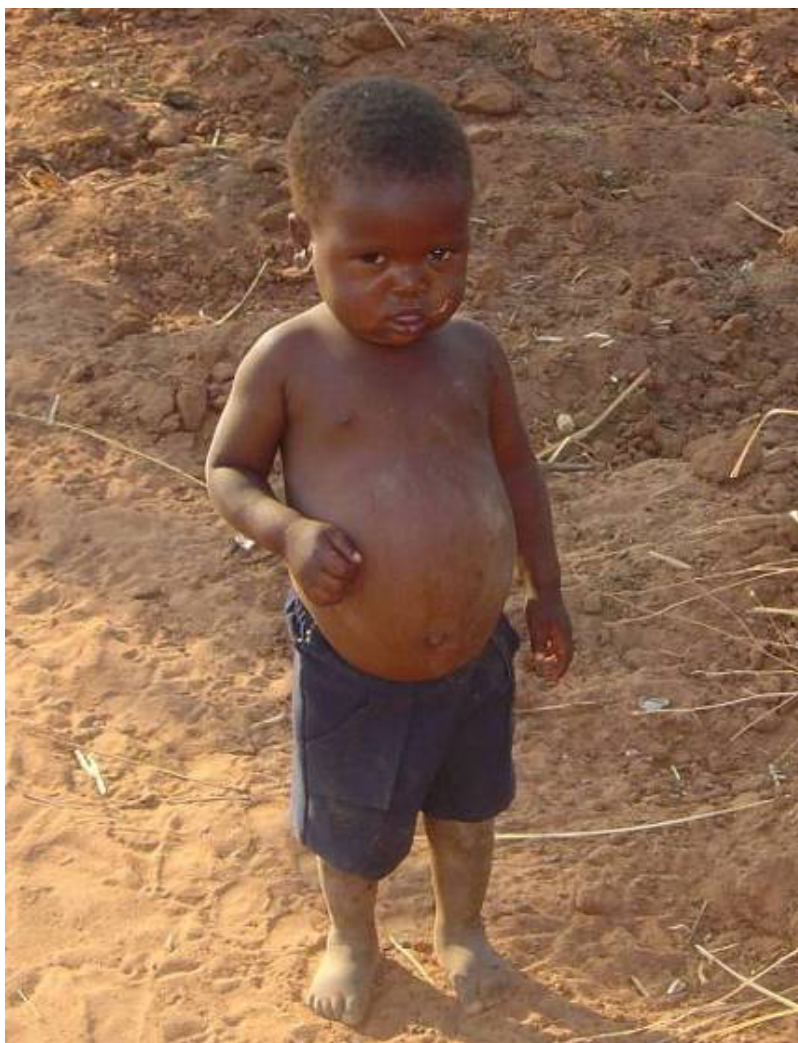




Facilitator Guide

Caring for Newborns and Children in
the Community



Treat Fever, Diarrhoea and Fast breathing



THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH



Uganda Adaptation May 2010

World Health Organization Division of Child Health and Adolescent Health (CAH) and UNICEF developed the *Community Case Management* guidelines. The generic materials have been specifically adapted for Uganda by the Ministry of Health.

INTEGRATED COMMUNITY CASE MANAGEMENT

Caring for Newborns and Children in the Community

Facilitator Guide

Uganda Adaptation

May 2010

World Health Organization and UNICEF

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PART 1: FACILITATOR PREPARATION

(Session A – E)

TRAINING OF FACILITATORS AGENDA

Day 1

08.00 – 09.00	Arrival and Registration
09.00 – 11.00	Introduction to the Training of Trainers workshop
11.00 – 11.30	Tea break
11.30 – 01.30	Session 1A: The Role of Health Worker in ICCM
01.30 – 02.30	Lunch Break
02.30 – 03.30	Session 1B: ICCM Facilitator facilitation
03.30 – 05.30	Session 1C: Learning to facilitate ICCM
	End of day participant evaluation

Day 2

08.30 – 09.00	Feedback day 1
09.00 – 11.00	Session 1D: ICCM Clinical Instructor preparation
11.00 – 11.30	Tea break
11.30 – 01.30	Session 1E: Monitoring during Training
01.30 – 02.30	Lunch break
02.30 – 04.30	Session 1F: Support Supervision
04.30 – 05.30	Session 1: Introduction to the ICCM workshop
	End of day participant evaluation

Day 3

08.30 – 09.00	Feedback Day 2
09.30 – 10.00	Session 2: The Role of the VHT in ICCM
10.00 – 11.00	Session 3: SCJA
11.00 – 11.30	Tea break
11.30 – 01.30	Session 4: Ask the Child's problems
01.30 – 02.30	Lunch break
02.30 – 04.00	Session 5: Identify fast breathing
04.00 – 05.30	Session 6: Identify danger signs
	End of day participant evaluation

Day 4

08.30 – 09.00	Feedback Day 3
09.00 – 12.30	Clinical practice child's problems, fast breathing and danger signs
12.30 – 01.00	Feedback from Clinical session
01.00 – 02.00	Lunch break
02.00 – 03.00	Session 7: Referring a sick child or Newborn
03.00 – 04.00	Session 8: Treat child with no danger signs
04.00 – 05.00	Session 9: Treat cough
	End of day participant evaluation

Day 5

08.30 – 09.00	Feedback Day 4
09.00 – 12.30	Clinical practice child's problems, refer
01.30 – 02.30	Lunch break
02.30 – 04.30	Session 10: Treat Diarrhoea
04.30 – 05.30	Session 11: Treat fever
	End of day participant evaluation

Day 6

08.30 – 09.00	Feedback day 5
09.00 – 11.00	Session 12: Pre-referral treatment
11.00 – 11.30	Tea break
11.30 – 01.00	Session 13: Home care advice
01.00 – 02.00	Lunch Break
02.00 – 03.30	Session 14: Routine newborn care
03.30 – 04.30	Session 15: Medicine Management
04.30 – 05.30	Way forward
	End of workshop evaluation
	Closure

Introduction to the Training of Trainers workshop



Learning Objectives – *by the end of the session, participants will be able to:*

- Describe the purpose of this training
- Explain how this training is organized
- Know each other and why they have been selected for the training

TIME	2 Hours
METHOD	Brainstorming; discussion, buzzing
MATERIAL	Workshop Agenda, flipchart & markers Masking tape and participant registration form, Pre-test form
PREPARATION	Flip chart with training objectives
PROCEDURE	Welcome participants



Explain to the trainees:

- This session is about knowing each other and the reason why we are here
- We need to get introduced to this workshop before we move into the training

1. Knowing each other

You will instruct trainees to pair up, interview and get to know about each other. Ask them to briefly ask each other:



ASK trainees:

- Pair up with the person sitting next to you in the room. You will now get to know about each other. You will ask each other the following:

What is your name?

Where were you born?

Where do you live today?

What is your favourite hobby?

Ask participants to share what they learned about each other? Allow every participant in the workshop to do this. As participants introduce each other, the facilitators should write participants names on flipchart and display it on the wall. Next ask participants to write their names on masking tape to pin o their shirts or dresses

2. Pre-test



Explain to the trainees:

- Some of you have already facilitated other trainings
- We would like to hear your experiences
- It is important for us to know this so that we know where to put emphasis
- Before we would like to invite you to answer some questions
- Remember this is not an examination to judge anyone



ASK trainees:

- Do you have any question at this point?

Distribute copies of the pre-test questionnaire to each participant in the course. Walk around the room to make sure that everyone has understood the task and is not unnecessarily anxious as a result of this test. After everybody has completed the pre-test, collect the forms and inform them that they will now be introduced to the training



Explain to the Trainees:

- This is a training of trainers workshop for Integrated Community Case Management (ICCM)
- You will learn how to teach and supervise Village Health Team (VHTs)
- You will be distributing medicines and supporting VHTs in the communities
- You need to learn how you can teach and on a continuous basis support VHTs to implement ICCM according to the guidelines
- We look forward to this training and learning together

3. Participants workshop expectations



ASK trainees:

- What are your expectations for this workshop?

*Write their responses on a flip chart without repeating similar responses. After everybody has shared **display** on the wall a list of objectives of this workshop so that participants can compare their expectations with these objectives.*



Explain to the trainees:

- We will now compare your expectations and those I have displayed, and tick off the expectations which match with the workshop objectives

Read aloud to the participants each objective displayed on the flip chart



Explain to the trainees:

- To understand the VHT roles and responsibility
- Train VHTs to carry out ICCM roles and responsibilities
- Use the Facilitator Guide to plan and deliver ICCM course for VHT
- Describe the ICCM training and supervision plan for the Village Health Team

Make explanations on the expectations that will not be met during ICCM workshop

4. How this training is organized



Explain to the trainees:

- This is 6 a day training
- It is designed to be participatory with lots of activities and discussion, not lecture method only



ASK trainees:

- How many of you have been trained in IMCI?
- How many of you have conducted trainings for health workers in IMCI?

Ask trainees to pair up, give them 5 minutes to discuss the following issues, write them on small cards and post them on the board

- Some special features of IMCI training
- Challenges encountered in implementing IMCI
- Some solution you have designed to address the challenges

Ask participants to give feedback to the whole group

Discuss with them and make clarifications as need



Explain to the trainees:

- This is an important course
- Everyone is expected to attend for the full course, sessions and also full attendance during clinic practice
- Lunch will be served at (time) everyday in this place.....
- Participant will be reimbursed for travel expenses.....(mention administrative issues and adapt according to need)

Ask participants to volunteer some workshop norms to be observed during the training, which will enable smooth and comfortable learning

Write these on flipchart and keep them hanged in the training room as a reminder

5. Summarizing the session



Ask trainees:

- Do you have any questions so far?

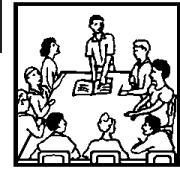
*Using the facilitator summary points in the box below, **READ aloud to the trainees** the bullet points, while checking their understanding of ...*



Facilitator Summary Points:

- You are here to attend this course to be trained as trainers and supervisors of VHT implementing ICCM
- You are expected to attend and complete the whole 6 day course

SESSION A: The Role of the Health Worker in ICCM



Learning Objectives – *by the end of the session, participants will be able to:*

- Explain how the health facility is linked to the VHT
- List the roles of the health facility staff in ICCM

Demonstrate how to use the integrated management of childhood illness guidelines at the health facility

TIME	2 Hours
METHOD	Brainstorming; discussion
MATERIAL	IMCI chart book, wall charts, case studies IMCI technical updates, leaflets on Vitamin A, Child health cards, mother cards, RDT job aid, PCR testing, antibiotic policy for pneumonia, flipchart, markers & masking tape
PREPARATION	Flipchart with VHT ICCM roles and responsibilities
PROCEDURE	



Explain to the trainees:

- This session is about how health facility and VHT relate in ICCM

You need to understand the roles and responsibilities of the health facility to be able to oversee ICCM implementation

1. Health worker ICCM roles versus current ones



Ask trainees:

- What are the current roles of the health facilities in the community?

Possible answers

- Provide outreach services
- Mobilize the community for improved health
- Manage referred patients and give feedback on them
- Work together in managing epidemics or emergencies

- Distribute commodities such as ITNs

Display flipchart with health worker roles and responsibilities in ICCM



Explain to the trainees:

- Health workers will from now on:
- Support communities during selection of VHTs
- Train and supervise VHTs
- Replenish drug stocks for VHTs
- Manage sick children referred by the VHTs
- Summarize and integrating records of VHT into HMIS
- Investigate and follow up reported adverse drug reactions
- Advocate for ICCM



Ask trainees:

- How do you plan to realize these new role

Possible answers

- Assign a focal person
- Involve other workers in the health unit to do some tasks e.g. following up VHTs in the community
- Reorganize the clinic and provide storage facilities for the drugs
- Introduce a triage system to see patients referred by the VHT quickly
- Hold regular meetings with VHTs at the health units
- Draw village maps to identify VHTs under their catchment



Explain to the trainees:

Health workers are expected to:

- Support communities during selection of VHTs
- Facilitate trainings and supervise VHTs

- Ensure close relation between health facilities and communities
- Be accountable for the VHT activities in their catchment
- Be a role model for the VHTs



Ask Trainees:

- Do you have any questions so far?

