weeks? It could be diarrhoea caused by a food reaction or an indication that the child has a more serious problem, including HIV. The health facility will try to determine the cause.</i>
Choje – cough for 1 month	Yes		<i>Cough for 14 days or more may be a sign of TB or another illness, which needs to be assessed and treated at the health facility.</i>
Tanko – convulsion yesterday	Yes		<i>Discuss how you might clarify that it is a convulsion.</i>
Nuhu – very hot body since last night,		No	<i>Discuss differences This is a high fever. Introduce the idea of testing for malaria . They will learn how to test for malaria later.</i>
Maria – vomiting food but drinking water		No	<i>When child cannot hold down any food or water, it is a danger sign. Maria can still drink.</i>
Thomas – not eating or drinking anything because of mouth sores	Yes		<i>Child could become sicker soon and lose weight. He needs to be assessed for other illness.</i>

At the end of this exercise, ask participants to read exercise 4.2.9 to 4.2.12 and be prepared to do exercise N.



Exercise N: Decide to refer (2)

Objectives

Participants will be able to:

- Identify danger signs based on information from the caregiver and signs found by looking at the child.
- Use the recording form as a resource for answering questions.

As in the previous exercise, this exercise can be done in two ways:

- *Conduct a group discussion on each of the children listed in the exercise.* Participants move to the front of the room and work together.
- *Ask participants to complete the exercise as individual work, as that appears in the CHEWs and CORPs Manual.*

Prepare for the group discussion

1. **Child cards**—copy onto cardboard or heavy paper the **Child cards—Set 2b: Ask caregiver and Look for signs**. The cards describe sample children with different signs of illness from the caregiver's report (see **Annex 1. Card games**). Cut the cards to separate them.
2. **Easel chart**—write the two labels at the top of two columns: **DANGER SIGN—REFER** and **NO DANGER SIGN**.
3. **Tape**—or other means to stick the cards on the easel chart.

Prepare for individual work

No special preparation

Process for the group discussion

1. Ask participants to come to the easel chart. Bring their recording forms with them.
2. One at a time, give each participant a card and ask the participant to read the card. Ask: Does the child have a danger sign? Determine whether others agree with the decision. If there is a question, have participants refer to the recording form.
3. Then ask the participant to decide where to stick the card on the easel chart, under the label **DANGER SIGN—REFER** or **NO DANGER SIGN**.
4. When all participants have posted their cards, pass out the remaining cards, if any. Repeat the process until all cards have been posted in the correct place on the easel chart.
5. Refer to the Answer Sheet below, with comments to add to the discussion.

Process for individual work

1. Ask a participant to read the instructions for the exercise.
2. Then, work as a group to decide whether the first child, age 11 months, has a danger sign. Continue with several more children until the participants are clear on the task. Help them to refer to the Danger Signs listed on the recording form, if necessary.
3. Then, ask participants to complete the exercise on their own.
4. Finally, go around the room asking participants to report their answers—**Yes** or **No**, the child has a danger sign.
5. Refer to the Answer Sheet below, with comments to add to the discussion.

ANSWER SHEET

Exercise: Decide to refer (2)

Does the child have a danger sign? (Refer child with any danger sign)			Comment
1. Child age 11 months has cough; he is not interested in eating but will breastfeed		No	<i>For danger sign, child cannot do either: eat or breastfeed.</i>
2. Child age 4 months is breathing 48 breaths per minute.		No	
3. Child age 2 years vomits all liquid and food her mother gives her	Yes		<i>Child will not be able to keep down liquids or medicine and will become dehydrated.</i>
4. Child age 3 months frequently holds his breath while exercising his arms and legs		No	<i>This is normal and does not describe a convulsion</i>
5. Child age 12 months is too weak to drink or eat anything	Yes		
6. Child age 3 years with cough cannot swallow	Yes		
7. Child age 10 months vomits ground food but continues to breastfeed for short periods of time		No	
8. Arms and legs of child, age 4 months, stiffen and shudder for 2 or 3 minutes at a time	Yes		<i>This is probably a convulsion. To confirm, you might ask if child is alert or cannot be wakened.</i>
9. Child age 4 years has swelling of both feet	Yes		
10. Child age 6 months has chest indrawing	Yes		
11. Child age 2 years has a YELLOW reading on the MUAC strap		No	
12. Child age 10 months has had diarrhoea with 4 loose stools since yesterday morning		No	
13. Child age 8 months, has a RED reading on the MUAC strap	Yes		
14. Child age 36 months has had a very hot body since last night		No	<i>Fever is a danger sign, only if CHEW/CORP does not have antimalarials. CHEW/CORP should do a Rapid Diagnostic Test. If not positive for malaria, discuss whether to refer the child or wait and observe.</i>

Does the child have a danger sign? (Refer child with any danger sign)			Comment
15. Child age 4 years has loose and smelly stools with white mucus		No	Discuss difference in appearance of blood and mucus in stools.
16. Child age 4 months has chest indrawing while breastfeeding		No	Wait until child stops breastfeeding, and then look for chest indrawing again.
17. Child age 4 and a half years has been coughing for 2 months	Yes		Refer child for further assessment. It could be TB.
18. Child age 2 years has diarrhoea with blood in her stools	Yes		
19. Child age 2 years has had diarrhoea for 1 week with no blood in her stools		No	Do not refer if there is no danger sign.
20. Child age 18 months has had a low fever (not very hot) for 2 weeks	Yes		
21. Child has had fever and vomiting (not everything) for 3 days		No	Fever is a danger sign only if CHEW/ CORP does not have antimalarials. Otherwise, CHEW/CORP can do a rapid test for malaria to determine whether the child has malaria and needs treatment with an antimalarial.
22. Child is 14 days is breathing 49 breaths per minute	Yes		Any sick newborn should be referred immediately to a health facility

At the end of this exercise, ask participants to read section 4.3 to 4.3.4 and be prepared to do exercise O.



EXERCISE O:

Demonstration and Practice - Use the recording form to decide to refer or treat

Objectives

Participants will be able to:

- Identify danger signs based on information from the caregiver and signs found by looking at the child.
- Use the **Chart Booklet** as a resource for deciding to refer or treat the child.

Process

[NTF: If you do not have time to complete all the sample children, then it is recommended to do the sample Yetunde Abiola; Child 2: Dinatu Ishaya; and Child 3: Jatau Garba.]

1. Introduce the exercise. Say:
 - You have already seen how the use of the Sick Child Recording Form helps you systematically interview the caregiver and look for signs of illness.
 - It can also guide you in identifying a danger sign, and deciding whether you should refer the child to the health facility or treat the child.
2. Guide participants in getting started on the form: Look at Yetunde Abiola's recording form. Note that the date is 16 May 2013. The community health worker is JB.
3. Ask a participant to tell us the rest of the information on the top of the form (age, caregiver's name, address, etc.).
4. Let's now identify Yetunde's problems. Start with information we learned by asking her mother.
5. Did Yetunde have cough? For how long?
6. Did she have diarrhoea?
7. Then, ask: Did she have fever? For how long?
8. Now let's look to the column to the right. The column heading is "Danger Sign". She did not have fever that lasted 7 days or more. But it is a malaria area. So the community health worker ticked the next column "Fever (less than 7 days)."
9. (Ask other participants by name). Did Yetunde have convulsions?
10. Did Yetunde have any difficulty drinking or feeding? If yes, was she not able to drink or feed anything?

11. Go to the column to the right. Is anything circled? If Yes, what?
12. So, Yetunde has another Danger Sign.
13. Does Yetunde have any other problem that the CHEW/CORP cannot treat?
14. Ask the group: What are some problems that you might not be able to treat?
15. Continue with the items under LOOK at the child, until all items are discussed.
16. After you have completed the form, you are to Decide: Refer or treat child. If there is any Danger Sign, what do you do? Circle the appropriate sign. Ask someone to explain the decision. *NTF: Check whether participants are following and have checked the correct box.*
17. Summarize:
 - The recording form guides you in deciding whether the sign is a danger sign and the child must be referred, or the sign indicates the child is sick but does not have a danger sign.
 - If there is any circle in the Danger Sign column—even one, then the child must be referred to the health facility.
18. Any questions?
19. When there are no more questions, continue to the recording form of the next child, Dinatu Ishaya.
20. Ask participants if they want to complete the next recording form for Dinatu Ishaya by themselves. If they are unsure, then walk through the items on the form together as a group.
21. If the participants are ready to complete the form individually, then ask them to continue. Walk around the room to check the recording forms.
22. Participants can continue with Jatau Garba's recording form and then Abimbola Kayode's form, when they are ready.
23. Refer to the Answer Sheets, below, if needed.

ANSWER SHEET

Demonstration and Practice: Decide to refer or treat

Child 1: Dinatu Ishaya

Answers:

1. Circle DANGER SIGN Blood in Stool and Vomits everything
2. Note that the CHEW/CORP did not check for fast breathing. Why?
3. Note that the CHEW/CORP did not measure the mid-upper arm circumference with the MUAC strap. Why?
4. Decide to refer child: Write refer to health facility.

Child 2: Jatau Garba

Answers:

1. Write Fast breathing in the column Action.
2. Write Fever (less than 7 days) .
3. Note that the CHEW/CORP did not measure the mid-upper arm circumference with the MUAC strap. Why?
4. Decide to treat the child at home: Write, treat at home and advise caregiver.

Child 3: Abimbola Kayode

Answers:

1. There will be no circle in the Danger Sign column.
2. Write Fast breathing in the column Action.
3. Note that the child is older than 6 months, so the CHEW/CORP measured the mid-upper arm circumference with the MUAC strap. What was the result?
4. Decide to treat the child at home: Write, treat at home and advise caregiver.

When you have completed this exercise, ask participants to read section 4.4 through 5.1 and be prepared to do Exercise P.



EXERCISE P:

Demonstration and Practice - Decide on treatment for the child

Objectives

Participants will be able to:

- Decide on the treatment to give sick children at home.
- Use the **Sick Child Recording Form** as a resource for answering questions on treatment.
- Identify (and sort) the medicines to give a child at home.*NTF:*
Participants select the correct medicine, but do not yet select the correct dose.

Prepare

1. **Samples of medicine for demonstration**—lower osmolar ORS packet, zinc supplement, oral antimalarial ACT (Artemether-Lumefantrine or Artesunate-Amodiaquine), and oral antibiotics (Amoxicillin Dispersible tablet) in their original containers.
2. **Medicine for practice, for each participant**—Lower osmolar ORS packets (3), zinc supplement (20 tablets), oral antimalarial ACTs (number of tablets depends on whether it is AL (6 or 12 tablets depending on age) or AA (3 tablets with different tablet strength), oral antibiotic (20 tablets).

Part1: Demonstration

1. Show participants each of the medicines, one at a time. Walk around the room so that participants can see each medicine, in the container used locally. For each, describe the purpose of the medicine.
 - Lower osmolar ORS: For diarrhoea (prevention and treatment of dehydration). The low osmolar ORS also reduces the severity and duration of diarrhoea.
 - Zinc supplement: For diarrhoea to reduce the frequency and severity of diarrhoea.
 - Antimalarial - ACT: for fever when a Rapid Diagnostic Test is positive for malaria.
 - Antibiotic: For fast breathing (pneumonia).
2. Let participants handle the drugs to see the differences in packaging, differences in size and colour of tablets, etc.
3. Explain that they will first learn to recognize the medicine and decide on treatment before learning how to give each medicine.
4. Hold up one medicine at a time. Ask individual participants to say the name and the purpose of the medicine in treating sick children.

Continue doing this until all participants can identify each medicine correctly.