2. Integrated Management of Childhood Illness (IMCI) guidelines



Explain to the trainees:

- IMCI was designed to build on the treatment at the health facility for malaria, diarrhoea and pneumonia
- Health workers use the IMCI guidelines to manage sick children
- Some of you have had this training but others may not
- We will begin by reminding ourselves on IMCI guidelines

To set the stage and to get to know more about IMCI implementation in the facility, probe the health workers with the following questions



Ask trainees:

- How many of you are trained in IMCI?
- When were you trained?
- After training did you receive follow-up/ support supervision?
- Since training how has IMCI been implemented in your unit?
- Do you use IMCI chart booklet while managing children < 5 yrs?
- What is the added value of IMCI?
- What are the challenges?

When the discussion is finished, tell the participants that they should get ready to begin with the second step of refreshing themselves on how to use IMCI guidelines



Explain to the trainees:

- Review the IMCI chart
- Review some cases

Ask one participant to briefly review IMCI case management process using the wall charts while other participants are listening and taking notes if necessary. Ensure that following points come out:



Explain to the trainees:

Pointing to or walking to each of the charts on the wall as the title is mentioned

The case management process is described on 4 charts:

**Assess and Classify
the Sick Child**

Treat the Child

Counsel the Mother

- The 3 charts are used for the children age 2 months up to 5 years
- Management of the young infant age 1 week up to 2 months is somewhat different from older infants and children. It is described on another chart:

**Assess, Classify and
Treat the Sick
Young Infant**



Explain to the trainees:

- To use the charts, you first decide which age group the child is in:
 - Age 1 week up to 2 months OR
 - Age 2 months up to 5 years
- If the child is 2 months up to 5 years, select the chart **Assess and Classify the Sick Child Age 2 Months up to 5 Years**
- If the child is aged 1 week to less than 2 months of age, use the chart **Assess, Classify and Treat the Sick Young Infant**.



Ask trainees:

- Do you have any questions so far?

3. IMCI practice exercises

Distribute handouts case studies (the module “Assess and Classify the Sick Child Age 2 Months up to 5 Years” Exercise R).



Explain to the trainees:

- *Read the following four case studies individually*
- *Case 1 Dan, Case 2 Lillian, Case 3 Jamilla and Case 4 Tereza*
- Use the entire process as described on the **Assess & Classify and Treat** chart
- Record the findings, classification and required treatment in your note book

Compare the participant’s answers to those on the answer sheet provided in the annex.

*Discuss each case with the group making sure the participants understand the steps on the **Assess & Classify and Treat** chart*



Ask trainees:

- How do you decide if the child has fast breathing?
- What if the child was 8 months old instead of 18 months old?

- How would you classify this child if he had fever?
- How would you classify this child's cough if he had chest indrawing?



Explain to the trainees:

- For Lillian's OPV2 should be repeated because she has diarrhoea
- You only need to note the immunizations the child needs today
- For Tereza you only need to note the immunizations she needs today
- Tereza will be referred for a severe classification and the decision to immunize will be made by health staff at the referral site. Referral is not delayed

At the end of the session, gather the participants together and lead a discussion of any issues that could have risen in the process of the exercise.

4. Summarizing Assess and Classify sick child charts

*Summarize Assess and Classify with the participants using the **Assess & Classify** charts. Point to the following issues*



Explain to the trainees:

- In assessing and classifying the sick child you
- Ask the mother about the child's problem
- Check for general danger signs
- Ask the mother about the four main symptoms:
 - Cough or difficult breathing
 - Diarrhoea
 - Fever
 - Ear problem
- When a main symptom is present:
- Assess the child further for signs related to the main symptom.
- Classify the illness according to the signs that are present or absent
- Check for signs of malnutrition, anaemia and classify the nutritional status

- Check the immunization status and decide if the child needs any immunizations today
- Check the Vitamin A supplementation status in children aged 6 months or more and decide if the child needs supplementation today
- Check the de-worming status in children aged 1 year or more and decide if the child needs de-worming today
- Assess any other problems



Ask trainees:

- Do you have any questions about assessing and classifying sick children aged 2 months up to 5 years

5. Summarizing Identifying Treatment

*Summarize Identify Treatment with the participants using the **Identify Treatment** charts. Point to the following issues*



Explain to the trainees:

- After classifying the child's illness, identify the necessary treatments
- In some instances, the very sick child will need referral to a hospital for additional care. Begin urgent treatments before the child's departure.

Using the chart to describe the following skills:



Explain to trainees:

- For patients who need urgent referral:
 - Identify the urgent pre-referral treatments
 - Explain the need for referral to the mother
 - Write the referral note



Ask trainees:

- Do you have any questions about identifying treatment

6. Summarizing Treat the Child

*Summarize Treat the Child with the participants using the **Treat the Child** charts. Point to the following issues*



Explain to trainees:

- Don't forget **to teach the mother** to continue giving treatment at home
- Determine the appropriate oral drugs and dosages for a sick child
- Give oral drugs (including antibiotics, antimalarials, vitamin A etc) and teach the mother how and when to give oral drugs at home
- Treat local infections (such as eye infections, ear infection, mouth ulcers, sore throat and cough), & teach the mother how to give treatments
- Check a mother's understanding.
- Give drugs administered in the clinic only
- Prevent low blood sugar
- Treat different classifications of dehydration, and teach the mother about extra fluid to give at home
- Immunize children

7. Summarizing Counsel the Mother charts

*Summarize Counsel the Mother with the participants using the **Counsel the Mother** charts. Point to the following issues*



Explain to trainees:

- For many sick children, assess feeding and counsel the mother about feeding
- For all sick children going home, advise the mother when to return for follow-up visits and teach her signs that mean to return immediately for further care
- Refer to the recommendations on FOOD, FLUID, and WHEN TO RETURN on the chart titled "Counsel the Mother"
- Focus on (1) giving relevant advice to each mother (2) using good communication skills and (3) using a **Mother's Card** as a communication tool

- The *COUNSEL* chart describes how to:
 - Assess the child's feeding.
 - Identify feeding problems.
 - Counsel the mother about feeding problems.
 - Advise the mother to increase fluid during illness.
 - Advise the mother
- Advise the mother
 - When to return for follow-up visits.
 - When to return immediately for further care.
 - When to return for immunization



Ask trainees:

- What are some of the communication skills you learnt during the IMCI training course

Possible answers

- **Asking the mother questions** to determine how she is feeding her child
- **Listening carefully to the mother's answers** so that you can make your advice relevant to her
- **Praise** the mother for appropriate practices and **advising** her about any practices that need to be changed
- **Using simple language** that the mother can understand
- **Asking checking questions** to ensure that the mother knows how to care for her child at home

8. Summarizing Follow Up sick child charts

*Summarize Follow Up with the participants using the **Follow Up** charts. Point to the following issues*



Explain to the trainees:

- Some sick children need to return to the health worker for follow-up
- At a follow-up visit, you should do different steps than at a child's initial visit

- Treatments given at the follow-up visit are often different

Children, who have returned immediately to the clinic because they became sicker, should be assessed as at an initial visit

- Deciding if the child's visit is for follow-up
- If follow-up assess signs in the follow-up box for the previous classification
- Select treatment based on the child's signs
- For any new problems, assess and classify them as in an initial visit
- Ask the mother about the child's problem



Explain to the trainees:

- Some children will return repeatedly with chronic problems that do not respond to the treatment that you can give
- E.g. children with AIDS may have persistent diarrhoea or repeated episodes of pneumonia. Refer these children to hospital when they do not improve
- If a child who comes for follow-up has several problems and is getting worse, REFER THE CHILD TO HOSPITAL
- Also refer the child to hospital if a second-line drug is not available, or if you are worried about the child or do not know what to do for the child.
- If a child has not improved with treatment, the child may have a different illness than suggested by the chart. He may need other treatment.



Ask trainees:

- Do you have any questions about follow up

9. Summarizing Management of the Sick Young Infant charts

*Summarize Management of the Sick Young Infant Age 1 Week up to 2 Months with the participants using the **Management of the Sick Young Infant Age 1 Week up to 2 Months** charts. Point to the following issues*



Explain to the trainees:

- The process is very similar to the one for managing the sick child age 2 months up to 5 years
- All the steps are on one chart:
 - Assess
 - Classify
 - Treat
 - Counsel the mother
 - Follow-up.
- Young infants have special characteristics that must be considered when classifying their illness
- They can become sick and die very quickly from serious bacterial infections.
- They frequently have only general signs e.g. few movements, fever, or low body temperature
- Mild chest in drawing is normal because their chest wall is soft



Explain to trainees:

- Assess, classify and treat the young infant somewhat differently than an older infant or young child
- The *YOUNG INFANT* chart lists the special signs to assess, classifications, and treatments for young infants
- This chart describes the following tasks:
 - Assess and classify a young infant for possible bacterial infection.
 - Assess and classify a young infant with diarrhoea.
 - Assess feeding problem, low weight, breast-feeding, classify feeding.
 - Treat a young infant with oral or intramuscular antibiotics.
 - Giving fluid for treatment of diarrhoea.
 - Teach the mother to treat local infections at home.
 - Teach correct positioning and attachment for breastfeeding.
 - Advise the mother how to give home care for the young infant.

10. Update on new policies and treatment protocols

Up-date the participants on new policies and treatment guidelines.



Explain to trainees:

Distribute leaflets/job aids to each participant and lead a discussion on the following areas

a) Newborn chart

- Inclusion of young infant who is less than 1 week of age
- WHO/UNICEF joint statement on community treatment of pneumonia

b) HIV in children

- Suspecting HIV from clinical signs
- Classifying possible HIV infection
- Diagnostic test – PCR

c) Vitamin A supplementation

- National Policy and schedule for children under five years of age
- Supplementation of post-partum mothers within 2 months of delivery
- Treatment recommendations

d) Diarrhoea

- Facts on Zinc
- Zinc supplementation
- Low osmolar ORS

Distribute child health cards to each participant and lead a discussion

e) Immunization

- New vaccines and schedules
- How to read and interpret the card

f) Growth promotion and monitoring (GPM)

- New growth curves (New child health card)
- Difference in curves for males and females

Distribute the mothers' cards to all participants and one of them leads a discussion on:

g) Nutrition counselling using mothers' card

- Recommended feeding for different age groups
- Feeding in an HIV exposed infant

h) Malaria treatment

- New drug policy
- Pre-packaging and color-code
- RDTs job aid

i) De-worming

- Child days supplementation

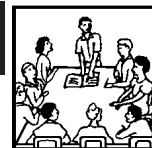
*Using the facilitator summary points in the box below, **READ aloud to the trainees** the bullet points, while checking their understanding of ...*



Facilitator Summary Points:

- Health facilities have a big role to play in ICCM
- Health facility are responsible for HMIS data from VHT
- Health facility staff should be training in IMCI before ICCM
- It is important to know new updates on policy and guidelines

SESSION B: ICCM facilitator preparation



Learning Objective: By the end of the session, participants will be able to:

- Describe what ICCM training aims to achieve
- Explain the learning approach used for VHT training on ICCM
- Explain how an ICCM course is planned for and organised

TIME	1 Hour
METHODS	Brainstorming and Group discussion
MATERIALS	List of essential training materials and equipment, training schedule for VHTs and the TOT
PREPARATION	Flip chart with ICCM- TOT workshop objectives
PROCEDURES	



Explain to the trainees:

- This session is about preparing trainers or facilitators for the ICCM course
- You need to learn how to do this so that you can organize and train VHTs in your catchment area when you return home.

1. Learning Approach in ICCM



Explain to the trainees:

The ICCM training package, which involves building skills for treating cough, diarrhea and fever and doing postnatal home visits in the community is built around:

- Teaching through classroom session to build knowledge and skills
- Teachings through practice on sick children in clinic setting
- Motivating people to learn and always refer to the Sick Child Job Aid (SCJA)
- Minimal reading, there are no handouts for trainees beside the SCJA and the ICCM VHT register
- You need to learn how to teach all these things _



Explain to the trainees:

In each session, facilitators are responsible for:

- Providing the participants with relevant ICCM information
- Use examples of sick children to teach participants
- Setting up learning environment to allow active learning and gain confidence

2. Logistics and planning for the training



Explain to the trainees:

It is important to:

- Know in advance the list of items or materials needed for the training
- Establish the number and selection of the VHTs to be trained
- Establish the number of facilitators who will teach (should be 1 facilitator per 6 VHTs)
- Arrange the training sites so that there will be enough patients

Inform the participants that each facilitator should have 5 - 6 VHTs in order to provide attention to each individual trainee.

Distribute copies of the list of essential materials and equipment for an ICCM course (annexII) to each participant in the course. Run them through the list (See page 153) reading aloud. Move around the room to make sure that each participant is following



Ask the trainees:

- How many VHTs in your community have not received ICCM training?
- How many facilitators can be available to train ICCM in your facility?
- Which of the training materials listed are in your health facility?

Write down the responses on a flip chart without repeating similar responses. Discuss likely problems with fulfilling the requirements for ICCM training and possible solutions.

3. Running and managing the course

Lead a discussion for the group and ask participants to volunteer answers on things which contribute to a successful and well managed training course. List participants' responses on a flip chart



Ask trainees:

What are likely problems in ensuring that a course is well managed?

Possible answers

- Participants reporting on time
- Having enough training materials for each trainee
- Trainers being well prepared to do their roles
- Meals and teas for participants.



Explain to the trainees:

- It is important to assign a facilitator who will be the course director
- Also assign one to be responsible for arranging sick children for practice
- Assign a participants as team leader to liaise with during the training
- Facilitators should meet daily to reflect on days activities
- Monitor daily what participants are covering and how they are learning
- Complete all the course materials in the 6- day of the training

Distribute copies of the ICCM training agenda to each participant in the course. Run them through the training agenda (page 4&5) reading aloud. Move around the room to make sure that each participant is following



Explain to the trainees:

- Table 1: shows amount of time and preferred topics we covered in this course
- Table 2: shows how we alternate between clinical and classroom

Table 1: Scheduling of topics covered in the course

Topic area	Days
Introduction to the workshop	1
Finding out the child's problems	1
Identify fast breathing and danger signs	2
Deciding to refer and how to refer	3
Treating children with no danger signs	4&5
Advising on home treatment	5&6
Drug management	6
Way forward and workshop evaluation	6

Table 2: Scheduling of topics covered in the course

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
Morning	Class	Clinic	Clinic	Clinic	Clinic	Clinic
Afternoon	Class	Class	Class	Class	Class	Class

**Ask the trainees:**

- Do you think this kind of schedule will be feasible for training at your health facility?
- How do you plan to reduce time wastage during training?

Run them through the schedule of the VHT training and discuss the topics, activities and time allotted to each topic (See page 154)

**Ask the trainees:**

- What was new in the session?

4. Summarizing the session



Ask trainees:

- Do you have any questions so far?

Using the facilitator summary points in the box below, READ aloud to the trainees the bullet points, while checking their understanding



Facilitator Summary Points:

- VHTs are expected to work closely with the health facility
- ICCM introduces new roles for VHT and you need to plan how you will train and supervise them to be able to implement according to the guidelines
- It is important to plan early and know what is required before the training

SESSION C: Learning to facilitate ICCM



Learning Objective: By the end of the session, participants will be able to:

- Explain the importance of adult learning approaches to training on ICCM
- Describe the adult learning methods in ICCM training

TIME	2 ½ Hours
METHOD	Demonstration, brainstorming and small group discussion
MATERIALS	Flipchart & markers, pencils, masking tape, Copies of the Facilitator's guide
PROCEDURE	



Explain to the trainees:

- This session is about how adults learn
- You need to learn these methods so that you can use them during the VHT trainings

1. The role of a facilitator



Ask trainees:

- How do adults learn compared to other trainees?

Write their responses on a flip chart without repeating similar responses.



Explain to the trainees:

- Your main role as a facilitator is to facilitate learning new knowledge & skills
- But also as important, you have to motivate trainees to learn
- Adults learn differently and under different environments
- When training adults you often need to approach them differently



Ask trainees:

- What obstacles do you expect to face when training VHTs ?

Have a trainee volunteer to write the responses on a flipchart. Discuss the responses

Possible answers

- Language barriers
- Participants not being able to understand medicines
- Participants getting tired
- Participants not being interested in the subject taught
- Elderly VHT who have their own experiences and beliefs



Ask trainees:

- What can make adults learn better?
- How can we overcome some of these challenges?

Possible answers

- Training that is relevant for them
- Learning goals are clear for them
- Training which is participatory
- Respecting their participants' answers
- Allow participants to share their experiences



Explain to the trainees:

- You will learn about some methods for adult learning
- We will be discussing what they are, their importance and how to use them

2. How to apply adult learning methods

Adult learning methods are built around certain features:

- Build on what trainees know already
- Allow them to participate rather than just lecture them
- Problem solving rather than having one solution
- Trainees applying the new skills immediately
- Reinforcing knowledge as the course unfolds



Explain to the Trainees:

- There are many methods, which can be used to transfer knowledge to adults
- Throughout this training, adult learning methods are applied in many ways
- We will go through some of them one by one

3. “Group Discussion”

Ask participants to describe the meaning of a group discussion, its importance and how it is done.



Explain to the trainees:

- **Meaning:** This is when a several participants interact actively to dialogue on an issue or subject matter. This method is employed to obtain the views of ALL members in a quicker way.
- **The importance of this:** It provides opportunity for everyone to participate in the discussion. It makes everyone feel that he is contributing to the goal of progress and that his contribution is being recognized. It helps to promote participation and especially in the afternoon sessions when VHTs seem tired
- **How it is done:** While in the group participants discuss a given task in a given time. The group should have about 8-10 participants. A participant is selected to chair the discussion and another one to report in plenary

4. “Brain Storming”

Ask participants to describe the meaning of Brain Storming, its importance and how it is done



Explain to the trainees:

- **Meaning:** This is *a technique of attacking – literally storming* – a problem to achieve the maximum number of ideas in the shortest possible, either in a large or small group discussion. It stimulates the creative ability of the members.

It is essential that the ideas produced go unchallenged in terms of their practicability – ideas first, criticism later.

- **The importance of this:** It breaks down the formality of meetings that tends to force shy members into deeper silence. Everyone has a “say.” It is also good practice for a member to stand up and speak. It therefore helps to promote participation and improves creative powers, saves time and improves communication between people
- **How it is done:** Ask a question and then call on a participant to give their answers and they are written on a flipchart. Have comments at the end of brainstorming after 3 or 4 answers

5. “Small Group Work”

Ask participants to describe the meaning of small group work, its importance and how it is done.

- **Meaning:** This is when few members form a team, which provides an ideal learning and review of experiences among members.
- **The importance of this is:** that everyone gets an opportunity to contribute
- **How it is done:** *You will divide participants into two small groups by counting 1, 2 assign them tasks a task to discuss things which should be avoided when facilitating learning. Give them 5 minutes and move from group to group to observe the way they are doing the work. Ask them to then present in plenary.*

Possible answers

- Avoid using bad facial expressions when providing feedback
- Avoid using technical vocabularies
- Avoid being too much of a showman
- Do not talk too much, allow participants to talk
- Do not be nervous or worried about what to say next.



Explain to the trainees:

It is important during facilitation to:

- Learn participants' names as quickly as possible
- Speak clearly and slowly enough for all to hear
- Use understandable language
- Write clearly on the flipchart
- Use visual aids when you can
- Be concerned, attentive, interested
- Provide guidance and support during group work
- Make the training dynamic and participatory

6. “Demonstration”

Ask participants to describe the meaning of demonstration, its importance and how it is done.

- **Meaning:** This is when trainees are shown what they will do before they are given instructions on what you want to be done and observing and make comments at the end of the demonstration
- **The importance of this:** It helps the facilitator to make clear what she/he wants participants to do. It helps the learners to grasp the skills
- **How it is done:** After explaining what you are going to do call participants to attention as you go through a procedure making sure that everybody is able to see. Then invite participant to do exactly what the facilitator has done without depending on the trainees past experience.

7. “Visual aids”

Ask participants to describe the meaning of visual aid, its importance and how it is done.

- **Meaning:** This is when you show things that are being learnt e.g. using video clips, wall charts, job aids
- **The importance of this:** People see and remember because they can listen and forget.
Remind trainees that during the course they will use more visual aids to aid learning
- **How it is done:** Prepare the material before the session. Tell participants what the visual aid is supposed to depict. Check to ensure understanding

8. “Role Plays”

Ask participants to describe the meaning of role play, its importance and how it is done.

- **Meaning:** This is when you do small games to bring out the real situation
- **The importance of this:** It helps the participants to learn by doing
- **How it is done:** Asking volunteers to play roles of patient and VHT. Give scenario and ask other participants to observe and make comments at the end of the role play



Ask trainees:

- Do you have any question concerning the methods we have just learnt?

9. Using facilitator’s techniques during session delivery;

You will now tell participants that they will now use some of these methods to be able to deliver the sessions efficiently



Explain to the trainees:

- **Always introduce a session** as the first step to make participants understand the session

and the information is linked to learning objectives

- **Work with a co-facilitator** to help each other and work as a team. You can work together to lead a discussion, do a demonstrations, record information on the flipchart, observing participants during small group work and operate the video player
- **When conducting a video exercise** always ensure that all video gadgets are available; you watch video before the session; you introduce participants to the activity to be done during the exercise; during the video, watch participants if they are following; at the end of the video conduct a short discussion emphasizing the key points
- **When writing on a flipchart, write** clearly and in readable letters
- **When leading oral drills,** tell participants about the activity; read the question and call on a participant to answer and continue until everyone has participated

Distribute copies of session 1C which you have just been teaching and use this to explain the lay out of sessions in the facilitator guide. Move around the room as you run them through to make sure that each participant is following



Explain to the Trainees:

Sessions in the facilitator guide have a standard lay out including the following areas:

- **Learning objectives** is the output of the training included what the participant would be able to know or do after using the methods of learning specified in each session to give the instructions on ICCM
- **Note:** The learning objectives are meant for the facilitator and should not be read out to the VHTs. The objectives to be read to the VHT have been simplified and are presented as a first explanation when you embark on the procedures for training
- **Time** is the duration of each session
- **Training Method(s)** are the mechanism used to impart knowledge and skills e.g. Brainstorming
- **Materials needed** is the lists of resources to be brought to the session
- **Preparation** is what needs to be at hand before the session begins e.g. visual aids
- **Procedure** are the step-by-step guidance for the trainer(s) on how to teach the session



Ask trainees:

- Do you have any question concerning the structure of the sessions



Explain to the trainees:

Some additional things to note on the guide are:

- The information in ***italics*** describes what the trainer should do. Do not read out loud for the trainees
- The information which is underlined and numbered (1.Approaches in ICCM) is a sub-heading don't read it aloud to participants
- Bolded text (Explain to VHTs, Ask the VHTs) these are facilitator's instructions, don't read them out to participants. Only read the bulleted points below as they are

Possible answers don't read them before participants' responses. Match them with participants' responses, and read only those left out

- **Facilitator's summary points should be read out to participants at the end of the session to capture key messages in the session.**

We will practice this more in later sessions.