Part 2: Practice

1. Ask a participant to read the instructions for Part 2, the practice exercise in the CHEWs and CORPs Manual.
2. Discuss as a group the first child (child age 3 years has cough, fast breathing and fever).
3. Show participants the box on **Treat at home and advice on home care** on pages 9 - 11 of the Chart Booklet. Show them how the box lists the treatments for diarrhoea, fast breathing and fever. For fever, the CHEW/CORP will do a Rapid Diagnostic Test. If the test is positive, then the CHEW/CORP will treat the child for malaria. The box also lists the advice on home care for all children treated at home. Make sure that all participants see this before moving on.
4. On page 54 in the CHEWs and CORPs Manual, ask participants to tick [✓] all the treatments they would give the first child, age 3 years, at home. Use the **Treat at home** box to help make a decision.
5. Then ask one participant to report what he or she decided. Go item by item, starting with “Give ORS”. If a participant disagrees, discuss the answer. Refer to the Chart Booklet, as needed. *(Answer: Do a Rapid Diagnostic Test for malaria (Tick the box). Note that the result was NEGATIVE, so do not give the oral antimalarial ACT for malaria. Advise the caregiver on home care. Tick all boxes under home care. Discuss importance of follow up in 3 days to see whether the child is improving.)*
6. Decide on treatment for the second child as a group, item by item, and then continue to the next child. When participants can work independently, then ask them to continue to decide the treatment for the remaining children.
7. Walk around the room checking the answers. (See the Answer Sheet below.)
8. When all have finished, discuss the decisions with a particular focus on difficulties selecting the correct treatment.
9. Then, pass out the medicine for practice to participants. Assign each participant to a child in the list to select the medicine (only which medicine to give, not how much or how many times).
10. Walk around the room to check the decisions.
11. When everyone is done, summarize the decisions.
12. If participants have difficulty, describe additional children and their signs. Ask individual participants to select the appropriate treatment for each, and hold up the medicine. Some additional sample children:
 - Child age 6 months with fever, and positive RDT result for malaria.

- Child age 2 years with fast breathing and fever, and negative RDT result for malaria.
- Child age 4 years with diarrhoea and fever, and negative RDT for malaria.
- Child age 8 months with vomiting and diarrhoea.
- Child age 3 months with fever, and positive RDT result for malaria and fast breathing. *[NTF: In some places, the malaria programme may recommend only giving an antimalarial to children over age 5 months. Then this child would not get an antimalarial. Use this child to clarify the recommended action for your area.]*
- Child age 3 years with diarrhoea and fast breathing.

13. Remind participants that the caregivers of ALL sick children treated at home should receive advice on home care. Refer the participants to the list of points in the box. Review each point of the advice.

ANSWERSHEET:

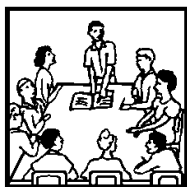
Decide on treatment for the child

1. Child age 3 years has cough, fast breathing and fever	<input type="checkbox"/> Give ORS <input type="checkbox"/> Give zinc supplement <input checked="" type="checkbox"/> Do a rapid diagnostic test (RDT): ___ POSITIVE <input checked="" type="checkbox"/> NEGATIVE <input type="checkbox"/> If RDT is positive, give ACT <input checked="" type="checkbox"/> Give oral antibiotic <input checked="" type="checkbox"/> Advise on home care <input checked="" type="checkbox"/> Advise caregiver to give more fluids and continue feeding <input checked="" type="checkbox"/> Advise caregiver to tepid sponge, wear loose clothing and ensure adequate ventilation <input checked="" type="checkbox"/> Advise on when to return <input checked="" type="checkbox"/> Follow up child in 3 days
2. Child age 6 months has fever and is breathing 55 breaths per minute	<input type="checkbox"/> Give ORS <input type="checkbox"/> Give zinc supplement <input checked="" type="checkbox"/> Do a rapid diagnostic test (RDT): <input checked="" type="checkbox"/> POSITIVE ___ NEGATIVE <input checked="" type="checkbox"/> If RDT is positive, give ACT <input checked="" type="checkbox"/> Give oral antibiotic <input checked="" type="checkbox"/> Advise on home care <input checked="" type="checkbox"/> Advise caregiver to give more fluids and continue feeding <input checked="" type="checkbox"/> Advise caregiver to tepid sponge, wear loose clothing and ensure adequate ventilation <input checked="" type="checkbox"/> Advise on when to return <input checked="" type="checkbox"/> Follow up child in 3 days

<p>3. Child age 11 months has diarrhoea for 2 days; he is not interested in eating but will breastfeed</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Give ORS <input checked="" type="checkbox"/> Give zinc supplement <input type="checkbox"/> Do a rapid diagnostic test (RDT): __POSITIVE __NEGATIVE <input type="checkbox"/> If RDT is positive, give ACT <input type="checkbox"/> Give oral antibiotic <input checked="" type="checkbox"/> Advise on home care <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Advise caregiver to give more fluids and continue feeding <input checked="" type="checkbox"/> Advise caregiver to tepid sponge, wear loose clothing and ensure adequate ventilation <input checked="" type="checkbox"/> Advise on when to return <input checked="" type="checkbox"/> Follow up child in 3 days
<p>4. Child age 2 years has a fever and a YELLOW reading on the MUAC strap</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Give ORS <input type="checkbox"/> Give zinc supplement <input checked="" type="checkbox"/> Do a rapid diagnostic test (RDT): __✓__POSITIVE __NEGATIVE <input checked="" type="checkbox"/> If RDT is positive, give ACT <input type="checkbox"/> Give oral antibiotic <input checked="" type="checkbox"/> Advise on home care <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Advise caregiver to give more fluids and continue feeding <input checked="" type="checkbox"/> Advise caregiver to tepid sponge, wear loose clothing and ensure adequate ventilation <input checked="" type="checkbox"/> Advise on when to return <input checked="" type="checkbox"/> Follow up child in 3 days
<p>5. Child age 1 year has had fever, diarrhoea, and vomiting (not everything) for 3 days</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Give ORS <input checked="" type="checkbox"/> Give zinc supplement <input checked="" type="checkbox"/> Do a rapid diagnostic test (RDT): __✓__POSITIVE __NEGATIVE <input checked="" type="checkbox"/> If RDT is positive, give ACT <input type="checkbox"/> Give oral antibiotic <input checked="" type="checkbox"/> Advise on home care <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Advise caregiver to give more fluids and continue feeding <input checked="" type="checkbox"/> Advise caregiver to tepid sponge, wear loose clothing and ensure adequate ventilation <input checked="" type="checkbox"/> Advise on when to return <input checked="" type="checkbox"/> Follow up child in 3 days

<p>6. Child age 10 months with cough vomits ground food but continues to breastfeed for short periods of time</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Give ORS <input type="checkbox"/> Give zinc supplement <input type="checkbox"/> Do a rapid diagnostic test (RDT): __POSITIVE __NEGATIVE <input type="checkbox"/> If RDT is positive, give ACT <input type="checkbox"/> Give oral antibiotic <input checked="" type="checkbox"/> Advise on home care <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Advise caregiver to give more fluids and continue feeding <input checked="" type="checkbox"/> Advise caregiver to tepid sponge, wear loose clothing and ensure adequate ventilation <input checked="" type="checkbox"/> Advise on when to return <input checked="" type="checkbox"/> Follow up child in 3 days
<p>7. Child age 4 years has diarrhoea for 3 days and is weak</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Give ORS <input checked="" type="checkbox"/> Give zinc supplement <input type="checkbox"/> Do a rapid diagnostic test (RDT): __POSITIVE __NEGATIVE <input type="checkbox"/> If RDT is positive, give ACT <input type="checkbox"/> Give oral antibiotic <input checked="" type="checkbox"/> Advise on home care <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Advise caregiver to give more fluids and continue feeding <input checked="" type="checkbox"/> Advise caregiver to tepid sponge, wear loose clothing and ensure adequate ventilation <input checked="" type="checkbox"/> Advise on when to return <input checked="" type="checkbox"/> Follow up child in 3 days
<p>8. Child age 6 months has fever and cough for 2 days</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Give ORS <input type="checkbox"/> Give zinc supplement <input checked="" type="checkbox"/> Do a rapid diagnostic test (RDT): __✓__POSITIVE __NEGATIVE <input checked="" type="checkbox"/> If RDT is positive, give ACT <input type="checkbox"/> Give oral antibiotic <input checked="" type="checkbox"/> Advise on home care <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Advise caregiver to give more fluids and continue feeding <input checked="" type="checkbox"/> Advise caregiver to tepid sponge, wear loose clothing and ensure adequate ventilation <input checked="" type="checkbox"/> Advise on when to return <input checked="" type="checkbox"/> Follow up child in 3 days

When you have completed this exercise, ask the participants to read section 5.2 through 5.2.1 in the CHEWs and CORPs manual and do exercise Q



Exercise Q: Check the expiration date of medicine

Objectives

Participants will be able to:

- Find the expiration date on different medicine containers, blister packs, and rapid diagnostic test kits.
- Identify by the expiration date the medicines and rapid diagnostic test kits that have expired.
- Decide whether to use or return a medicine or a test kit based on the expiration date.

Prepare

1. **Sample medicine or empty containers (6-12)**—locate the expiration date on the package and select ones with different expiration dates, including some that have expired. If possible, use containers of locally used ORS, zinc, antimalarials, antibiotics, and rapid diagnostic test (RDT) kits for malaria. (If expired examples of these medicines are not available, use any expired medicine you are able to find.)
2. *NTF: If materials have been adapted for giving **rectal artesunate suppositories** as a pre-referral treatment, then add them to this exercise.*

Process

1. Ask participants to check the expiration dates on the medicines and RDT kits that they still have from previous exercises.
2. Ask participants to decide whether the medicine or RDT kit has or has not expired. Write their findings in the CHEWs and CORPs Manual.
3. Then, ask participants to decide whether to return the medicine or RDT kit to the dispensary or use it with a child.
4. Give an additional container to each two participants. Ask them to find the expiration date. Then ask participants to decide whether the medicine or RDT kit has or has not expired, and whether to use it.
5. When participants finish with one container, redistribute the containers. Give participants a chance to check the expiration date on 5 or 6 containers.
6. Summarize the exercises. Note the difficulties reading the expiration dates. For example, participants may not be able to read the date on an individual ORS packet or a blister packet

of tablets. The expiration date may be clearer on the box or on another packet.

7. Then, identify the process for returning the expired medicine and RDT kits to the dispensary. The procedure should be established by the national programme or the local district.
8. Finally, emphasize that the expired medicine may not be effective. If the community health worker gives an antibiotic that is no longer effective to a child with pneumonia, for example, the child will not improve. The child may become sicker and may die.

At the end of this exercise, participants should read section 5.2.2 through 5.2.2.1 and be prepared to do exercise R.



EXERCISE R: Discussion - How to prepare and give ORS solution

Objectives

Objective

Quickly check the participants' understanding of how to prepare and give ORS solution to a child. Participants will be able to:

- Describe how to prepare and give ORS solution to a child.

Process

1. Go around the room asking participants to each read a sentence and fill in the blanks.
2. If someone has difficulty filling in the blank, ask the next person in the circle. (See the answer sheet below.)

ANSWER SHEET

Review Exercise: How to prepare

And give ORS solution and zinc supplement

Maryam is 2 years old. She has diarrhoea.

The community health worker will give Maryam ORS
solution for her diarrhoea. It will help prevent
dehydration.

He empties one packet of ORS into a bowl.
He pours one litre of drinking water into the bowl
with the **ORS**. He stirs the ORS solution with a spoon until the
salts dissolve.

He asks the mother to begin giving Maryam the ORS solution
with a cup or with a spoon. He
advises the mother to wait 10 minutes, if Maryam vomits (or
spits up). Then she can start giving the ORS solution
again, but more slowly.

Maryam no longer breastfeeds. Therefore, Maryam should also
drink more water, to increase the fluids she takes.

Maryam's mother should try to give her child one half
cup of ORS solution after each loose stool, or as
much as Maryam wants.

How does the community health worker know that Maryam is ready to go home? When she is no longer thirsty

Her mother can keep unused ORS solution for 24 hours in a covered container.

What can the community health worker do to check the mother's understanding of how to treat Maryam at home?

Discussion

She can ask the mother:

- *Please show me how you will prepare the ORS solution and give it to Maryam.*
- *What kind of container do you use at home to measure 1 litre?*
- *What will you do if your child spits up the ORS solution?*

When they completed this exercise, ask participants to read section 5.2.2.2 and do exercise S.



EXERCISE S:

Role play practice - Prepare and give ORS solution and zinc supplement

Objectives

Participants will be able to:

- Demonstrate and engage a caregiver in preparing and giving ORS solution and zinc supplement.
- Help a caregiver to prepare and give zinc supplement.