Ask trainees:

- What was new in the session?
- What is the importance of using adult learning skills?
- Give examples of adult facilitation methods

10. Summarizing the session



Ask trainees

- Do you have any questions so far?

Using the facilitator summary points in the box below, READ aloud to the trainees the bullet points, while checking their understanding



Facilitator Summary Points:

- It is important to use adult facilitation skills during VHTs training course
- Follow cues in the session material on how to use these methods
- Allow enough preparation and review the session the day before you are expected to teach
- Refer to your guide for instructions to use ICCM training methods

SESSION D: ICCM clinical instructor preparation



Learning Objective: By the end of the session, participants will be able to:

- Describe what a clinical ICCM training session aims to achieve
- Explain the learning approach used for clinical ICCM session
- Explain how a clinical session for ICCM is planned for and organised

TIME	1 hour
METHOD	Brainstorming and Group discussion
MATERIALS	Copies of Facilitator's guide, list of clinical session materials and equipment, clinical session schedule, Sick Child Job aid, ICCM VHT Register, referral forms, drugs
PROCEDURE	



Explain to the trainees:

- This session is about learning how to prepare and organize clinical sessions for participants to practice using their skills with real sick children and newborns
- You need to know about the learning approach so that you can give guidance to VHTs in mastering the clinical skills when they go to the clinics

1. Learning approach in clinical sessions



Explain to the trainees:

The clinical session teaching is built around:

- Observing each participant working with his assigned patient. Providing positive feedback as needed, always motivating learning by mentioning steps the participant does well and give additional guidance when improvement is needed.
- Asking participants to present the case to you, while referring to their job aids to see if he is able to use the job aid correctly to determine the child's problem and treatment
- Emphasizing that participants see as many children as possible during the session, and at anytime during any session, demonstrating any infrequently seen sign you come across
- In the entire course, reinforcing the use of good communication skills. Discuss words that mothers understand for terms used on the charts.



Ask trainees:

- What challenges lay people might have managing a patient for the first time
- How one can support lay workers to acquire skills in caring for patients



Explain to the trainees:

In each session, clinical instructors or facilitators are responsible for:

- Demonstrating the case management skills described in the job aid, exactly as participants should do them when they return to their own health facility.
- Being available to observe the participants' progress throughout the outpatient sessions, answer questions and provide feedback and guidance as needed.

2. Logistics and planning for the training



Explain to the trainees:

It is important to:

- Know the list and prepare materials for the clinical session
- Meet with clinic staff to confirm all administrative and logistical arrangements made in advance
- Identify enough children and newborns who are appropriate for the clinical session as they come into the outpatient department
- Make sure that a regular clinic staff member such as a nurse has been identified to assist with the clinical practice activities
- For each facilitator to be assigned a specific number of trainees to work with during the clinical session



Ask trainees:

- List training materials and equipment for ICCM clinical sessions
- How they will find adequate cases of sick children for the trainees to see
- Who will be the focal person for clinical sessions at the health facility

Write down the answer for each set of trainees from a specific health unit. Discuss likely problems with fulfilling the requirements for ICCM training and possible solutions.

Distribute copies of the list essential materials and equipment for an ICCM course for 24 participants and four facilitators. Run them through the list one by one and discuss the items and where they will be got. Move around the room to make sure that each participant has gone through the list.

3. Running and managing the clinical sessions



Explain to the Trainees:

- Make sure you have brought the relevant supplies to each day's session.¹
- Participants are explained what will happen during the session and the skills they will practice
- Before participants practice a clinical skill for the first time, they should see a demonstration of the skill. Review the case management steps that will be practiced in that day's session and show where the steps are located on the job aid.
- Assign patients to participants. It is best if participants work individually
- Ask the participant to present the case to you and see how they refer to the job aid to tell the child's main symptoms, signs, and classification
- Discuss the case with the participant and verify the assessment and classification of the case. Provide specific feedback and guidance as often as necessary.

Distribute copies of an ICCM schedul (see annex III). Run them through the case management steps day by day and discuss the steps.



Ask trainees:

- Whether clinical sessions will be feasible for their training sites
- How they will ensure successful trainings



Explain to the trainees:

- It is important that the time allocated for the clinical sessions is not reduced or instead used for completing classroom sessions
- It is important that all the case management steps and illness signs are seen during the clinical practice

¹

Table below documents the cumulative amount of time spent on the topics

Case management steps	Minimum hours
Ask the caregiver and child's problem	8
Ask and look for danger signs and refer	6
Treat and advise on pre-referral treatment	4

DAY 2	DAY 3	DAY 4	DAY 5
Sick child	Sick child	Sick child	Sick child
	Newborn	Newborn	Newborn

4. Summarizing the session



Ask trainees

Do you have any questions so far?

Using the facilitator summary points in the box below, READ aloud to the trainees the bullet points, while checking their understanding



Facilitator Summary Points:

- ICCM clinical session emphasizes participants practicing on as many children as possible to gain confidence and skills in managing sick patients
- Facilitators being available to observe the participants' progress throughout the sessions, answer questions and provide feedback and guidance as needed.
- In the entire course, reinforcing the use of good communication skills. Discuss words that mothers understand for terms used on the charts.

SESSION E: Monitoring during training



Learning Objectives – by the end of this session participants will be able to:

- Describe types of monitoring done in ICCM training
- Describe how to use the tools for monitoring
- Explain how to interpret and use training monitoring information

TIME	2 Hours
METHOD	Group discussion, demonstration and brainstorming
MATERIALS	SCJA (enlarged chart), enough copies size A4 SCJA, VHT register Checklist: group clinical signs, checklist for monitoring clinical sessions, daily participant evaluation, pre/post test, end of course evaluation and training report format Flipchart & markers, pencils, masking tape and practice child cards.
PREPARATION	Flip chart with written training objectives.
PROCEDURE	



Explain to the trainees:

- This session is about checking to see whether a training is running as planned
- You will need to know this so that you can make correction early enough

1. Monitoring approach in ICCM:



Explain to the trainees:

The monitoring during ICCM training is built around assessing

- Learners ability to comprehend materials used for training
- Transfer of knowledge and skills during training
- Quality of training course
- Learners satisfaction with the training

This entire course uses an approach in which facilitators identify problems and provide corrective action to support learning



Ask trainees:

- Why is it important to monitor a training course?
- How can you monitor the training course?

Possible answers

- For participants to learn well
- You don't waste time and other resources
- Participants are comfortable



Explain to the trainees:

In each session facilitators will be responsible for:

- Recording information about the course and participants
- Receiving feedback from trainees
- Giving feedback to trainees and other facilitators



Explain to the trainees:

- There are many tools which can be used to monitor ICCM trainings
- They are used at the beginning, within and at the end of training

2. Group clinical signs seen

*Display the enlarged group **clinical signs checklist** and point to each sign in a box as you read aloud.*



Explain to the trainees:

- This tool is used all through out the training
- Its meant for daily clinical signs seen by participants in the clinical session
- Participants write their initials in the boxes under the different signs seen

- Boxes with few initials indicate: they have not seen enough of the signs
- Boxes with many initials indicate: they have seen enough of the signs
- The same chart is filled through out the course

Distribute a copy of the group clinical signs checklist to each participant



Explain to the trainees:

- How will you indicate that you have seen the following signs during the clinical session?

Allow the trainees to practice filling their initials on the checklist that has been placed on the wall. Practice using child cards with clinical signs as the other participants agree with the decision made

3. Checklist for monitoring clinical session

Distribute a clinical case monitoring form to each participant. Display the form in your hands and point to each question as you read aloud



Explain to the trainees:

- This tool is used through out the training
- It's meant for steps for case management which are not done correctly
- Facilitator observe participants in the clinic and record what they do
- Tasks not completed correctly indicate: steps to be reinforced by the facilitator
- A separate form is used for each clinical session; one participant for each column
- For participants names, it is easier to use initials



Ask trainees:

- Why do we use the case observation form?

4. Participant daily session evaluation

Distribute a participant evaluation form to each participant. Display the form in your hands and point to each question as you read aloud



Explain to the trainees:

- This tool is used at the closure of each days sessions
- Its meant for opinions on the training
- Participants write what they like, dislike and suggest improvements for the training
- Issues arising are submitted in the facilitator daily meetings



Ask trainees:

- How does this checklist help you in running of the training course?

5. Daily participant registration

Distribute a participants' registration form



Explain to the trainees:

- This tool is used throughout the training
- Its meant for daily attendance in the training
- Participants sign in every day of the course
- Failure to attend the minimum hours of this course indicate: that the VHT has not completed this training



Ask trainees:

- Why is it important to monitor daily attendance?

6. Pre/Post test

Distribute copies of the pre/post test. Have a trainee volunteer to read aloud the questions for the group making sure that all understands them



Explain to the Trainees:

- This tool is used only at the beginning and end of the course.
- It's meant for improvements in knowledge and skills.
- In a written exam participants select among multiple response correct answers for a set of questions on ICCM.
- Failure to improve by a minimum mark indicates: the participant will need more support after training.



Ask trainees:

Can you think of possible ways of supporting a participant who has not attained adequate knowledge and skills during training?

7. End of course evaluation

Now distribute copies of the ICCM post training evaluation form. Have a trainee volunteer to read aloud the questions making sure that they are well understood



Explain to the trainees:

- This tool is used at the end of the course
- Its meant for learners satisfaction during the training
- Participants make a judgement of the adequacy and usefulness of the training
- Areas of non-satisfaction indicate: aspects to improve in the future course

8. Training report

Distribute copies of the training report format. Have a trainee volunteer to read aloud the issues for reporting making sure that they are well understood



Explain to the trainees:

- This tool is used at the end of the course
- It is meant for conclusion and recommendation for training
- The course director prepares the report
- Courses not run according to set standards indicate a need for better planning or management

9. Summarizing the session



Ask trainees:

- Are there any questions in relation to monitoring?

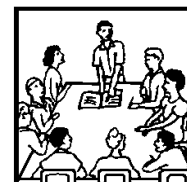
*Using the facilitator summary points in the box below, **READ aloud to the trainees** the bullet points, while checking their understanding*



Facilitator Summary Points:

- Monitoring is built around different aspects of implementation the ICCM course
- ICCM monitoring covers the learners' ability to understand the course, transfer of knowledge and skills, quality and learners satisfaction with the training
- Tools are applied throughout the training and at specific point of training
- Monitoring information is used to prepare the training report with conclusion and recommendations for training

SESSION F: Support Supervision



Learning Objectives – by the end of this session participants will be able to:

- Describe types of supervision done in ICCM implementation
- Describe how to use the tools for supervision
- Explain how to interpret and use supervision information

TIME	1 ¾ Hours
METHOD	Group discussion, demonstration and brainstorming
MATERIALS	Checklist: observation of case management, facility supports for ICCM, VHT supports, VHT deployment record, flipchart & markers, pencils and masking tape.
PROCEDURE	



Explain to the trainees:

- This session is about transfer of ICCM knowledge & skills after training
- You need to know how to supervise so that you can ensure performance

1. Supervision approach in ICCM:



Explain to the trainees:

- Training in ICCM alone without support supervision is not enough
- The supervision during ICCM training is built around assessing
 - Learners ability to apply learned knowledge and skills
 - Closer working links with the facility
 - Problem solving in the field
 - Other things affecting ICCM performance

This entire course uses an approach in which supervisors identify gaps and reinforce skills



Ask trainees:

- Why is it important to do supervision?

Possible Answers

- To continue supporting VHT learning
- To identify challenges or problems and solve them
- To motivate VHTs

2. Activities during supervision



Explain to the trainees:

In each population supervisors will be responsible for:

- Assessing VHT ICCM skills and knowledge and tailoring support given
- Identify problems and agreeing with VHTs on solutions and responsibilities before leaving the field
- Replenish medicine supplies
- Refresher training on knowledge or skills that are difficult
- Strengthen the community-facility link



Explain to the trainees:

- ICCM has two major types of supervision
- Individual community supervision and VHT meeting with peers at the health facility
- Group meetings at the facility are expected on a quarterly basis
- Variable supervision tools are applied at the facility and village or community level

3. Supervisory activities during a community supervision

Display a flip chart with a list of activities



Explain to the trainees:

- Observe the actual environment where the VHT operates, e.g. how they store medicines
- Observe the VHT actually providing ICCM or use a case scenario
- Knowledge assessment

- Review VHT's register
- Acknowledge what was done well
- Sign the VHT Register during the visit
- Complete the supervisor's Check-list by indicating the problems/ constraints identified, actions taken, and recommendations
- Liaise with the caretakers and local council leaders as needed
- Replenish medicine and commodity stocks if needed

4. Supervisory activities during a VHT group meeting at the health facility



Explain to the trainees:

- Report on progress by individual VHTs
- Review individual VHT registers for completeness, accuracy
- Identify key constraints, challenges faced and solutions applied by VHTs
- Ascertain knowledge gap and reinforce one or two competencies e.g. knowledge of danger signs, how to complete register
- Introduce additional or new information, e.g., mobilizing communities to use insecticide treated nets
- Agree upon key action points for follow up at the next meeting
- Replenish medicine and commodity stocks if needed
- Sign the VHT Register during the meeting

5. Observation of case management

Distribute the participant case observation checklist. Allow them to study the tool for 5 minutes and point to each question in the tool as you read aloud each question and possible answers.



Explain to the trainees:

- This tool is used when supervising VHTs in the community or during the meetings at the health facility

- It's meant for observing steps for case management which are not done correctly
- Supervisors observe VHTs in the clinic, community or using case scenarios to pick information
- Tasks not completed correctly indicate: steps to be reinforced by the facilitator
- A minimum of two observations per VHT is recommended. A separate form is used for each observation



Ask trainees:

Do you have any question concerning how to complete the questions on this tool?

6. VHT supports for ICCM implementation

Distribute the participant VHT supports checklist. Allow them to study the tool for 5 minutes and point to each question in the tool as you read aloud each question and possible answers.



Explain to the trainees:

- This tool is used when supervising VHTs in the community
- Its meant for resources needed for the VHT to perform his tasks
- Supervisors ask and verify availability and functionality of the items on the list
- Lack of any of the items indicate: VHT non functionality
- Feedback on items lacking is shared with offices or stations responsible for supply



Ask trainees:

- For each item on this list where are the items supposed to be got?

7. Facility supports for ICCM implementation

Distribute the participant Facility supports checklist. Allow them to study the tool for 5 minutes and point to each question in the tool as you read aloud each question and possible answers.



Explain to the trainees:

- This tool is used when supervising the health facility
- Its meant for resources needed at the facility to enable VHT implement ICCM
- Supervisors ask and verify availability and functionality of the items on the list
- Lack of any of the items indicate: possible explanation for VHT functionality
- The supervisors discusses with the facility team and agree on solutions
- Feedback on items lacking is shared with offices or stations responsible for action



Ask trainees:

- What are the common reasons for gaps in the health facility?
- What are the possible solutions for improving facility supports for ICCM?

Write their responses on a flip chart without repeating similar responses. . Discuss the responses

8. VHT deployment record

Distribute the participant VHT deployment checklist. Allow them to study the tool for 5 minutes and point to each question in the tool as you read aloud each question and possible answers.



Explain to the trainees:

- This tool is used for any type of VHT supervision and at any opportunity
- Its meant for mapping the VHTs: their characteristics, training and functionality
- Health facility update the list at least once a quarter and source of information noted
- High dropout rates, poor distribution of VHT indicate: community sensitization, review and re-planning, health worker follow up of VHTs in the community
- Low dropout rates indicate: opportunity for other villages to learn the best practices
- A single chart is filled per health facility for the catchment area



Explain to the trainees:

- How can one get regular information on VHT deployment?
- What are the likely challenges and solutions?

Allow a volunteer to write their responses on a flip chart without repeating similar responses. Discuss the responses

9. Summary ICCM VHT registers

Distribute the participant summary form for VHT registers. Allow them to study the tool for 5 minutes and point to each question in the tool as you read aloud each question and possible answers.



Explain to the trainees:

- This tool is used during the quarterly supervision
- Its meant to aggregate daily VHT records in a meaningful manner
- Health facility supervisors extract this information from individual VHT registers
- Summaries are compiled at least once in a quarter
- Low case loads indicate: to map and relocate VHT who are located very close to each other, sensitize communities on ICCM, non-functionality of the VHT and need to refresh skills of VHT due to low exposure and practice of skills.



Ask trainees:

- What is the expected number of patients that should be seen by a VHT in your community
- How do you arrive at this figure

10. Being an effective supervisor

Ask participants to break up in groups of four and answer the following questions. Ask them to nominate in each group one who will report back in the plenary. They should write their responses on flipcharts. Allow them 15-20 minutes to do this task



Explain to the trainees:

- You will work in groups to brainstorm on some questions
- Write down your answers on a flip chart
- We will reconvene in the next 15 minutes to report back
- The following are the questions:
 - Who should conduct the VHT support supervision?
 - What preparations will you need before the supervision?
 - What attitudes should the supervisor have?
 - What can make the supervision fail/unsuccessful?

During plenary sessions allow the groups to present and participants to react. Summarise the discussion.



Explain to the trainees:

- A good supervisor should be:
 - Polite
 - Respectful.
 - Professional
 - Helpful
 - Reliable and punctual
 - Supportive

11. Summarizing the session



Ask trainees:

- Are there any questions in relation to supervision?

*Using the facilitator summary points in the box below, **READ aloud to the trainees** the bullet points, while checking their understanding*



Facilitator Summary Points:

- ICCM supervision is built around different types of supervisions and tools
- ICCM supervision covers the VHT performance as well an enabling environment which includes facility supports
- Supervision should collect actionable information at the collection level as well as higher up
- Supervision calls for an appropriate attitude of the supervisor to the supervisee

PART 2: TRAINING OF THE VHT

SESSION 1: Introduction to the ICCM training workshop



Learning Objectives – by the end of the session, participants will be able to:

- Describe the purpose of this training
- Know each other and why they have been selected for the training

TIME	1 ½ Hours
METHOD	Brainstorming; discussion, buzzing
MATERIALS	Workshop agenda, flipchart & markers, brochure on ICCM Masking tape and participant registration form
PREPARATION	Flip chart with training objectives
PROCEDURE	Welcome participants



Explain to the trainees:

- This session is about knowing each other and the reason why we are here
- We need to get introduced to this workshop before we move into the training

1. Knowing each other

You will instruct trainees to pair up, interview and get to know about each other. Ask them to briefly to ask each other:



ASK trainees:

To pair up with the person sitting next to them in the room. They will now get to know about each other. Ask them to briefly to ask each other:

Name?

Where were they born?

Where do they live today?

Favourite hobby?

Ask participants to share what they learned about each other? Allow every participant in

the workshop to do this. As participants introduce each other, the facilitators should write participants names on flipchart and display it on the wall Next ask participants to write their names on masking tape to pin o their shirts or dresses

2. Pre-workshop knowledge



Explain to the trainees:

- Some of you may have some knowledge on ICCM
- We would like to know more about what you know
- This will help us to make the training relevant to you
- Before we proceed we would like to invite you to answer some questions
- Remember this is not an examination to judge anyone



ASK trainees:

- Do you have any question at this point?

Distribute copies of the pre-test questionnaire (see page 162) to each participant in the course. Walk around the room to make sure that everyone has understood the task and is not unnecessarily anxious as a result of this test. After everybody has completed the pre-test, collect the forms and inform them that they will now be introduced to the training.



ASK trainees:

- Do you have any question at this point?

3. Workshop official opening



Explain to the trainees:

- Community case management of cough, fever and diarrhoea in the community has decided upon by the MOH to reduce deaths in the community
- After this training VHTs will return to your village to start doing this work. This work is part

of the services you have been providing as a VHT in your community

- I therefore now invite our official from the district, who will throw more light on how this work will be taken forward, supported and to ensure it fits into the system
- Our guest we are honoured to have you here with us and thank you for coming. I now invite you to make some remarks
- Give a vote of thanks to the guest of honour and lead him out of the workshop room

4. Participants workshop expectations



ASK trainees:

- What are your expectations for this workshop?

*Write their responses on a flip chart without repeating similar responses. After everybody has shared **display** on the wall a list of objectives of this workshop so that participants can compare their expectations with these objectives.*



Explain to the trainees:

- During this training, VHT members will learn how to:
- Treat a child below 5 years old with cough, diarrhoea and fever.
- Refer children under 5 and newborns with danger signs
- Advise caregivers on home care and when to return
- Complete the VHT Sick Child register



ASK trainees:

- We will now compare your expectations and those I have displayed, and tick off the expectations which match with the workshop objectives

Make explanations on the expectations that will not be met during ICCM workshop

5. How this training is organized



Explain to the trainees:

- This 6-day training is designed to be participatory with lots of activities and discussion, not lecture method only.
- On day two we will start going to the clinic to see real sick children.

Show in your hands a sample of the sick child job aid while pointing to the pictures as you explain to the participants that...

- There will be no handouts in this training. To learn the ICCM approach you will use a pictorial chart with little text. It is important that you understand the pictures or series of pictures and their meaning. If you understand the pictures and their meaning, when you refer back to those pictures you should be reminded of the steps taught to you
- Throughout the training, this chart will be taught and you will learn the meanings of these pictures

Now show in your hands a sample of the VHT register while pointing to columns as you explain to the participants that...

- You will also learn how to use the VHT register during this training.
- The book is for you to store information on the patients you treat.



ASK trainees:

- Do you have any question so far?



Explain to the Trainees:

- This is an important course and everyone is expected to attend every day for the full session and also full attendance during clinic practice
- Lunch will be served at ...(time) everyday in this place
- Participant will be reimbursed for travel expenses



ASK trainees:

- Come up with workshop norms rules to be observed during the training which will enable smooth and comfortable learning

Write these on flipchart and keep them hanged in the training room as a reminder

6. Summarizing the session



Ask trainees

- Do you have any questions so far?

*Using the facilitator summary points in the box below, **READ aloud to the trainees** the bullet points, while checking their understanding of ...*



Facilitator Summary Points:

- You are here to learn how to implement ICCM
- You are expected to attend for the full course, classroom and clinic sessions
- On completion of this course you will receive a certificate

SESSION 2: The Role of the VHT in ICCM



Learning Objectives – by the end of the session, participants will be able to explain:

- How this training differs from the basic VHT course
- The roles of a VHT after attending an ICCM training

TIME	½ Hour
METHOD	Brainstorming; discussion
MATERIAL	Flipchart, markers & masking tape
PREPARATION	Flipchart with VHT ICCM roles and responsibilities
PROCEDURE	



Explain to the trainees:

- This session is about VHT taking on new role of distributing medicines
- VHTs need to understand the added tasks, skills requirements and relation with health facilities

1. VHT ICCM roles verses traditional ones



Ask trainees

What are the VHT roles in the community?