Prepare

1. **ORS packets, mixing supplies (1 litre measure or container, bowl or other container that can hold more than 1 litre, and spoon), and spoons for giving ORS.**
2. **Zinc tablets**
3. **Water**
4. **Dolls, or other objects to serve as small children**

Process

1. Ask a participant to read the instructions for the exercise in the CHEWs and CORPs manual.
2. Identify partners to practice treating diarrhoea, including teaching the caregiver how to prepare and give ORS and zinc supplement.
3. Remind participants to coach the caregiver to prepare and give the ORS solution. *NTF: At the beginning of the role play you might need to remind the CHEW/CORP not to prepare the ORS solution themselves. Rather, they should help the caregiver do the steps.*
4. When both participants have completed the role play as the CHEW/CORP, discuss what was difficult and what went well.
5. Identify good examples of how participants engaged the caregiver to help the caregiver treat the child at home.

When you have completed this exercise, tell the participants to read section 5.2.3 after which you will conduct a demonstration.



EXERCISE T:
Demonstration - Do a rapid diagnostic test (RDT) for malaria

[Note: If there is a video available to demonstrate the use of the RDT you use locally, it may be used instead of this demonstration by the facilitator.]

Fever in a child is when body temperature is more than 37.5 centigrade
This can be done with the caregiver placing the back of her hand on the forehead of the child and the back of her other hand on her own forehead

Objectives

Participants will be able to:

- Identify the materials used in doing a rapid diagnostic test for malaria.
- Follow the steps in doing a rapid diagnostic test for malaria.

Prepare

1. Detailed instructions on using a locally available **rapid diagnostic test**. [Note: You will find detailed instructions on the CD accompanying these training materials on how to use the sample RDT kit illustrated in the CHEWs and CORPs Manual and here in the Facilitator Notes. See “How to Do the Rapid Test for Malaria”.]
2. Locally used **rapid diagnostic test (RDT) kits**.
3. **DVD** demonstrating how to use the locally available RDT kits, if available.
4. **Spirit (alcohol) swabs**.
5. **Lancet**.
6. **Disposable gloves**.
7. **Buffer**.
8. **Timer**.
9. **Sharps box**.
10. **Garbage container** (non-sharps container).
11. **Anti-retroviral post exposure prophylaxis (PEP) kit**.
12. **DVD**, if one is available to demonstrate how to use a locally used RDT.

Process

[Note: If you are using the RDT kit illustrated here, print out the instructions “How to Do the Rapid Test for Malaria” on the course CD. Review the detailed instructions carefully before you do the demonstration. They provide important information to supplement the steps described in the CHEWs and CORPs Manual. Although they may be too detailed for the classroom

demonstration, they will be very useful to you when you answer questions.]

ADAPTATION: If you are teaching participants to use a different RDT kit, then substitute the instructions in the CHEWs and CORPs Manual and below for the ones provided by your National Malaria Programme. If none has been provided, use the instructions in the kit that the manufacturer provided, starting with step 3 below. A participant can read the steps from the substitute instructions, rather than from the CHEWs and CORPs Manual.

1. Ask participants to come close to form a circle around the demonstration table, and to bring their CHEWs and CORPs Manuals.
2. Ask one participant to read the box on page 70 of the CHEWs and CORPs Manual. As each item in the list of supplies is named, raise the object to show where it is on the demonstration table. Then, show the item to all participants. Note that CHEW/CORP will be unfamiliar with most items (e.g. lancet, disposable gloves, buffer, sharps box), although health workers would be familiar with them.
3. Ask participants to each read one step on pages 71-72, going around the circle. After each step is read, stop to demonstrate the step.
4. Ask for a volunteer. In step 4, write the volunteer's name on the test and continue testing the volunteer's blood.
5. Make sure that participants can see well, including the holes on the test strip. And that you have recorded the time you added the buffer.
6. At the end of the demonstration, ask if there are any questions.
7. Then, show participants where they can find the **RDT Job Aid** in Annex A of the CHEWs and CORPs Manual. (See also a copy in **Annex D. Rapid Diagnostic Test for Malaria** in these Facilitator Notes.)
8. The next step will be for participants to practise doing a rapid diagnostic test.
9. Discuss disposal of garbage bag containing blood and blood product in the non-sharps box and the sharps box in the health facility incinerator
10. Later, you will demonstrate how to read the results of the test.
11. **Tell the participants that they will now work in groups to practice doing an RDT in exercise U.**



Exercise U: Do an RDT

Objectives

Participants will be able to:

- Organize supplies for doing a rapid diagnostic test (RDT) for malaria, using a locally available kit.
- Follow correct procedures to do the RDT on one person.

Prepare

1. Locally used **rapid diagnostic test kits**, one for each participant.
2. **Spirit (alcohol) swabs**, one for each participant.
3. **Lancets**, one for each participant.
4. **Disposable gloves**, one for each participant.
5. **Buffer**, one bottle for a group of participants
6. **Timer**, one large timer for the room or small timers for each two participants.
7. **One sharps box**, one small box for each table in the training hall
8. **Garbage container** (non sharps container), one for each table in the classroom.

[Note: Have extra kits and materials available in case results are invalid and test needs to be redone. Also, and two to three initial doses of anti-retroviral post-exposure prophylaxis (PEP) to reduce the risk of HIV/AIDS, if someone accidentally pricked his or her skin with a blood-contaminated lancet or other object.]

Process

1. Divide the participants into small groups of two or three to practice doing an RDT.
2. Ask a participant to read the instructions in the CHEWs and CORPs Manual to Organize the Supplies and Perform the Test. Answer any questions.
3. Observe participants as they set up and organize the test materials and perform the test. Remind them, as needed, to write down the time after they add the buffer.
4. **After participants have completed the test, proceed in the CHEWs and CORPs Manual, asking a participant to read the section on how to read the test results after which they will do exercise V.**



Exercise V: Read the RDT

Objectives

Participants will be able to:

1. Read the RDT results to determine whether the result is positive, negative, or invalid.
2. Make a decision based on the test result (if the test is invalid, to repeat the RDT).

Preparation

1. As this exercise is a continuation of the Exercise U: Do an RDT, no additional test materials are needed for Parts 1 and 2.
2. For Part 3, copy and cut cards for the sample **RDT results** in **Annex D. Rapid Diagnostic Test for Malaria** of these Facilitator Notes. If a different RDT kit is being used, make sample result cards appropriate for the RDT kits used locally. (Colour copy on WHITE cards or paper in order to best see the test results.) Note that the Answer Sheet for this exercise is in Annex D.

Process

Part 1: Read the result of the demonstration test

First, ask participants to read the demonstration test result. Then, tick [✓] the decision—invalid, positive, or negative. Make sure that each participant first looks to see whether the test is valid. If it is valid, check each participant's decision on the results—positive or negative.

Part 2: Read the result of the test you (participants) completed

1. Then, ask participants to check the time they recorded indicating when they put the buffer in the test strip. If 15 minutes have passed, they should then a) determine whether the test was valid and, if valid, b) what was the result—positive or negative.
2. Walk around the room to check the results of each participant.
3. If a test is invalid, give the participant materials to repeat the test.
4. Ask participants to show the test results first to their partners, then to others in the room, to check the results. Provide this opportunity for people to see as many test results as possible.

Note: If any participant has a positive test for malaria, make sure that the participant receives an appropriate antimalarial.

Part 3: More practice on reading test results

1. For more practice, pass out the cards from Annex D with sample RDT results, one to each participant.
2. Ask participants to record the test number and the results of at least five tests in the space provided.
3. As you check the results, exchange the card for another card until each participant has checked the results for each. Try to make sure that the participants have examples of invalid, positive, and negative results. (See the Answer Sheet in Annex D.)
4. In the large group, discuss and summarize any difficulties participants had.

When you have completed this exercise, ask participants to read through section 5.2.3.1 after which they will do exercise W.



Exercise W: **Decide on the dose of an antimalarial to give a child**

Objectives

Participants will be able to:

- Select the dose of antimalarial to give a child, based on the child's age, including the amount, how many times a day, and for how many days.
- Identify the total number of tablets the child should take for the full treatment.
- Use the **Chart Booklet** as a resource for determining the antimalarial dose.

Prepare

1. **Antimalarial ACT (AL or AA) tablets**—the participants should have 6 tablets (2months-3years) and 12 tablets (3years-5years)for AL, 3 tablets each of AA (2-11months, 1-5years) from previous exercises. If not, give them each as stated.
2. **Child cards**—copy onto cardboard or heavy paper the **Child cards—Set 4: Decide on dose** (these cards will be used for practice for children with fever and fast breathing.)

Process

1. Ask a participant to read the instructions for the exercise in the CHEWs and CORPs Manual. Note that the table is there to be used as a worksheet. Explain that you will give them each a card with a child's name and age on it. Each child has fever to be treated at home. .
2. For the card of the child each receives, ask the participant to fill out the appropriate boxes for that child in the table at the bottom of the page. (This will make it easier for you to check their answers later.)
3. When participants finish the first card, they will raise their hands. A facilitator will come to check the answer. (See the Answer Sheet below, at the end.)
4. For Question 3: If the caregiver gives the first dose now, **what time should the caregiver give the child the next dose?**For example, if it is now 11:00 in the morning, the caregiver should give the next dose at 19:00 (8 hours after the first dose for AL, 11.00am next day for second dose of AA(24hrs after the first dose).

5. Refer the participant to the treatment box for fever on the recording form to correct the answer, if necessary.
6. Then, ask the participant to show you how many tablets of ACT (AL or AA) they would give to the child.
7. When participants have the correct treatment for the first card, then give the participant a second card, if possible from a different age group (age 2 months up to 3 years or age 3 years up to age 5 years (for AL); 2-11 months, 1-5 years (for AA). Take the first card to be able to give it to another participant.
8. Repeat the exercise until participants can decide on correct treatment or as time permits.
9. Summarize the exercise, drawing attention to the difficulties participants had. Some difficulties might be:

- a. Not understanding the cut off ages, for example, **up to 3** years old.

A child who has celebrated his third birthday is age 3 years old and receives the dose of the children in the older age group (age 3 years up to 5 years for AL, and 1-5 years for AA).

- b. Not being able to determine how many tablets are in the full treatment.

This is the number in the parentheses, for example: for the child age 3 years up to 5 years (total 12 tablets for AL) means the full treatment is 12 tablets. For a child receiving AA, full treatment has a total of 3 tablets.

When the total number of tablets for the full treatment is clear to all participants, ask: **The caregiver gives the first dose now for a child age 4 years—2 tablets for AL, 1 tablet for AA. How many tablets will you send home with the caregiver for the rest of the treatment?** Recommend to participants that they count out the total number of tablets for the child first. Then they take the first dose from the total supply of tablets for the child.

- c. Difficulty telling the caregiver when to give the next dose.

They may have difficulty adding 8 hours to the current time. Also, where clocks are not common, discuss: **How could you help the caregiver know when it is 8 hours later, and time to give the next dose?** Use common time markers during the day. For example, ask the caregiver to give the next dose before the night meal, before the child goes to bed, when the sun goes down, or another time

marker that is 8 hours from when the first dose was given. Review the reason it is necessary to tell the caregiver when to give the next dose. (Too soon, the dose will be too strong. Waiting until next day, the dose will not be strong enough to begin working against the malaria.)

10. If necessary, provide more practice to address the difficulties the participants had. Do not go on until all understand.

11. Gather all the child cards. (They will be used in an exercise on treating fast breathing.)

ANSWER SHEET

Exercise: Decide on the dose of an antimalarial to give a child

Child with fever and positive RDT result for malaria	Age	How much is a single dose?	How many times a day?	For how many days?	How many tablets totally?	First dose was given at:	What time should the caregiver give the child the next dose?
1. Chioma	2 years	1 tab	2 times	3 days	6 tabs	8:00	16:00
2. Ahmed	4 and a half years	2 tabs	2 times	3 days	12 tabs	14:00	22:00
3. Jane	3 months	1 tab	2 times	3 days	12 tabs	now	[8 hours later]
4. Amina	8 months	1 tab	2 times	3 days	6 tabs	10:00	18:00
5. Nnamdi	6 months	1 tab	2 times	3 days	6 tabs	15:00	23:00
6. Becky	36 months	2 tabs	2 times	3 days	12 tabs	11:00	19:00
7. Margaret	4 years	2 tabs	2 times	3 days	12 tabs	9:00	17:00
8. William	3 and a half years	2 tabs	2 times	3 days	12 tabs	13:00	21:00
9. Yusuf	12 months	1 tab	2 times	3 days	6 tabs	14:00	22:00
10. Andrew	4 years	2 tabs	2 times	3 days	12 tabs	7:00	15:00
11. Ellie	Almost 5 years	2 tabs	2 times	3 days	12 tabs	12:00	20:00
12. Peter	5 months	1 tab	2 times	3 days	6 tabs	16:00	12 midnight

When they have all completed the exercise, take the participants through sections 5.2.3.2 to 5.2.4.1 and be prepared to do exercise X.