Possible answers

- Mobilize the community for improved health
- Promote health to prevent disease
- Keep up to date village health records
- Report community sickness to health workers
- Refer community members who are sick or are due for health care (e.g. immunization and antenatal care) to health workers
- Assist some community members take medicines as prescribed (DOTS)

Display flipchart with VHT ICCM roles and responsibilities

- Treat a child less than 5 years old with cough diarrhoea and fever.
- Refer children under 5 with danger signs.
- Conduct home visits to assess newborns and refer those with danger signs
- Complete the VHT register



Explain to the trainees:

VHTs from now on will:

- Identify and treat certain specific ailments instead of just referring
- Keep medicines for their community
- Make post natal home visits (Within 1, 3, and 7th day after delivery)
- Will receive sick children from the community
- Follow up sick children
- Collect additional information in the register



Ask trainees

- How they plan to realize these new roles

Possible answers

- Mobilize and sensitize mothers and communities
- Work more closely with the health facilities
- Drug storage facilities
- Look for sick children
- Follow up children who are not immunized
- Record pregnant mothers
- Mainly females to visit newborns
- Draw village maps to identify homes with under fives
- Report under-five deaths



Explain to the trainees:

- This training is designed to help VHT in their new roles
- Closer relation with health facilities and communities is expected
- Health units will re-supply VHT drugs and supervise their activities
- VHTs are accountable to the health workers and communities for treatment
- VHTs should store drugs safely

2. Summarizing the session



Ask trainees

- Do you have any questions so far?

*Using the facilitator summary points in the box below, READ aloud to the trainees **the bullet points**, while checking their understanding of ...*



Facilitator Summary Points:

- ICCM introduces new roles for VHTs
- VHTs are expected to work closely with the health facilities
- VHTs are accountable to the community and health facilities for the drugs
- VHTs should mobilize mothers to seek care appropriately
- The VHT may identify the sick newborn and child in the following ways:
 - VHT making home visits to the newborn child after delivery
 - Caregivers bringing a sick child to the VHT member
 - VHT using any opportunity to look for sick children

SESSION 3: The Sick Child Job Aid



Learning Objectives – by the end of the session, participants will be able to:

- Explain the importance of the SCJA and ICCM VHT register
- Describe the layout of the SCJA and ICCM VHT register

TIME	½ Hours
METHOD	Discussion, Brainstorming
MATERIALS	Flipchart and markers, masking tape, SCJA and VHT register
PROCEDURE	



Explain to the trainees:

- This session is about a pictorial chart which the VHTs use to do their job correctly
- You need to know about this tool so that you can refer to it in your work

1. Sick child job aid

Display all the sections of the enlarged Sick Child Job Aid: sections 1 to 6. Point to the title of section on the first page as you read aloud. Now move on to the second page and so on



Explain to the trainees:

- You will use this chart to refer to many times
- You will use the SCJA to check and treat children and newborns
- It will give you step-by-step instruction – pictorial with limited text and labels
-
- The labels and texts are clues for what signs to check for and action i
- You will learn to use it during this training

2. SCJA content and layout

Return to **the** displayed Sick Child Job Aid. While pointing at the first page, section 1 of the SCJA-wall chart and ask them what they see in each section



Explain to the trainees:

Section 1 is the entry point into managing sick children and newborn the ICCM case management

- ICCM covers children 0 days to 5 years
- The pictures you see in this section show the different categorization of ages of the children
- You will learn more about this section and the ages included

Now move on pointing at the first page, section 2 of the SCJA-wall chart “Ask and look for the child’s problems” and ask them what they see in each section



Explain to the trainees:

- The tool has information on the three main diseases or conditions
- Step by step instructions on how to assess cough is found in the lower part
- You will learn more how to use it during this training
- The lower part is for checking breath rates and decide on presence of fast breathing when a child has cough

Turnover pages to section 3: “Asking, looking for danger signs and having to refer” Point to this heading as you read it aloud for the participants



Explain to the trainees:

- This part is on danger signs – signs that a baby is very ill, cannot be managed at the community and should be referred
- The signs are grouped into those that are general for any child and age of an under-five,

newborn and for specific conditions

*Continue with the displayed Sick Child Job Aid, move to section 4a: “Pre-referral treatment”
Point to the heading in this section as you read loudly*



Explain to the trainees:

- You will sometimes refer patients
- Here you learn how to differentiate who needs referral and the treatment to give
- You will learn about using this section
- Turnover pages to section 4b: “Treat and advise”



Explain to the trainees:

- Babies not referred might need specific treatment
- The caregivers will continue treatment at home and therefore require support from the VHT
- You should explain to the mother the need for referral, should advise the mother and follow up the child
- We will come back to this later

Concerning 4b and as the Sick Child Job Aid is delayed. I understand section 5 on treating and also pre-referral cares ... “



Explain to the trainees:

- This is where you find information on the drugs and dosages
- You don’t have to memorize the information – always check on the SCJA
- Section 5 of the SCJA is on home advice to all mothers on how to manage sickness at home. While section 6 is specifically on the newborns



Explain to the trainees:

- All the points on what home advise to give are given in this SCJA
- You should always refer the SCJA when seeing children

3. Using the SCJA to advise the caregiver



Ask trainees:

- What are the important things to explain to the mother?



Explain to the trainees:

- All four points in the SCJA are important
- Focus should be on danger signs
- A child with a danger sign may die if not treated immediately

4. VHT sick child register

Display the ICCM VHT register on the wall. Allow the participants to come in front and see it



Explain to the trainees:

- You will use the register to record all children and newborns seen and treated
- You will need to learn how to complete this register during the training a



Explain to the trainees:

- While pointing at the ICCM VHT register,
- You will use the different sections of the sick child register throughout this training and at your homes – the under five and newborn sections.
- The register is used to collect various information such: General, health condition, treatment, outcome of treatment and home care
- You will learn about using the register

5. Summarizing the session



Ask trainees:

- What questions do they have?

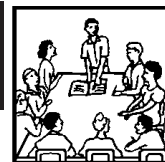
*Using the facilitator summary points in the box below, READ aloud to the trainees **the bullet points, while checking their understanding***



Facilitator Summary Points:

- There are two important tools for VHTs to do their job correctly: the sick child job aid and VHT register
- SCJA is used for seeing all children and newborn by the VHT
- VHT register is used for recording information got from SCJA
- VHTs are expected to refer to and use these tools

SESSION 4 – Receiving and learning to ASK the Caregiver what are the child’s problems



Learning Objectives – by the end of this session, participants will be able to:

- Explain how to receive the caregiver
- Describe how to ask about the child’s problems

TIME	3 hours
METHOD	Discussion, demonstration, role-plays.
MATERIALS	SCJA wall chart, VHT register, copies of SCJA, child doll, flip charts and markers
PREPARATION	Flipchart with session learning objectives
PROCEDURE	



Explain to the trainees:

- This session is about getting to know how to ask the caregiver the child’s illness or complaints
- You will need to learn how to communicate to the mother so that you check for all the problems

1. Sick child job aid section 1 - Ask the caregiver

Display the enlarged Sick Child Job Aid, section 1: “Ask the Caregiver” Point to the job aid listed age groups as you read aloud

Display the enlarged Sick Child Job Aid, section 2: “Ask child’s problems” Point to the job aid listed diseases as you read aloud



Explain to the trainees:

- You will use this job aid to remind you what to ask and check in a sick child
- You must greet the caregiver and make them feel welcomed
- You will learn why it is important to make the caregiver feel welcome

2. How to receive the caregiver:



Explain to the trainees:

- Greet the caregiver and make them feel welcomed before you ask about the child's problems.



Ask trainees:

- What must we do to greet the caregiver and make them feel welcomed?

Possible answers:

- Greet caregivers in a friendly way and introduce yourself
- Invite the caregiver to sit with the child in a comfortable place
- Sit close (perfectly in front of the caregiver) and talk softly
- Look directly at the caregiver and child
- Communicate clearly and warmly through out the meeting

3. Ask about the child's age

- You must ask about the child's age
- It is important to ask to know if the age of the child is appropriate to manage in the community



Explain to the trainees:

- The age of 8 to 59 days is not on the sick child job aid
- This age is not appropriate to be managed in the community
- A child between the age of 8-59 days old must be immediately referred to a health facility

4. Ask about child's problem

You will learn to ask the caretaker about the child's problems. Point to section 2 of the sick child job aid and review the instructions in the section.



Explain to the trainees:

- Ask about cough, diarrhoea and fever. You must ask for all problems even if the caregiver does not mention them
- Listen carefully to caregiver concerning the illness mentioned. The caretaker may mention more than one problem e.g. the child may have cough and fever
- The caretaker may mention additional problems not indicated on the sick child job aid. These problems are not managed in the community
- In addition also ask for how long the symptoms have been
- Asking about history of fever is very important – fever may not be present now
- You must then record all the problems in ICCM VHT register

5. Look for other illness

- You must look for other signs of illness
- Caretakers may be more worried about one problem and forget the other

6. Practise completing register



Explain to the trainees:

- You will try out some exercise to help you learn more about the register
- I will read a brief Case Study, and you will need to fill out the VHT register afterwards, based on what you heard.

Say:

Rita Mbabazi is a four and half years old girl brought to you on June 16 2008 by her mother Maria Mbabazi.

- The Mbabazi's live in Katugo village in Nakasongola district
- Rita's mother reported that her daughter has been coughing for 5 days and has diarrhoea for 3 days



Explain to the trainees:

- You will fill out the register
- Fill in the
 - The date?
 - The child's name?
 - Sex (female or male)?
 - Did Miss Mbabazi say that Rita had cough?
 - If yes, for how long?
 - Did she mention diarrhoea?

7. Role Play 1

Let one participant volunteer to be a caregiver and her child, and another the VHT member and a doll or other object to simulate a child (e.g. a rolled towel)



Explain to the trainees:

- Now, you will learn how to receive a caregiver and ask about the child's problems
- We will have two volunteers do roleplay this. One of you will be the "VHT" and the other will play the role of the "mother".
- You have 15 minutes to prepare then each pair will come forward and perform their role-play.
- Other participants should observe carefully while they are playing in order to provide them with constructive feedback at the end
- Here is the story for the role play

Say:

- Mrs Kato has brought her sick young boy to see the VHT member at home.
- We will have two volunteers do role-play this. One of you will be the "VHT" and the other will play the role of the "mother"
- You will observe the interview and record the information as you hear it on the Sick Child Job aid and the VHT Register.

Ask the two volunteers to carry out the role play, using the script below. Allow 10

minutes

Walk around the room and review the responses, which participants completed on their Sick Child Job Aids and VHT Registers.



Ask trainees:

- How did the VHT member greet Mrs. Kato?
- How did the VHT member sit in relation to Mrs. Kato?
- How did the VHT member look at Mrs. Kato?
- How did the VHT member speak? Listen?
- What questions did the VHT member ask? (Were all the symptoms in Section 2 of the Sick Child Job Aid covered?)



Ask trainees:

- What difficulties they had recording information? Help correct the information on VHT Registers.
- If Chris Kato (the child) had been 20 days old what would the VHT member need to do?
(Answer: Refer immediately to the health facility as this age group cannot be treated in the community.)

Continue now with the following Practice Session C: Practice Asking: What are the Child's Problems? (See Annex page 188). They practise in groups of three. Continue until all participants have performed as VHTs and caretakers



Ask trainees

Trainers circulate among the small groups to ask the questions

- What was difficult and what went well in this role-play
- We will hear from the observers first followed by players'
- Give examples of how participants engaged the caregiver
- Bring participants back to the plenary meeting



Ask trainees

Do you have any questions so far?

Can some volunteers recall what they have learned from the session

Role Play 1 Script 45 minutes

VHT: *Hello. Welcome. Please come in.*

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

VHT: *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. Kato, 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. Kato: **His name is Chris Kato. C-H-R-I-S K-A-T-O**

VHT: *How old is Chris?*

Mrs. Kato: **He is 12 weeks old.**

VHT: *And what is your name?*

Mrs. Kato: **My name is Rose Kato.**

VHT: *Mrs. Kato, where do you live?*

Mrs. Kato: **We live near Pemba Market Corner.**

VHT: *Thank you, Mrs. Kato. I hope we can help Chris feel better. Let me ask you some questions to find out how he is feeling.*

VHT: *Does Chris have a cough? And if so, how long has he had a cough?*

Mrs. Kato: **Yes. He has been coughing since the market day, Sunday.**

VHT: *So he has been coughing for 3 days. Has he had any diarrhoea?*

Mrs. Kato: **No. He does not have diarrhoea.**

VHT: *Has he had any fever—or hot body?*

Mrs. Kato: **No. He has not had fever.**

VHT: *Do you have any other concern about Chris that you would like to talk about today?*

Mrs. Kato: **No. I am mostly worried about his cough.**

VHT: *I can see that you are. It is good that you brought Chris to see me. I will take a closer look at Chris.*

8. Summarizing the session



Ask trainees:

- What questions do they have?

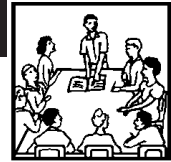
Using the facilitator summary points in the box below, READ aloud to the trainees the bullet points, while checking their understanding



Facilitator Summary Points:

- Always greet the caretakers to make them feel comfortable
- Any sick child who is between the age 8- 59 days old must be immediately referred to a health facility
- Ask about all the problems even if the caretaker has not mentioned them

SESSION 5: Identify Fast Breathing



Learning Objectives – by the end of the session, participants will be able to:

- Demonstrate how to count breaths in one minute using a respiratory timer
- Decide fast breathing cut off rates for sick newborns and under fives

TIME	2 ½ Hours
METHOD	Brainstorming, video demonstration (if available) and small group discussions
MATERIALS	SCJA, flipcharts and markers, masking tape Respiratory timers, video on fast –Breathing (if available) and practice child cards
PREPARATION	Copies practice child cards and flip chart with headings: Fast breathing and No fast breathing
PROCEDURE	



Explain to the trainees:

- This session is about finding out the number of breaths
- You need to learn how to do so that you can identify fast breathing

1. Sick child job aid section 2 –Ask child's problems

Display the enlarged Sick Child Job Aid, section 2: “Ask child's problems” Point to the job aid listed diseases as you read aloud. Now move on to the second part of that box showing cut offs for breath rates



Explain to the trainees:

- You will use this job aid to remind you on the child's problems
- Children with cough need to have their breath rate checked
- You will learn more about this

*Invite participants to watch the speed of your breathing. Breathe more deeply than usual (so that the VHTs can see your breathing) and **much** faster than normal for an adult.*



Ask trainees:

- Was I breathing fast?

*Probably all VHTs will say “yes”. Then breathe **slightly** faster than normal and ask the same question. Probably this time some VHTs will say “yes” and some will say “no”. If all say “yes”, you should breathe normally and ask the same question. Continue breathing at different rates until there is a difference of opinion.*



Explain to the trainees:

- Some of you said that I was breathing faster than normal
- Others said that I was breathing at a normal speed.
- If different VHTs reach **different** conclusions when they watch the **same** person breathing, then the conclusion is not of much use.
- You need a method to count breathing rates more accurately



Explain to the trainees:

- Breathing in and out is described as one cycle
- Remember that fast breathing is a sign that the child has pneumonia

2. Counting Breaths in one minute



Explain to the Trainees:

- I am going to breathe deeply but at a normal rate and you will count how many breaths I take in one minute.
- You will be told when the minute begins and when it ends. All you have to do is to count.

Signal the group when to begin counting, continue breathing deeply at your normal rate and signal them to stop after one minute. You should count your own breathing rate as well.



Ask trainees:

- What number of breaths did you count?

Give feedback individually to each VHT. If the answer is within two breaths per minute of your own count, it is correct. If the answer is wrong, try to find out why the VHT gave the wrong answer and explain how they can count correctly. Trainers should be involved in this feedback, which need not take more than a minute or two.

Repeat above steps until all the VHTs give an answer, which agrees with your count, (i.e. is within 2 of your own count)

Do not proceed until most VHTs can count your breathing rate accurately.



Explain to the Trainees:

- When you are working you do not have someone else to do the timing for you. You must do it yourself. So we will give you a respiratory timer (Show the actual timer, but do not distribute it yet).

3. Using a respiratory timers

- To start the timer, you press the centre circle (do this). The timer makes a “beep” to tell you that it has started. If you listen carefully you will hear a ticking noise. This tells you the timer is working.
- This timer does make a single beep sound after ½ (half) a minute (Wait for this sound)
- After a minute the timer will make a double “beep” sound (Wait for this sound).
- Now the timer stops by itself and is ready to be used again. You should **NOT** stop the timer at the end of the minute
- Since it makes a sound, you do not have to look at the timer while you are using it, you can concentrate on counting the respiratory rate of the child.

Demonstrate how the timer works a second time



Explain to the Trainees:

- If you start the timer and then want to cancel your count, you can stop the timer by pressing the centre circle again (demonstrate this).
- If you start the timer again, it starts at the beginning of the minute - not part way through.

Hand out the timers to each participant



Ask trainees:

- Start the timer
- Listen to the ticking
- Listen to the ½ (half) minute sound
- Start the timer again and listen to the ticking sound
- Stop the timer part way through the minute

Allow the VHTs about three or four minutes to explore the use of the timer

4. Practise using the timer to count the breath



Explain to the Trainees:

- This time you will have to time the minute for yourselves as well as doing the counting
- Remember not to count the tick of the timer
- Start timing and counting as soon as you are ready **after** you get the signal

Breath at your normal rate (but more deeply than usual), give the signal to begin counting and continue until all VHTs have completed the count.



Ask trainees:

- Please tell me the number of breaths that you counted during the minute

Check the answers and give feedback. Continue the above steps until all VHTs give answers, which are within 2 counts of your own count

5. Practising counting the breath rate in a child



Explain to the trainees:

- First decide where to observe the child's breathing. Look wherever the breathing is obvious
- Ask the parent to lift the child's clothes so that you can see the child's abdomen and chest
- You must wait until the child is calm before starting the count
- If the child moves or cries during the counting, the count is invalid and must be retaken
- The child may be sleeping or breast-feeding during the count

Divide the VHTs into pairs and ask them to count each others number of breathes per minute (breathing normally, then breathing rapidly), repeating the steps given in the Counting Breaths in one-minute section. The trainers should move around from group to group to evaluate if the VHTs are counting properly

Do not move on to the next section until all VHTs are able to count the breathing rate of the child to an accuracy of + or - 2 breaths per minute

If only one or two VHTs are having difficulty, you should move on to the next section but provide extra teaching during break time or at the end of the day

6. Deciding whether there is fast breath or not



Explain to the trainees:

- The breathing rate for younger children is normally faster than older children
- Section 2 is used to decide the cut offs for breath rates
- From now onwards you refer to this section to decide the cut off points

Point to the SCJA with participants reading aloud each age group and cut offs for breathing rate. Move around the room to make sure that each participant knows where the conditions are on the job aid



Explain to the Trainees:

- Fast breathing is
 - **60 or more** breaths per minute for **0 to 7 days** olds
 - **50 or more** breaths per minute for **2 to 11 months** olds
 - **40 or more** breaths per minute for **1 to 5 years** olds
- You will now practice counting breaths in a minute for different ages
- Determine whether they have “Fast” or “Normal” breathing



Ask trainees:

- A 6 months old with breathing rate of 40 breaths per minute. Is the child’s breathing rate normal or fast?

Repeat the steps above for the following children:

<u>Age</u>	<u>Rate</u>
3 weeks	54
3 months	55 and 60 (60 is the rate recorded on the second measurement)
3 months	53 and 45
6 weeks	75 and 70
2 years	45 and 56
1 year	60 and 65

Add other examples if you feel it is necessary to achieve full accuracy

7. Practising counting with video



Explain to the trainees:

- They are going to watch a video demonstration on cough and fast breathing
- They will be counting children's breath rates



Ask trainees:

- To look at section 2 of the SCJA and the cut off rates
- As they view the Video they should count the breaths per minute
- They should remember to record the AGE and the NUMBER OF BREATHS on the SCJA
- Then decide whether the child has fast breathing and check with their partner



Start the Video and play the sequence. You may need to repeat sections of the clip several times to make sure that all participants learn to recognise breathing in and out, and can count breaths accurately



Explain to the trainees:

- They are going to watch a DVD demonstration
- First to familiarise themselves with this they will see some cases
- Then they will practice counting on their own

Answers to the video:

Name	Age	Breaths per minute?	Does the child have fast breathing?	
Mano	4 yrs	65	YES	NO
Wumbi	6 mths	66	YES	NO

8. Practising demonstrating fast or normal breathing in Child Practise Cards



Explain to the trainees:

- You are going to practice deciding if a child has fast or normal breathing.
- You will use the child practice cards

Give each participant a card. In pairs participants decide whether the child has fast breathing or not

*Ask each participant to read their card and to place their card on the flipchart under the label: **FAST BREATHING** or **NO FAST BREATHING**. Continue until all the cards have been placed. Answers are below:*

Child Breathing Rates (make cards For participant)	Does the child have fast breathing?	
Age 2 years, has a breathing rate of 45 breaths per minute	Yes	
Age 4½ years, has a breathing rate of 38 breaths per minute		No
Age 2 months, has a breathing rate of 55 breaths per minute	Yes	
Age 3 months, has a breathing rate of 47 breaths per minute		No
Age 3 years, has a breathing rate of 35 breaths per minute		No
Age 4 months, has a breathing rate of 45 breaths per minutes		No
Age 10 weeks, has a breathing rate of 57 breaths per minute	Yes	
Age 4 years, has a breathing rate of 36 breaths per minute		No
Age 36 months, has a breathing rate of 47 breaths per minute	Yes	
Age 8 months, has a breathing rate of 45 breaths per minute	Yes	
Age 3 months, has a breathing rate of 52 breaths per minute	Yes	
Age 6 days, has a breathing rate of 65 breaths per minute	Yes	

9. Completing the VHT register

Turn to the VHT sick child register and show the respiratory rate column. Use enlarged register, to help participants see each part as you refer to it. Demonstrate how to fill the column



Ask trainees:

- To look at their ICCM VHT registers
- Point to where the respiratory rate will be completed
- Fill in the number of breaths of the child on one of their Child Practice Card

10. Summarizing the session



Ask trainees:

- What questions do they have?

Using the facilitator summary points in the box below, READ aloud to the trainees the bullet points, while checking their understanding of ...