Exercise X: Decide on the dose of an antibiotic to give a child

Objectives

Participants will be able to:

- Select the dose of an antibiotic to give a child, based on the child's age, including the amount, how many times a day, and for how many days.
- Identify the total number of tablets the child should take for the full treatment.
- Use the **Sick Child Recording Form** as a resource for determining the antibiotic dose.

Prepare

1. **Oral antibiotic tablets**—the participants should have 20 antibiotic tablets from previous exercises. If not, give them each 20 tablets. (Substitute another formulation, if different in your area.)
2. **Child cards**—copy onto cardboard or heavy paper the **Child cards—Set 4: Decide on dose** (these are the same cards used for treating children with fever in the previous exercise)
3. **Table knife, spoon, small cup or bowl, and water, and sheet of clean paper**—one set for each group of 3 participants
4. **Dolls**—or a cloth folded to represent a small child, one for each group of 3 participants

Process

Exercise

1. Ask a participant to read the instructions for the exercise in the CHEWs and CORPs Manual. Note that the table is to be used as a worksheet.
2. Explain that this exercise is similar to the previous one on deciding the dose of the antimalarial ACT (AL or AA). Explain that you will give them each a card with a child's name and age on it. Each child has fast breathing (and no other problem) and will be treated at home with an oral antibiotic.
3. Ask a participant to tell you the dose for Chijioke, age 2 years, the first child: a single dose, how many times a day, for how many days, and how many tablets totally.
4. For the card of the child they receive, ask the participant to fill out the appropriate boxes for that child in the table at the bottom of the page.

5. When participants finish the first card, they will raise their hands. A facilitator will come to check the answer. (See the Answer Sheet below, at the end.)
6. Refer the participant to the treatment box for fast breathing on the recording form to correct the answer, if necessary. Ask the participant to show you how many antibiotic tablets (or other formulation) they would give to the child.
7. When participants have the correct treatment for the first card, give the participant a second card, if possible from a different age group.
8. Repeat the exercise until participants can decide on correct treatment or as time permits.
9. Summarize the exercise, drawing attention to the difficulties participants had. If necessary, provide more practice to address the difficulties. Do not go on until all participants demonstrate that they understand.

ANSWER SHEET

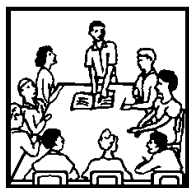
Exercise: Decide on the dose of an antibiotic to give a child

Adaptation Note: Below are the answers for amoxycillin (250 mg).

For treatment with the oral antibiotic amoxycillin (250 mg)

Child with fast breathing	Age	How much is a single dose?	How many times a day?	For how many days?	How many tablets totally?
1. Chioma	2 years	2 tabs	2 times	5 days	20 tabs
2. Ahmed	4 and a half years	2 tabs	2 times	5 days	20 tabs
3. Jane	3 months	1 tab	2 times	5 days	10 tabs
4. Amina	8 months	1 tab	2 times	5 days	10 tabs
5. Nnamdi	6 months	1 tab	2 times	5 days	10 tabs
6. Becky	36 months	2 tabs	2 times	5 days	20 tabs
7. Margaret	4 years	2 tabs	2 times	5 days	20 tabs
8. William	3 and a half years	2 tabs	2 times	5 days	20 tabs
9. Yusuf	12 months	2 tabs	2 times	5 days	20 tabs
10. Andrew	4 years	2 tabs	2 times	5 days	20 tabs
11. Ellie	Almost 5 years	2 tabs	2 times	5 days	20 tabs
12. Peter	5 months	1 tab	2 times	5 days	10 tabs

At the end of the exercise, participants should sections 5.2.5. to 5.2.7 in CHEWs and CORPs manual before they do exercise Y.



Exercise Y:

Advise on the next vaccines for the child

Objective

Participants will be able to:

- Identify and record the vaccines a child has had, has missed, and should receive next, according to the vaccine schedule.
- Identify where participants would send a child to be vaccinated in their community (e.g. health facility, village health day, mobile clinic).

Process

1. Ask participants to look at the vaccines on the record form of **Child 1. Sani Bulus, age 6 months**. Ask each question, one at a time to walk them through the sample:
 - What vaccines did the child receive?
 - Which vaccines, if any, did the child miss?
 - Which vaccines should the child receive next time?
 - Ask one participant from each area: When and where would you advise the caregiver to take the child for the next vaccine in your community?
 - Ask participants to write the answer to WHEN and WHERE to advise the caregiver to take the child for the next vaccine (see item 4 on the recording form).
2. For **Child 2. Obasi Akpabio, age 5 months**, read the information on the child's vaccines.
 - Ask participants to complete the form. Tick [✓] the vaccines given.
 - Circle [O] the vaccines missed.
 - When finished, ask participants which vaccines should Wilson receive next time? When and where?
 - Check the completed records. Discuss any disagreements until there is agreement. (See Answer Sheet below.)
3. For **Child 3. Jide Taofiq, age 12 weeks**.
 - Continue the process as for Child 2. (See Answer Sheet below.)
4. Summarize the important role of the community health worker in helping children receive vaccines on time.

ANSWER SHEETS

Exercise: Advise on the next vaccines for the child

Child 1.SaniBulus, age 6 months

Age	Vaccine	Vitamin A	
Birth	BCG OPV -0 HepB-0	9 months up to 12 months	100, 000 unit single dose
6 weeks	OPV -1 Pentavalent-1 PCV -1	12 months up to 5 years	200, 000 unit single dose
10 weeks	OPV -2 Pentavalent-2 PCV -2	If child is aged 6 months up to 5 years give vitamin A supplementation every 6 months	
14 weeks	OPV -3 Pentavalent-3 PCV -3		
9 months	Measles Yellow Fever		

Sani is 6 months old. He was born at home in a remote area. Sani has not had any vaccinations. The circles on the form indicate which vaccines Sani is missing.

A motor bike from the main town will arrive next Tuesday with health workers to vaccinate children against polio and other childhood illnesses. There will be a health fair during the morning market at the Market square.

Which vaccines should Sani receive next week? *Answer: He should first receive the BCG vaccine on Tuesday. The next set will be given 4 weeks later. These are OPV -1, Pentavalent -1 and PCV-1.*

Child 2.ObasiAkpabio, age 5 months

Age	Vaccine	Vitamin A	
Birth	BCG ✓ OPV -0	9 months up to 12 months	100, 000 unit single dose
6 weeks	OPV-1 ✓ Pentavalent -1 ✓ PCV-1 ✓	12 months up to 5 years	200, 000 unit single dose
10 weeks	OPV-2 ✓ Pentavalent -2 ✓ PCV -2 ✓	If child is aged 6 months up to 5 years give vitamin A supplementation every 6 months	
14 weeks	OPV -3 ✓ Pentavalent -3 ✓ PCV -3 ✓		
9 months	Measles Yellow Fever		

Obasi received only his BCG at birth, and he missed the Oral Polio Vaccine. He received all other vaccines according to schedule up to age 14 weeks, as indicated by the ticks [✓] on the form.

The next vaccine will be the measles vaccine and yellow fever at 9 month and an Oral Polio Vaccine now. Participants should decide **WHEN** and **WHERE** they would send Obasi from their communities to receive his next vaccine.

Child 3. Jide Taofiq age 12 weeks

Age	Vaccine	Vitamin A	
Birth	BCG ✓ OPV-0 ✓ HepB-0 ✓	9 months up to 12 months	100, 000 unit single dose
6 weeks	OPV -1 Pentavelent-1 PCV -1	12 months up to 5 years	200, 000 unit single dose
10 weeks	OPV -2 Pentavelent-2 PCV -2	If child is aged 6 months up to 5 years give vitamin A supplementation every 6 months	
14 weeks	OPV -3 Pentavalent -3 PCV -3		
9 months	Measles Yellow Fever		

Jide Taofiq has not received any vaccines since her BCG, OPV-0 and HepB-0 at birth. She is missing the vaccines that should have been given at age 6 weeks and 10 weeks. She will receive her 6-week set now, as soon as possible. Then she should wait 4 weeks for her next set.

Until she is caught up, she will receive a set of vaccines once a month. Then, she will go at age 9 months for her measles vaccine. Discuss where the caregiver should take Jide for her vaccines.

When you have completed this exercise, participants should read sections 5.2.8. and 5.2.9 before they do exercise Z.



Exercise Z:

Decide on and record the treatment and advice for a child at home

Objectives

Participants will be able to:

- Decide on treatment based on a child's signs of illness.
- Identify correct treatment for a child at home, including the correct dose of ORS solution, zinc, antimalarial AL, and/or oral antibiotic.
- Demonstrate with ORS and other medicine, the amount of medicine to give the child for one dose and for a full treatment.
- Identify vaccines needed and where and when the child should receive the next vaccines.
- Decide when a child should come back for a follow up visit.
- Use the **Sick Child Recording Form** as a resource for determining the correct treatment and home care.

Prepare

1. **Medicine for practice, for each participant**—ORS packets (3), zinc supplement (20 tablets), oral antimalarial AL (20 tablets), oral antibiotic (20 tablets). (Participants may have medicine left over from previous exercises.)
2. **Sample recording forms**—participants have recording forms used during the clinical practice. They completed only page 1 during the practice session. These forms can now be used to complete treatment decisions.

Process

1. Distribute ORS, zinc, antimalarial AL, and the oral antibiotic to each participant, as needed, to replace any missing or used medicine from previous exercises.
2. Read the instructions. Go slowly, section by section, with the group to complete the recording form for Joyce Odion. Give participants time to complete each step before going to the next instructions.
3. First, ask participants to complete the first page of the recording form for Joyce, using the information provided. Make sure that participants put today's date and their own names in the place at the top for the CHEW/CORP sick child recording form.
4. Check the work to make sure that participants remember how to correctly complete the first page of the recording form.
5. When each participant has finished, ask one person to read what he or she has decided: (a) Does Joyce have fast breathing? (b) Any Danger Sign? Any other signs apart from Danger Signs?
6. What did he or she decide: Refer or Treat the child? Discuss any disagreements. (Joyce will be treated at home.)

7. Then, turn to page 2 of the recording form for Joyce Odion. Ask participants to tick treatments and other actions they would give this child. Joyce has diarrhoea and fever. (See the Answer Sheet below.)
8. Ask participants then to select a single dose of each medicine to give Joyce. Ask for each medicine, one by one.
9. Then, ask participants to show the total treatment for Joyce.
10. Again, check the work. Ask one participant to report the answers (items ticked).
11. Then, ask participants to complete the vaccine box.
12. Ask participants to indicate if there was any other problem.
13. Finally, ask participants when the child should return for a follow up visit, and circle the day. (Three days from today.)

Using the forms completed during the clinic session

1. When you are confident that participants understand the task. Ask them to complete the form alone (no talking with other participants). Ask them to act as if the child has completed the vaccines up to their current age, according to schedule.
2. When participants have finished, ask them to raise their hands or bring their forms to you, individually, to check their answers.
3. Give the participants individual feedback. Ask each participant what he or she would want to change on the form.
4. Also, ask them to show you the single dose for each medicine and the total dose for the full treatment.
5. Correct the recording form with a coloured pen so that later you will be able to identify the performance of individuals. Make a note on the form to indicate whether the participant was able to demonstrate the correct single dose and full treatment of the medicine.
6. Then ask the participant to complete another recording form from the clinic session. Continue until each participant has completed 3 sample forms, working alone, and has received feedback on them.
7. Summarize the exercise. Identify what participants did well, and any difficulties they may have had.
8. Collect the forms to review them with the other facilitators. Identify common difficulties. Also, identify any participants who, in general, are making errors in deciding on correct treatment and other tasks for the child being treated at home.

ANSWER SHEET

**Exercise: Decide on and record
the treatment and advice for a child at home**

Sick Child Recording Form <i>(for community –based treatment of children from birth up to 5 years)</i>		
Date <u>16</u> / <u>5</u> / <u>2013</u> (Day /month/year)		CHEW/CORP _____
Child's name: First <u>Joyce</u> Family <u>Odion</u> Age: ___ Years <u>6</u> Months ___ Days Boy <input type="radio"/> Girl <input checked="" type="radio"/>		
Caregiver's name: <u>PeterOdion</u> Relationship: Mother / <input checked="" type="radio"/> Father other _____		
Address, community: <u>Owon Street, Benin City</u>		
What are the child's problem(s) _____		
Ask the Caregiver	Circle Danger Signs Present	Action
Cough Yes <input checked="" type="checkbox"/> No _____ If cough How long <u>3</u> days Breaths in 1 minute <u>45</u> Fast Breathing Yes _____ No <input checked="" type="checkbox"/> Chest Indrawing Yes _____ No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Cough for 14 days Chest indrawing 	
Diarrhoea (3 or more loose stool in 24 hrs) Yes ___ No <input checked="" type="checkbox"/> If diarrhea: How long _____ days Blood in stool Yes _____ No _____	<ul style="list-style-type: none"> Diarrhoea for 14 days Blood in stool 	
Fever (reported or now) Yes <input checked="" type="checkbox"/> No _____ If yes Started <u>2</u> days ago	<ul style="list-style-type: none"> Fever last for 7days 	
Convulsions Yes _____ No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Convulsion 	
Difficulty drinking or feeding Yes ___ No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Not able to drink or feed anything 	
Vomiting Yes <input checked="" type="checkbox"/> No _____ If yes, vomits everything Yes _____ No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Vomits everything 	
Sick Newborn (Children 0day up to 2mo) Yes ___ No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Any Sick Newborn 	
Look at the child Unusually sleepy or unconscious Yes _____ No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Unusually sleepy or unconscious 	
For child 6mths up to 5 years MUAC (Strap Color) <u>Green</u>	<ul style="list-style-type: none"> Red on MUAC 	
Swelling of both feet Yes _____ No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Swelling of both feet 	
Any other problem Yes _____ No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> I cannot Treat, refer 	
Ask about the child's immunization status Yes _____ No _____	<ul style="list-style-type: none"> Needs immunization 	

When you have completed this exercise, participants should read through section 6.1 (page 98-103 CHEW/CORPs manual) before they will do exercise AA.



Discussion AA:

Select a pre-referral treatment for a child

Conduct this discussion only where the policy is that community health workers should give the first dose of a treatment to a child being referred.

Objectives

Participants will be able to:

- Decide on pre-referral treatments for children who have a danger sign or other problem needing referral to a health facility.
- Use the **Sick Child Recording Form** as a resource for determining the correct pre-referral treatment.

Prepare

1. **Child cards**—copy **Set 3: Child Cards for referral**, one each of the 7 cards.

Process

1. Ask a participant to read the instructions in the CHEWs and CORPs Manual.
2. Start with Lesi (4 year old boy). Ask: What is the reason for which Lesi is being referred? Make sure that participants understand that, if Lesi only had fever, he could be treated at home. Lesi is being referred for cough for 21 days, a danger sign. Ask participants to circle the sign or signs indicating referral. (See the Answer Sheet below. Note that the tick ✓ indicates the sign that participants should have circled.)
3. Ask participants to decide what pre-referral treatment to give Lesi. Write the pre-referral treatments. Then, write the dose for each. Remind them that it is the same as the **first dose**. Refer participants to the recording form for assistance. (See the Answer Sheet below.)
4. Then, ask them to write the pre-referral treatment and write the dose for each of the other children.
5. When all participants have finished, give one **Child Card** to a participant. Ask the participant to report on the pre-referral treatment to give the child, and the dose for each treatment. Ask if all participants agree. Discuss any disagreements.
6. Continue giving one **Child Card** to a different participant until the pre-referral treatment on all of the children has been discussed.
7. Summarize the exercise. In the summary, remind participants that children do not receive zinc as a pre-referral treatment.

NTF: Nigeria is introducing rectal artesunate suppositories as a pre-referral treatment for children with fever and convulsions, unusually sleepy or unconscious, or otherwise not able to drink or feed). See Annex C. Giving a Rectal Artesunate Suppository as a Pre-Referral Treatment.

ANSWER SHEET

Select a pre-referral treatment for a child

Child	Tick [✓] pre-referral treatment	Write dose
Lesi (4 year old boy) – ✓ Cough for 14 days Fever	<input type="checkbox"/> Give first dose of oral antibiotic	
Adenike (2 year old girl) – ✓ Cough for 14 days Diarrhoea No blood in stool	<input checked="" type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antibiotic	ORS: As much as child will take until departure
Suleiman (2 month old boy) – ✓ Diarrhoea for 3 weeks No blood in stool Fever for last 3 days	<input checked="" type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Do RDT <input type="checkbox"/> if RDT is positive, begin treatment with the first dose of ACT	ORS: As much as child will take until departure
Kayode (3 year old boy) – Cough for 3 days ✓ Chest indrawing ✓ Unusually sleepy or unconscious	<input checked="" type="checkbox"/> Give first dose of oral antibiotic <input checked="" type="checkbox"/> begin pre-referral treatment with rectal Artesunate and refer immediately to the health facility	Give first dose of antibiotics and rectal Artesunate (dose) and refer immediately
Deborah (3 year old girl) – Diarrhoea for 4 days ✓ Blood in stool	<input checked="" type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antibiotic <input type="checkbox"/> Give diet supplement	ORS: As much as child will take until departure. Give caregiver extra ORS to continue giving child on the way.
Thomas (3 year old boy) – Diarrhoea for 8 days ✓ Fever for last 8 days ✓ Vomits everything ✓ Red on MUAC strap	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antibiotic <input checked="" type="checkbox"/> begin pre-referral treatment with rectal Artesunate and refer immediately to the health facility <input type="checkbox"/> Give diet supplement	<i>Note: If child stops vomiting, give ORS.</i>
Mary (5 month old girl) – ✓ Fever for last 7 days Diarrhoea less than 14 days ✓ Swelling of both feet	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antibiotic <input checked="" type="checkbox"/> begin pre-referral treatment with rectal Artesunate and refer immediately to the health facility	ORS: As much as child will take until departure

When they have completed the exercise, ask participants to read section 6.2 through 6.3 before they do exercise AB.

a



Exercise AB: Complete a recording form and write referral note

Objective

- Decide on pre-referral treatments for a child.
- Complete a referral note, providing information on the child, the child's family, signs of illness and malnutrition, and treatments given.
- Use a **Sick Child Recording Form** to guide decisions on how to treat the child who will be referred and to write a referral note.

Process

1. Ask a participant to read the instructions in the CHEWs and CORPs Manual. Answer any questions on the task.
2. Ask participants to work individually to complete the recording form and Referral Note for **Joseph Bala**.
3. Check the work of each participant, and help the participants to correct any errors. Refer to the recording form to help participants make the corrections.
4. Summarize any difficulties in completing the forms. Following the steps on the form should help participants to make correct decisions. Practice in the hospital and clinic will give them opportunities to learn how to identify signs of illness.
5. Remind participants that they should quickly assist the referral of the sick children. Therefore, they do not need to check the vaccines that the children have received, or plan for the follow up visit.
6. Normally, community health workers will refer children to the nearest health facility. There, a health worker will assess and treat the child, or refer the child to the hospital for special care. Again, discuss if it is ever appropriate for a child from your community to go directly to the hospital, rather than to the health facility.

Recording form and referral note for Joseph Bala

CHEWS AND CORPS Manual 111

Referral note for Community Health Worker: Sick Child

Child's name: First Joseph Family Bala Age: 8 Years 8 Months Days boy Girl
 Caregiver's name: _____ Relationship: mother /father/ other _____
 Address, community: _____ Time: _____
 Child's problem _____

The child has	Reason for referral (Circle Danger Signs)	Treatment Given
Cough Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If cough How long <u>2</u> days Breaths in 1 minute <u>42</u> Chest Indrawing Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Cough for 14 days <u>Chest indrawing</u> 	
Diarrhoea (3 or more loose stool in 24 hrs) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If diarrhea: How long _____ days Blood in stool Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> Diarrhoea for 14 days Blood in stool 	
Fever (reported or now) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Started <u>2</u> days ago	<ul style="list-style-type: none"> Fever last for 7 days 	
Convulsions Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Convulsion 	
Difficulty drinking or feeding Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Not able to drink or feed anything 	
Vomiting Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, vomits everything Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> Vomits everything 	
Sick Newborn (Children 0 day up to 2 mo) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Any Sick Newborn 	
Unusually sleepy or unconscious Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Unusually sleepy or unconscious 	
For child 6mths up to 5 years MUAC (Strap Color) <u>Red</u>	<ul style="list-style-type: none"> <u>Red on MAUC Strap</u> 	
Swelling of both feet Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Swelling of both feet 	
Any other problem Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> I cannot Treat, refer 	
Ask about the child's immunization status Yes---- No----	<ul style="list-style-type: none"> Needs immunization 	

Referred to (name of Health facility) _____
 Referred by (name of CHEW) _____ Date / /
 (Day /month/year)

✂.....**Cut along this line**.....

FEEDBACK FROM HEALTH FACILITY (Please give feedback)

Child's Name:Date

Child's identified problem(s) :

Treatments given and actions taken:

Advice given and to be followed:

Name of attending HW/clinician:

Name of Health Facility:

Signature:

When they have completed the exercise, participants should read section 7 in the CHEWs and CORPs manual before they will do exercises AC and AD.



Exercise AC: Use good communication skills

Objectives

Participants will be able to:

- Identify ways to communicate more effectively with caregivers.
- Phrase questions for checking the caregiver's understanding of treatment and other tasks.

Process

Saidu and Eromosele

1. Discuss how the community health worker communicated with the mothers of Saidu and Eromosele. Use the questions to guide the discussion.
2. Ask for ideas for how to respond when the caregiver says that he or she already knows how to give a treatment.
 - It is not necessary to instruct the caregiver again or even to demonstrate again. A caregiver who knows how to prepare and give ORS solution will not want to hear the instructions again.
 - If the community health worker asks the caregiver to do the task—for example, to give the first dose or mix the ORS solution—the community health worker will find out whether the caregiver knows how to give the medicine.
 - Never assume that the caregiver remembers how much medicine to give, when, or for how long. Zinc, antimalarial, and antibiotic tablets, for example, can be easily confused. Always remind the caregiver on the dose, when to give it, and for how many days. Then, check the caregiver's understanding.

Checking questions

1. Ask participants to rephrase each of the checking questions to improve the ability to check the caregiver's understanding of each task.
2. Ask for examples from the group. Make sure that participants understand the difference between a yes/no question and the good checking questions. The Answer Sheet below provides some examples.
3. If participants have difficulty, give more examples of poor checking questions. Ask participants to rephrase them.

ANSWER SHEET

Exercise: Checking questions

Poor questions	Good checking questions or demonstration
Do you remember how to give the antibiotic and the antimalarial?	<ol style="list-style-type: none"> 1. Show me how you will give your child the antibiotic. Give the first dose now. 2. Show me with these tablets how much of the antimalarial you will give at home. 3. When will you give the next dose? 4. Tomorrow when will you give your child the antimalarial? 5. For how many days will you give the antimalarial?
Do you know how to get to the health facility?	<ol style="list-style-type: none"> 1. How will you go to the health facility? 2. Which bus do you take to the health facility? Where do you get off the bus? 3. Who could go with you to help you find the health facility?
Do you know how much water to mix with the ORS?	<ol style="list-style-type: none"> 1. Show me how much water you will mix with the ORS. 2. How many of these cups (250 ml) would you use to measure 1 litre of water?
Do you have a 1 litre container at home?	<ol style="list-style-type: none"> 1. What container do you have at home to measure 1 litre of water?



EXERCISE AD:

Role PlayPractice - Give an oral antibiotic to treat child at home

Community health workers during the clinic sessions may not be allowed to practice all the steps to treat a child with an oral medicine. If this is the case, save plenty of time for this demonstration and role play so that each participant has a chance to practice giving instructions on treating the child at home, advising on home care, and checking the caregiver's understanding.

Objective

Participants will be able to:

- Select the correct home treatment.
- Advise caregivers on how to treat a child at home and provide basic home care for a sick child.
- Help the caregiver give the first dose of an oral medicine.
- Use good communication skills to advise the caregiver and check the caregiver's understanding of correct treatment and home care.

Prepare

1. **Oral antibiotic and antimalarial tablets**—have tablets available for the demonstration, practice in cutting tablets, and role play
2. **Table knife, spoon, small cup or bowl, and water, and sheet of clean paper**—one set for each group of 3 participants
3. **Dolls**—or a cloth folded to represent a small child, one for each group of 3 participants
4. **Chairs with table**—enough to form groups of 3 participants each, distributed in different areas of the room for the role play practice, with antimalarials and antibiotics, spoon, cup, water, and doll.

Process

1. Ask a participant to read the instructions for the role play practice in the CHEWS and CORPS Manual. Participants will work in groups of three (the same as for the practice cutting the antibiotic). The recording form for Rahila John is in the CHEWs and CORPs Manual.
2. Remind caregivers to be cooperative. Most parents want to do what is best for their sick child. They should not try to be

- obstructive. They should ask questions, however, when the community health worker is not clear.
3. The role play begins when the community health worker begins to advise the Rahila's caregiver on home treatment.
 4. Answer any questions to help participants get started.
 5. Ask participants to return to their places for the role play practice. Make sure that the necessary supplies are still in place: knife, cup, spoon, tablets, and doll.
 6. Provide enough time for all participants to practise the role play as the community health worker. Then, discuss the results.
 7. Using observers as a resource, review the questions on what they were to look for. Identify what was done well, what was difficult to do, and what could have been done differently.
 8. Remind participants to use the good communication skills.
 - Sit close to the caregiver and child, speak softly and firmly.
 - Ask questions, listen, advice, and solve problems.
 - Make sure that the caregiver understands the very critical tasks in caring for the sick child at home. Ask checking questions and have the caregiver demonstrate the tasks.
 - Make sure that caregivers know when to bring the child back immediately to you, and the other home care tasks—in addition to knowing how to give the child the oral medicine.



EXERCISE AE: Putting it all together— Finalpractice

As facilitators, you have observed participants in the clinic sessions. The clinic sessions provide the best opportunities to assess the performance of participants in several tasks:

- Greeting caregivers and their children
- Communicating with caregivers and their children
- Asking caregivers about the child's problems
- Looking for signs of illness
- Deciding to refer the child to the health facility or treat the child at home

In some clinics, participants may be able to treat the child and advise the caregiver on home treatment. They may be able to give the child pre-referral treatments. In some places, the policy will not permit participants to do these tasks in the clinic, although participants are learning to treat the child in the community.

In the classroom, you can provide the participants with a chance to simulate what they would do in the community for a child. The simulation is an opportunity for assessing the participants' performance, as well as providing another opportunity to practise the skills under your supervision.

Objective

Participants will be able to demonstrate skills for caring for children in the community. Using information on a child:

- Decide to refer or treat the child.
- Select correct home treatment or pre-referral treatment for the child, and demonstrate the medicines to give.
- Identify correct advice on home care to give the child's caregiver
- Identify vaccines that the child needs.
- Identify the day for the next visit for follow up.

If time permits, and there were no opportunities in the clinic to assess the performance, additional tasks may be observed:

- Counsel a caregiver on home care.
- Help a caregiver give the first dose of ORS and/or another treatment to a child.

Prepare

1. **Sample recording forms**—Select and copy 3 to 4 of the forms participants have created during the first clinic session, some for a child who would be referred, some for a child who would be treated at home. (Only the information on page 1 of the form should have been completed.) Make enough copies for each participant to complete 1 or 2 forms, minimum.
2. **Medicines**—ORS, zinc, antimalarial (AL and AA), and antibiotic.
3. **Chairs, table, doll, spoon, cup, ORS packets and equipment for preparing and giving ORS solution**—one set for every 2 participants, set up in different sections of the room, *if the role play simulation will be included in the assessment of performance.*
4. **Facilitators to check the recording forms and observe participants' performance**—discuss in advance how the facilitators will conduct this assessment. Caution facilitators to lower the tension, and conduct the exercises as a final practice, not a test.

Process

1. Introduce the activity as a final practice. It is a chance to put together everything they have been learning.
2. Tell participants that you will give them a sample recording form. They should complete the form, using the information provided on the child, as they have done many times before.
3. Give each participant one sample form selected from the forms participants completed during the clinic session. It is preferable to give persons sitting next to each other different forms for different sample children so that they are not influenced by the discussions with the facilitator.
4. Ask the participants to raise their hands when they have completed the form for their sample child. Pick up the form (do not give individual feedback this time).
5. Then, give them a second form. Review the forms as you have time in order to prepare for the final feedback to the group.
6. *If the role play simulation will be included in the assessment of performance:* After participants have completed their forms, one by one ask a participant to play a community health worker, and the partner to play the caregiver. Select a part of the task for the role play. For example, prepare and give an antibiotic, prepare and give ORS solution, advise caregiver on how to give the child home care. Observe the role play. (This may be done by checking back from time to time, while you are picking up and exchanging the forms.)

7. Summarize the exercise by giving group feedback to the participants: what did you see that they did well, which areas are they still having difficulty, how can they improve.
8. Finally, emphasize the importance of their work for the children in the community. They have many tools to use to help them make good decisions. If they take time to complete the recording form systematically, they will not make mistakes. Praise them for all they have learned and their good efforts.
9. Collect the completed forms. Later review them in greater detail to identify the strengths and difficulties of each participant and the group as a whole.

Practise your skills in the community

Before the beginning of the course, you and other facilitators will have decided how to provide supervised practice in the community. Supervised practice means that the participant will interview caregivers, look at children for signs of illness, and refer or treat children, under observation of a skilled supervisor.

The supervisor provides feedback and additional training, as needed, until the participant is able to work independently. Supervision then continues, less frequently, to help participants maintain correct practices and learn from the variety of experiences they face in the community.

There are four examples of models for supervised practice listed in the CHEWs and CORPs Manual:

- The facilitator/supervisor goes to the community and visits families with each participant.
- The facilitator assigns each participant to a health worker who serves as a mentor.
- Course participants meet regularly to practise together and discuss their experiences in the community.
- Participants are assigned to a health worker in a health facility. There they regularly practice identifying danger signs and other signs of illness, assisting the health worker.

During supervised practice in the community, make sure that participants have enough:

- Recording forms—enough for at least 20 sick children, to be reviewed during supervisory meetings
- Referral notes
- ORS packets
- Zinc tablets
- Rapid Diagnostic Tests for malaria
- Antimalarial AL and AA tablets (or packets for two child age groups)
- Antibiotics
- An extra MUAC strap

In some localities, participants will have completed supervised practice in the community after other units of this course. Include the activities that were most useful in the previous community experience.

Providing correct treatment is a difficult and very important task. Before the end of the course, make sure that participants can identify correct doses and select the correct medicine for the signs of illness that children. Help them to depend on the recording forms and other materials to guide their decisions and reduce errors. Then provide sufficient supervision for the skills to be well developed and fixed in the behaviours of the community health workers.

Discuss with other facilitators/supervisors how to address difficulties, which some participants have in caring for children in the community.

Provide sufficient supervision in the community to continue individualized training until the participant is able to work independently.

If the community health worker is not able to provide correct treatment, give the CHEW/CORP another task. For example, the CHEW/CORP may be better able to provide community education, or assist health workers during village health days.

ANNEX A. CARD GAMES

Identify and Treat Childhood Illness

Purpose

- To review the danger signs requiring urgent referral of a sick child to the hospital.
- To review correct treatments—home treatment and pre-referral—for children with signs of illness.
- To assess the community health worker's knowledge of these tasks.

There are two ways to use these cards:

1. **Group discussion.** Use the card sets as recommended in the Facilitator Notes during the group discussion. (Sets 1, 2, 3, and 4 organize cards used in exercises, as described in the Facilitator Notes.)
2. **Individual games.** The cards can also be used in sorting games with individual community health workers, as described in the instructions below. They can be used during free time, for example, when waiting for everyone to arrive in the morning, return from lunch, or return from the clinic. (Use Sets 1, 2, 3, and 4, as needed, for various review games.)

Adapt the games to review knowledge areas, as needed. Use only the cards of signs that have been introduced in the class.

Encourage the community health workers to refer to the recording form to guide them in sorting the cards according to the labels.

Prepare

1. **LABEL CARDS**—copy label cards onto coloured cardboard or paper.
Set 1. Fast breathing
FAST BREATHING and **NO FAST BREATHING**

Set 2. Decide to refer
DANGER SIGN—REFER URGENTLY and **NO DANGER SIGN—TREAT** and **REFER—OTHER PROBLEM**

Set 3. Decide pre-referral treatment (no labels)

Set 4. Decide dose (no labels)
2. **CHILDREN CARDS**—on a different colour cardboard, copy the Children Cards describing children with different signs of illness.

3. Then, cut the cards on the lines to separate them.

Use the blank cards to write additional labels and signs, including **Other Problems**. **Other Problems** include conditions for which the worker has not been trained or the worker does not know how to treat. Other problems also include conditions for which the worker does not have the drug or other means to treat the child.

Once you have started one person on a card game, then that person can teach another, until everyone in the class has played the cards.

TIP: Adjust the game to fit the individuals in the group. Pair the participants by different strengths. One person can read the cards, while the other puts them into stacks.

Game 1: Identify fast breathing

1. Sit at a table with the community health worker. Explain that the purpose of the game is to identify the children with danger signs.
2. Place the LABEL CARDS **FAST BREATHING** and **NO FAST BREATHING** on the table in front of the community health worker. Explain that these are the stack labels for sorting the cards describing the breathing rates of children of different ages.
3. Refer to the first card in the stack of CHILDREN CARDS (Set 1. Identify fast breathing). Ask the community health worker, “Does this child have fast breathing?” Place the card in the correct pile.
4. If the community health worker does not know which stack to put the card in, discuss it. Refer the community health worker to the recording form to find the answer.
5. Ask the community health worker to complete the set of cards sorting each into the correct pile.

Game 2: Decide to refer

1. Sit at a table with the community health worker. Explain that the purpose of the game is to identify the children with danger signs.
2. Place the LABEL CARDS **DANGER SIGN—REFER URGENTLY AND NO DANGER SIGN—TREAT AND REFER—OTHER PROBLEM** on the table in front of the community health worker. Explain that these are the stack

labels for sorting the cards describing children with signs of illness.

3. Refer to the first card in the stack of **CHILDREN CARDS** in Set 2. Ask the community health worker to place the card in the correct pile.

If the community health worker does not know which stack to put the card in, discuss it. Refer the community health worker to the recording form to find the answer.

Game3: Select treatment

Complete the Game 2 above with one or both of these additional steps:

4. For two or three cards in the stack **NO DANGER SIGN—TREAT**, ask the community health worker to tell what home care is needed.
5. For two or three cards in the stack **DANGER SIGN—REFERURGENTLY**, ask the community health worker to tell what needs to be done to assist referral. (Note: For this you can also use the cards in Set 3. Select a pre-referral treatment.)
6. To check the answers, refer participants to the recording form.

SET 1: IDENTIFY FAST BREATHING
LABEL CARDS

FAST BREATHING

NO FAST BREATHING

**SET 1. IDENTIFY FAST BREATHING
CHILDREN CARDS**

1

Chioma

Age 2 years, breathing rate of 45 bpm

1

Ahmed

**Age 4 and a half years, breathing rate of
38 bpm**

1

Jane

Age 2 months, breathing rate of 55 bpm

1

Amina

Age 3 months, breathing rate of 47 bpm

1

James

Age 3 years, breathing rate of 35 bpm

1

Nnamdi

Age 4 months, breathing rate of 45 bpm

1

Joseph

Age 10 weeks, breathing rate of 57 bpm

1

Anitiya

Age 4 years, breathing rate of 36 bpm

1

Biola

Age 36 months, breathing rate of 36 bpm

1

William

Age 8 months, breathing rate of 45 bpm

1

Margaret

Age 3 months, breathing rate of 52 bpm

**SET 2: DECIDE TO REFER
LABEL CARDS**

DANGER SIGN

No DANGER SIGN

REFER TO HEALTH FACILITY

**SET 2. DECIDE TO REFER
CHILDREN CARDS
(SET 2A IS LESS COMPLEX THAN SET 2B)**

2a

**Child age 11 months
has cough for 1 week; he is not interested in
eating but will breastfeed**

2a

**Child age 4 months
has fever for 3 days and is breathing 55
breaths per minutes**

2a

**Child age 2 years
with fever for 5 days, vomits all liquid and
food her mother gives her**

2a

**Child age 3 months
with cough frequently holds his breath while
exercising his arms and legs**

2a

**Child age 13 months
has cough for 3 days and is too weak to eat or
drink anything**

2a

**Child age 3 months,
with cough and fever for 6 days, cannot
swallow any thing**

2a

**Child age 10 months
with diarrhoea vomits ground food but
continues to breastfeed for short periods of
time**

2a

**Arms and legs of child,
age 4 months, stiffen and shudder for 2 to 3
minutes at a time**

2a

**Child age 4 years
has fever and swelling of both feet**

2a

**Child age 6 months
has cough and chest indrawing**

2a

**Child age 8 months
is breathing 58 breaths per minute and
has a red reading on the MUAC strap**

2a

**Child age 10 months
has diarrhoea with 4 loose stools since
yesterday morning**

2a

**Child age 8 months
is breathing 58 breaths per minute and
has a red reading on the MUAC strap**

**SET 2. DECIDE TO REFER
CHILDREN CARDS CONTINUED
(SET 2B)**

2b

**Child age 2 years
has fever for 9 days and yellow reading on
the MUAC strap**

2b

**Child age 4 years
with fever has a burn on both hands**

2b

**Child age 36 months
has had a very hot body since last night**

2b

**Child age 2 years
has fever for 2 days and an earache with pus
draining from his ear**

2b

**Child age 4 years
has diarrhoea for 3 days with loose and
smelly stools with white mucus**

2b

**Child age 4 months
with fever 5 days, has chest indrawing while
breastfeeding**

2b

**Child age 4 and a half years
has been coughing for 2 months and has
diarrhoea**

2b

**Child age 2 years
has fever and an earache with pus draining
from his ear**

2b

**Child age 3 years
has had cough for 5 days and has scabies
sores on his skin**

2a

**Child age 2 years
has had diarrhoea and fever for 2 weeks with
no blood in her stools**

2b

**Child age 18 months
has had cough and a low fever (not very hot)
for 2 weeks**

2b

**Child age 1 year
has had fever and vomiting (not everything)
for 3 days**

SET 3. SELECT PRE-REFERRAL TREATMENT

3

**Lesi (4 year old boy)
Cough for 21 days,
Fever RDT positive**

3

**Amina (2 year old girl)
Cough for 21 days, diarrhoea,
No blood in stool**

3

**Samuel (1 month old boy)
Diarrhoea for 3 weeks, no blood in stool,
fever for last 3 days RDT negative**

3

**Kolawole (3 year old boy)
Cough for 3 days,
Chest indrawing,
Unusually sleepy or unconscious**

3

**Saratu (3 year old girl)
Diarrhoea for 4 days,
Burn on both feet**

3

**Thomas (3 year old boy)
Diarrhoea for 8 days,
Fever for last 8 days,
Vomits everything,
Red on MUAC strap**

3

**Margaret (5 month old girl)
Fever for last 7 days,
Diarrhoea less than 14 days,
Swelling of both feet**

3

SET 4. DECIDE DOSE

4

Chijioke, age 2 years

4

Ahmed, 4 and a half years

4

Jenifer, 3 months

4

A'isha, 8 months

4

Danlandi, 6 months

4

Bukola, 36 months

4

Margaret, 4 years

4

William, 3 and a half years

4

Yusuf, 12 months

4

Andrew, 4 years

4

Elisha, Almost 5 years

4

Peter, 5 months

ANNEX B. Using a thermometer

Copy the box below and distribute to each participant

Take the child's temperature with a thermometer

It is not necessary to take the child's temperature with a thermometer. You can learn to feel the child's body to identify fever.

In places where community health workers have thermometers, however, use these instructions to take the child's temperature.

1. Shake the thermometer down.

Hold the thermometer tightly in your thumb and first two fingers. Shake it quickly downwards with your wrist—bulb side down—several times. Make sure that the mercury shakes down below the end of the scale. Be careful. Don't let the bulb hit anything. It may break.

2. Take the child's temperature.

Put the bulb end of the thermometer deep under the child's arm, in the arm pit (called the axilla). Close the child's arm down by her side, and ask the caregiver to hold the arm closed. Keep the thermometer in the arm pit for 3 minutes.

3. Determine if child has fever.

A temperature of 37.5°C or higher is a fever.



4. Wash the thermometer with room temperature water and soap before using it again with another child.

ANNEX C. Giving a Rectal Artesunate Suppository for a Pre-Referral Treatment

Give a rectal artesunate suppository

If a child has a fever and cannot drink to take an oral medicine, the child is very sick and needs urgent care.

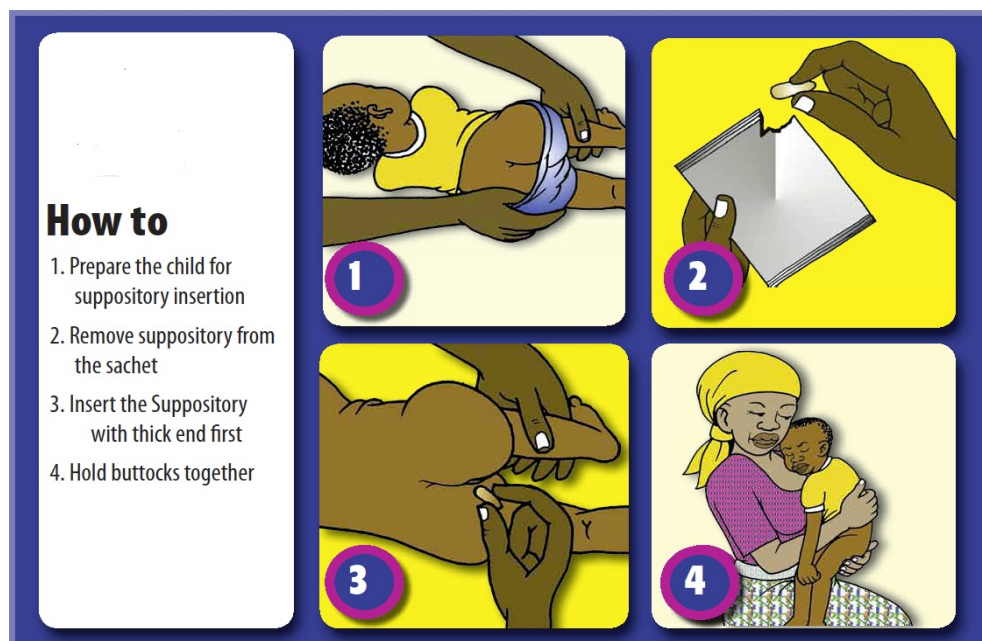
Assist the child's referral to the nearest health facility. Give the child a rectal artesunate suppository to start the treatment while he is on the way.

Give a pre-referral treatment with the artesunate suppository to a child who has fever and:

Convulsions **or**
Unusually sleepy or unconscious **or**
Not able to drink or feed anything
Fever is not responding to ACT
Yellowness of the eyes


Refer to pre-referral box on the recording form for fever for the dosage:

<input type="checkbox"/> If Fever, AND <input type="checkbox"/> Convulsions or <input type="checkbox"/> Unusually sleepy or unconscious or <input type="checkbox"/> Not able to drink or feed anything <input type="checkbox"/> Not responding to ACT	<input type="checkbox"/> Give rectal artesunate suppository (it is stated below according to national guideline on malaria diagnosis and treatment) <input type="checkbox"/> Age 2 months up to 12 months 1 suppository (50mg) <input type="checkbox"/> Age 1 to 5 years— 1 suppository (100mg)
---	---




ANNEX D. Rapid Diagnostic Test for Malaria

How To Do the Rapid Test for Malaria



Collect:


- a. **NEW unopened** test packet
- b. **NEW unopened** spirit swab
- c. **NEW unopened** lancet
- d. **NEW** pair of disposable gloves
- e. Buffer
- f. Timer




Disposable gloves Spirit swab Lancet Timer Buffer Test packet

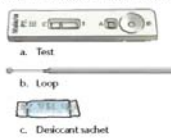
READ THESE INSTRUCTIONS CAREFULLY BEFORE YOU BEGIN.

- 1.** Check the expiry date on the test packet.





Expiry date
- 2.** Put on the gloves. Use new gloves for each patient.



- 3.** Open the packet and remove:





a. Test
b. Loop
c. Desiccant sachet
- 4.** Write the patient's name on the test.



- 5.** Open the alcohol swab. Grasp the 4th finger on the patient's left hand. Clean the finger with the spirit swab. Allow the finger to dry before pricking.



- 6.** Open the lancet. Prick patient's finger to get a drop of blood.



- 7.** Discard the lancet in the Sharps Box immediately after pricking finger. **Do not set the lancet down before discarding it.**


- 8.** Use the loop to collect the drop of blood.



- 9.** Use the loop to put the drop of blood into the square hole marked "A."


- 10.** Discard the loop in the Sharps Box.


- 11.** Put six (6) drops of buffer into the round hole marked "B."




6 drops
- 12.** Wait **15 minutes** after adding buffer.



- 13.** Read test results. (NOTE: Do Not read the test sooner than **15 minutes** after adding the buffer. You may get **FALSE** results.)

14. How to read the test results:


POSITIVE
One red line in window "C" **AND** one red line in window "T" means the patient **DOES** have *kakiparam malaria*.




The test is **POSITIVE** even if the red line in window "T" is faint.




NEGATIVE
One red line in window "C" and **NO LINE** in window "T" means the patient **DOES NOT** have *kakiparam malaria*.



INVALID RESULT
NO LINE in window "C" means the test is damaged.





A line in window "T" and **NO LINE** in window "C" also means the test is damaged. Results are **INVALID**.







If no line appears in window "C," repeat the test using a **NEW unopened** test packet and a **NEW unopened** lancet.

- 15.** Dispose of the gloves, spirit swab, desiccant sachet and packaging in a non-sharps waste container.


- 16.** Record the test results in your CHW register. Dispose of cassette in non-sharps waste container.

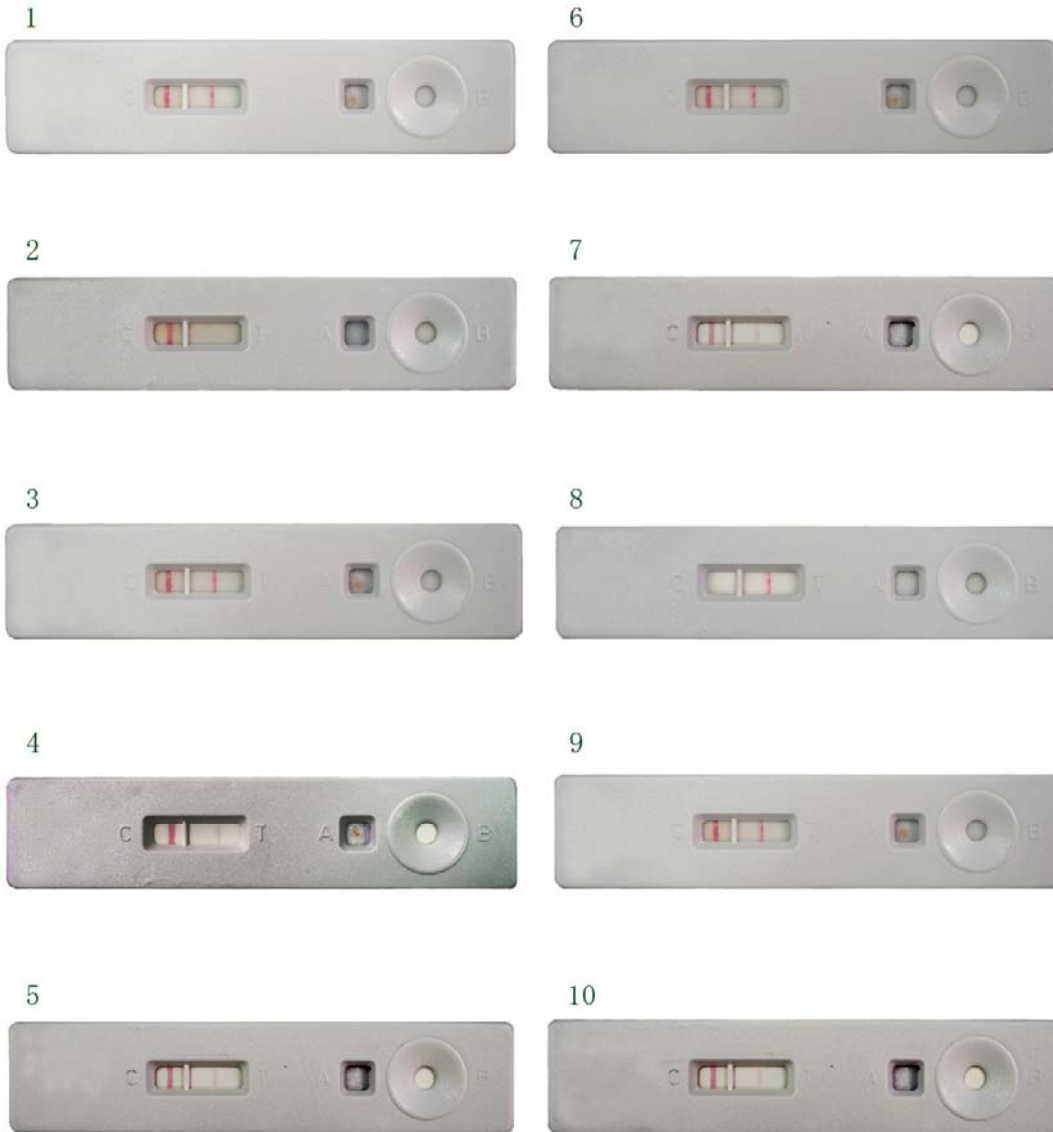


NOTE: Each test can be used **ONLY ONE TIME**. Do not try to use the test more than once.

Rapid Diagnostic Test for Malaria

Sample Results



ANSWER SHEET**Rapid Diagnostic Test for Malaria: Sample test results**

Sample 1	<input type="checkbox"/> Invalid	<input checked="" type="checkbox"/> Positive	<input type="checkbox"/> Negative
Sample 2	<input type="checkbox"/> Invalid	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative
Sample 3	<input type="checkbox"/> Invalid	<input checked="" type="checkbox"/> Positive	<input type="checkbox"/> Negative
Sample 4	<input type="checkbox"/> Invalid	<input checked="" type="checkbox"/> Positive	<input type="checkbox"/> Negative
Sample 5	<input type="checkbox"/> Invalid	<input checked="" type="checkbox"/> Positive	<input type="checkbox"/> Negative
Sample 6	<input type="checkbox"/> Invalid	<input checked="" type="checkbox"/> Positive	<input type="checkbox"/> Negative
Sample 7	<input type="checkbox"/> Invalid	<input checked="" type="checkbox"/> Positive	<input type="checkbox"/> Negative
Sample 8	<input checked="" type="checkbox"/> Invalid (no control line)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
Sample 9	<input type="checkbox"/> Invalid	<input checked="" type="checkbox"/> Positive	<input type="checkbox"/> Negative
Sample 10	<input type="checkbox"/> Invalid	<input checked="" type="checkbox"/> Positive	<input type="checkbox"/> Negative

ANNEX E. FORMS FOR COPYING

Sick Child Recording Form <i>(for community –based treatment of children from birth up to 5 years)</i> Date ____/____/____ (Day /month/year) CHEW/CORP _____		
Child's name: First _____ Family _____ Age: ____ Years ____ Months ____ Days Boy Girl		
Caregiver's name: _____ Relationship: Mother / father/ other _____		
Address, community: _____		
What are the child's problem(s): _____		
Ask the Caregiver	Circle Danger Signs Present	Action
Cough Yes ____ No ____ If cough How long ____ days Breaths in 1 minute ____ Fast Breathing Yes ____ No ____ Chest Indrawing Yes ____ No ____	<ul style="list-style-type: none"> Cough for 14 days Chest indrawing 	
Diarrhoea (3 or more loose stool in 24 hrs) Yes ____ No ____ If diarrhea: How long ____ days Blood in stool Yes ____ No ____	<ul style="list-style-type: none"> Diarrhoea for 14 days Blood in stool 	
Fever (reported or now) Yes ____ No ____ If yes Started ____ days ago	<ul style="list-style-type: none"> Fever last for 7days 	
Convulsions Yes ____ No ____	<ul style="list-style-type: none"> Convulsion 	
Difficulty drinking or feeding Yes ____ No ____	<ul style="list-style-type: none"> Not able to drink or feed anything 	
Vomiting Yes ____ No ____ If yes, vomits everything Yes ____ No ____	<ul style="list-style-type: none"> Vomits everything 	
Sick Newborn (Children 0day up to 2 mo) Yes ____ No ____	<ul style="list-style-type: none"> Any Sick Newborn 	
Look at the child Unusually sleepy or unconscious Yes ____ No ____	<ul style="list-style-type: none"> Unusually sleepy or unconscious 	
For child 6mths up to 5 years MUAC (Strap Colour) _____	<ul style="list-style-type: none"> Red on MUAC 	
Swelling of both feet Yes ____ No ____	<ul style="list-style-type: none"> Swelling of both feet 	
Any other problem Yes ____ No ____	<ul style="list-style-type: none"> I cannot Treat, refer 	
Ask about the child's immunization status Yes ____ No ____	<ul style="list-style-type: none"> Needs immunization 	

Referral note for Community Health Worker: Sick Child

Child's name: First _____ Family _____ Age: __ Years __ Months __ Days Boy Girl
 Caregiver's name: _____ Relationship: Mother /father/ other _____
 Address, community: _____ Time: _____
 Child's problem _____

The child has	Reason for referral (Circle Danger Signs)	Treatment Given
Cough Yes__ No__ If cough How long__ days Breaths in 1 minute__ Chest Indrawing Yes__ No__	<ul style="list-style-type: none"> • Cough for 14 days • Chest indrawing 	
Diarrhoea (3 or more loose stool in 24 hrs) Yes__ No__ If diarrhea: How long __ days Blood in stool Yes__ No__	<ul style="list-style-type: none"> • Diarrhoea for 14 days • Blood in stool 	
Fever (reported or now) Yes_ No__ Started __ days ago	<ul style="list-style-type: none"> • Fever last for 7days 	
Convulsions Yes__ No__	<ul style="list-style-type: none"> • Convulsion 	
Difficulty drinking or feeding Yes __ No__	<ul style="list-style-type: none"> • Not able to drink or feed anything 	
Vomiting Yes_ No__ If yes, vomits everything Yes_ No__	<ul style="list-style-type: none"> • Vomits everything 	
Sick Newborn (Children 0day up to 2 mo) Yes __ No __	<ul style="list-style-type: none"> • Any Sick Newborn 	
Unusually sleepy or unconscious Yes_ No__	<ul style="list-style-type: none"> • Unusually sleepy or unconscious 	
For child 6mths up to 5 years MUAC (Strap Color) __	<ul style="list-style-type: none"> • Red on MUAC 	
Swelling of both feet Yes__ No__	<ul style="list-style-type: none"> • Swelling of both feet 	
Any other problem Yes__ No__	<ul style="list-style-type: none"> • I cannot Treat, refer 	
Ask about the child's immunization status Yes---- No----	<ul style="list-style-type: none"> • Needs immunization 	

Referred to (name of Health facility) _____
 Referred by (name of CHEW) _____ Date ____/____/____
 (Day /month/year)

✂.....**Cut along this line**.....

FEEDBACK FROM HEALTH FACILITY (Please give feedback)

Child's Name:Date

Child's identified problem(s) :

Treatments given and actions taken:

Advice given and to be followed:

Name of attending HW/clinician:

Name of Health Facility:

Signature:

ANNEX F. NOTES ON ADAPTATION

Notes on Adaptation

Different health care systems have different needs for training community health care workers. Community health workers (CHEWs and CORPs) in some countries, for example, must be able to treat diarrhoea, malaria, and pneumonia. CHEWs and CORPs in other countries treat diarrhoea, but refer children with suspected malaria and pneumonia to a health facility.

The materials for this course on *Caring for the sick child in the community*, therefore, come in three generic versions, appropriate for preparing CHEWs and CORPs for different case management tasks. The table below identifies the tasks presented in each of the three available generic versions.

CHEWs and CORPs Tasks Supported in the Generic Versions

Generic Version	Case Management Task							
	Identify signs for referral	Identify chest indrawing and fast breathing	Treat diarrhoea (at home and pre-referral)	Do an RDT for malaria	Treat malaria (or suspected malaria)		Treat pneumonia	
					At home	Pre-referral ¹	At home	Pre-referral
1 Treat diarrhoea, confirmed malaria, and fast breathing (red)	✓	✓	✓	✓	✓	✓	✓	✓
2 Treat diarrhoea, suspected malaria, and fast breathing (blue)	✓	✓	✓		✓	✓	✓	✓
3 Treat diarrhoea and refer all other signs of illness (green)	✓	✓	✓					

Planners should first select the generic version that is most relevant for their efforts to prepare CHEWS AND CORPSs. The materials you are reviewing now, starting with these *Facilitator Notes*, are from **Generic Version 1: Treat diarrhoea, confirmed malaria, and fast breathing**. These materials include the use of a rapid diagnostic test (RDT) for malaria. Materials in the annex provide instructions and an adapted recording form for pre-referral treatment with a rectal artesunate suppository for children with fever who are unable to drink.

Using the appropriate generic version requires minimal additional adaptations to fit the specific characteristics and needs of the local situation. The table below identifies some possible adaptations.

You will notice that the *Photo Book: Identify Signs of Illness* and the DVD demonstrations for identifying signs of illness are the same in all generic versions.

The *Guide for Clinical Practice in the Outpatient Clinic* and the *Guide for Clinical Practice in the Inpatient Clinic* for Versions 1 and 2 are the same. They note only minor differences, depending on whether CHEWs/CORPs can do a rapid diagnostic test (RDT) for malaria. As Version 3 can be taught with fewer clinic sessions, the inpatient and outpatient clinic schedules are quite different from the more complex Versions 1 and 2.

¹ Includes an adaptation annex on pre-referral treatment with a rectal artesunate suppository for a child with fever (and with convulsions, or unusually sleepy or unconscious, or not able to drink or feed).

The most significant differences across generic versions are in the *Manual for the Community Health Worker, Facilitator Notes, Chart Booklet*, and recording and referral forms. Additional instructional DVDs are being developed for specific adaptations to complement the generic versions.

Possible adaptations

Type	From the generic version	To a local adaptation
Other problems	Signs of other problems are referred	Recognize common conditions that CHEWs and CORPs are already treating that may be treatable at home, not referred
Medicine	Zinc for treatment of diarrhoea	Remove zinc, if not available for CHEWs and CORPs to use
	Oral Artemether-lumefantrine (AL) and Artesunate-Amodiaquine (AA) for treatment of malaria	Substitute antimalarial available for CHEWs/CORPs to use
	Oral amoxycillin for treatment of pneumonia	Substitute antibiotic available for CHEWs and CORPs to use
	Packaging and formulations of oral medicine (Oral rehydration salts, zinc, antibiotic, and antimalarials)	Substitute local formulations, dosages, and packaging
Test kits	Rapid diagnostic test (RDT) for malaria	Substitute with locally available RDT kits
Cultural characteristics	Names of children, mothers, and others representing different regions	Use local names
	Addresses representing different regions	Use local addresses
	Photos and drawings representing different regions	Use local photos and drawings
Referral site	Referral to health facility or clinic	Decide where CHEWs and CORPs should refer children
Vaccines	Vaccine schedule	Substitute local vaccine schedule and add vitamin A where it is given routinely
Forms	Sample referral forms	Substitute locally used referral form (and use a local case register for CHEWs and CORPs)