Facilitator Summary Points:

- You should count breaths for one full minute to decide if a child has fast breathing
- Since it makes a sound, you do not have to look at the timer while counting
- Fast breathing is a sign of pneumonia

SESSION 6: Identifying Danger Signs in a Child or Newborn



Learning Objectives – by the end of the session, participants will be able to:

- List danger signs for any sick child and newborns
- List danger Sign in a child with cough, diarrhoea, and fever
- List the specific danger signs for a newborn

TIME	2 Hours
METHOD	Demonstration; discussion; brainstorming
MATERIALS	SCJA, Register, Video, Practice cards Flipcharts and markers, masking tape
PREPARATION	Copies of practice cards Flip chart labeled with: <u>Danger Sign</u> and <u>No Danger Sign</u>
PROCEDURE	



Explain to the trainees:

- This session is about recognizing children with danger signs
- You need to learn about danger signs so that you can refer children immediately you see this so that you can teach caregivers

1. Sick child job aid section 3 – Ask and look for DANGER SIGNS and refer

Display the enlarged Sick Child Job Aid, section 3: “Ask and look for DANGER SIGNS and refer” Point to the job aid headings as you read aloud each sign



Explain to the trainees:

This is part 3 and is used to identify danger signs

- Danger signs are categorised into three

- The 1st category of signs are found in any sick child or newborn
- The 2nd category of signs are found only when a child has cough or diarrhoea or fever
- The 3rd category of signs are found in newborns



Ask trainees:

- To discuss in pairs: *What is a **Danger Sign** and why is it important?*
- *As VHTs give their responses, write them up on the flipchart*



Explain to the trainees:

- A danger sign indicates the child is too ill to treat in the community
- You do not have the medicine for this child needs
- You must URGENTLY refer the child to the health facility

2. GENERAL signs for any child or newborn

Once again turn to the displayed Sick Child Job Aid, section 3: “Ask and look for DANGER SIGNS and refer” Point to the job aid headings “Any child or newborn with...” as you read aloud each sign in this category



Explain to the trainees:

- Danger signs which can occur in a child and a newborn, and for any of the illness condition (cough, diarrhoea and fever), are referred to as GENERAL, and are presented in the first box i section 3
- There are five (5) GENERAL danger signs namely
 - a) Vomiting everything
 - b) Chest In-drawing
 - c) Convulsions

- d) Not able to breastfeed or drink
- e) Very sleepy/unconscious / difficult to wake

3. Danger signs for a newborn

Return again to the displayed Sick Child Job Aid, section 3: “Ask and look for DANGER SIGNS and refer” Point to the job aid heading “Any newborn with...” as you read aloud each sign in this category



Explain to the trainees:

- There are additional Danger Signs in newborns
- There are two (2) signs namely
 - a) Infected umbilical cord
 - b) Many skin pustules

4. Practising deciding presence of danger signs using video Practising counting with video



Explain to the trainees:

- You are going to watch a video demonstration on danger signs
- You will then practice identifying a sick child who is lethargic or unusually sleepy, chest in-drawing
- This video also includes the signs seen in the newborn
- You will be comparing the danger signs on your SCJA section 3; as the video plays



Ask trainees:

- Turn to section 3; of the SCJA as you watch the video



Start the Video and play the sequence. You may need to repeat sections of the clip several times to make sure that all participants learn to recognise danger signs accurately

5. Danger signs for a child with cough, diarrhoea and fever

Return again turn to the displayed Sick Child Job Aid, section 3: “Ask and look for DANGER SIGNS and refer” Point to the job aid headings “A child with...” as you read aloud each sign in this category



Explain to the trainees:

- A child who has had cough for 21 days or more may have a more serious illness such as tuberculosis (TB) or any other problem. The child needs more assessment and treatment at the health facility.
- Diarrhoea often stops on its own after 3 or 4 days, but prolonged diarrhoea for 14 days or more can cause malnutrition.
- Diarrhoea with blood in the stool is called *dysentery*. This child needs medicine that you do not have.
- Most fevers go away within a few days. Fever for 7 days or more can mean that the child has a severe disease.

6. Using the SCJA to advise the caregiver

- The VHT needs to check on the SCJA to remember what danger signs
- The VHT need not memorize the signs



Ask trainees:

- What was new in this session
- Give reasons why you need to check for danger signs

7. Practice deciding presence of danger signs



Explain to the trainees:

- I will read cards of several children.
- For each child I want you to tell me whether the child has a “Danger sign” or “No danger sign”.

Say:

- The first child is 6 months old and his breathing rate is 56 breaths per minute and has chest in drawing. Is there a danger sign?

Continue the process until all cards have been posted in the correct place on the flipchart. Repeat the process a second time, giving VHTs different cards to practice with. (Refer to the Answer Sheet below, with comments to add to the discussion.)



Ask trainees:

- Do you have any questions so far?

Respond and clarify.

8. VHT Sick Child Register

Turn to the VHT sick child register and show the danger signs column. Use enlarged register, to help participants see each part as you refer to it. Demonstrate how to tick in the column.

9. Summarizing the session



Ask trainees:

- Do you have any questions so far?

Using the facilitator summary points in the box below, READ aloud to the trainees the bullet points, while checking their understanding



Facilitator Summary Points:

- Danger Signs indicate that the child is too ill and must be referred **URGENTLY** to the health facility.
- There are 5 **General Danger Signs** in any sick child.
- Some danger signs are children with for cough, diarrhoea, and fever.
- Some danger signs are in the newborn.
- Use the **Sick Child Job Aid**, Section 3 to identify all Danger Signs.
- All the four points on home management are important, but focus should be on danger signs since a child may die if not treated immediately

SESSION 7: Referring a Sick Child or Newborn to a Health Facility



Learning objectives – by the end of this session participants will be able to explain:

- How to complete a referral note
- What a VHT needs to do to get the referred child to a health facility quickly
- When to follow-up a referred child

TIME	1 hour
METHOD	case study; brainstorm; demonstration and group discussion
MATERIALS	Referral note; flipchart; markers; case study of Joseph (located at the back of this session).
PREPARATIONS	Referral note written on flipchart
PROCEDURE	



Explain to the trainees:

- This session is about getting a very sick child to go to the health facility
- You need to learn about referral to assist mothers to go and follow them up

1. Referral note

Show a copy of a referral note (see at the back of this session) to the participants. Explain the form to them. Explain that the referral form is for both the child and newborn.



Explain to the trainees:

- This form is given to a child who is being referred. When the child reaches the health facility the caregiver will present this form to the health worker who will continue to treat the child.
- This form was designed so there is little writing to do. All you need to write is the date of referral. Then you write the health unit where you are referring this child, the village where the patient stays, the patient's name, the age, sex etc.

Now demonstrate how to fill out the form explaining each step carefully to the VHTs. Write the date of referral, make up a village name, patient name, age, sex etc.

Next, pass out the practice forms to each of the VHTs and tell them that they are now going to practice filling out the forms, be sure to assist those VHTs who are unable to write.

First, write the date of referral, village name. (Go around the room and make sure the VHTs have done this correctly).

Next, write the child's name (make up a name) and your (VHT) name on the lines provided (Go around the room and make sure the VHTs have done this correctly).

Next, write the signs you have observed when assessing the child and write the respiration rate of the child if the child had a cough.

Make up some danger signs for the VHTs to fill on the form. For example, if the VHT counted respiration rate more than 60 respirations per minute, she would write the number of respirations in the space provided. If chest in drawing were also observed, she would also write on the form. Go around the room to make sure the VHTs have filled out the form correctly or not.



Explain to the trainees:

- The Referral Form has two parts. You need to fill the upper part only. The mother must take this form to the Health Facility. You must teach the importance of this form to the caregiver.

For further practice, break the VHTs into groups of three to four people. Give each member a Referral Form. Give each group the information they should fill in. (See annex XX). Let the group member's help each other fill out the forms. Let the groups present how they filled out the forms and why to the rest of the group. Make any necessary corrections.

2. VHT Sick Child Register

Turn to the VHT sick child register and show the referral column on the ICCM register to the VHTs. Demonstrate how to tick in the column.



Explain to the trainee:

- You will record all the referred cases in your village register. You will tick in the referral column if a child needs to be referred.

3. Assisting referral

Discuss with participants on the importance of urgent referral. Read to the participant a case study of Joseph and you will repeat it in case some have not got it. Ask and discuss questions on Joseph's story:



ASK the trainees:

- Why is it important that a referred child get quickly to a health facility?

Possible answers: Child is very ill and could die without proper treatment.

READ aloud to the trainees:



Facilitator Summary Points;

- A VHT can play a very important role in helping to solve many problems that might prevent the child from receiving care at the health facility.
- The VHT should advise the family on the care the child needs on the way to the hospital - particularly frequent feeding and keeping warm.
- The VHT will need to follow up the child and newborns who have been referred the next day after the recommended referral in order to make sure that the child was seen by someone at the health facility and to see if child's condition is improving.

Joseph is very sick...(read case story at the back of this session)



ASK the trainees:

- What did the VHT member do to help Joseph get care at the health facility?

- What did the VHT member do to encourage Mrs. Nsubuga to agree to take Joseph to the health facility?
- What treatment did the VHT begin?
- What did the VHT member do to help Joseph receive care as soon as possible after he arrives at the health facility?

You will ask participants to volunteer answers on what a VHT should do to assist the caregiver with a child who needs to be referred? Participants will volunteer responses, which will be written on the flip chart. You will display the ideas on a flipchart and discuss one by one their ideas to make sure that the important answers are covered



ASK the trainees:

- What should a VHT do to assist the caregiver with a child who needs to be referred?

Possible answer

- Explain why the child needs to go to the health facility.
- Advise to give fluids and continue feeding, especially breastfeeding.
- Advise to keep child warm, if child is not hot with fever.
- Write a referral note.
- Arrange transportation, and help solve other referral difficulties.
- Follow up the child on return at least once a week until the child is well.

4. Follow up of referred children

You will explain to the participants when follow up should be done. Then ask and discuss with participants why it is important to follow-up a caregiver after the referral



Explain to the trainees:

- After the referral a child it is important to follow up this child the next day
- Why should a child who is referred be followed up the next day

Possible answer

- To make sure that the child was seen by someone at the health facility
- To see if child's condition is improving
- To make sure the caregiver understands how to give the treatment

5. Summarizing the session

Using the facilitator summary points in the box below the trainer will read loudly to the participants while checking VHT understanding of referring sick children and newborns to the health facility

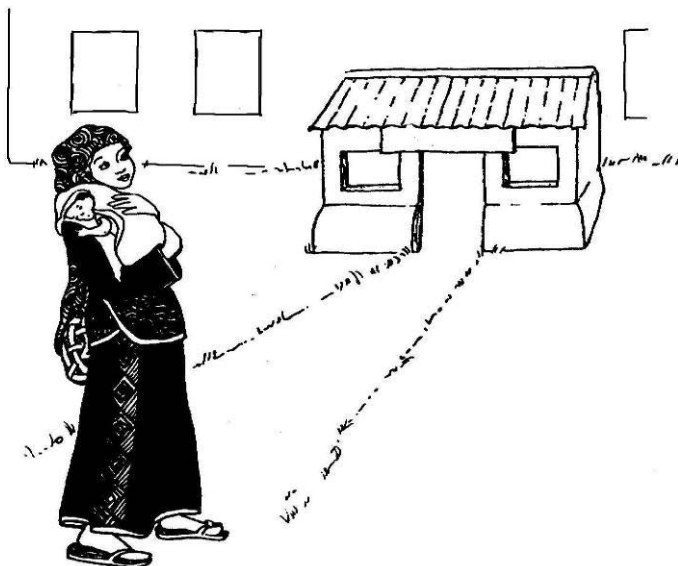
READ aloud to the trainees the bullet points in the box....

Joseph Case Study

Joseph is very sick. He has had fever for 2 days and he has chest in-drawing. Joseph can still drink, but he is not interested in eating.

The VHT member says to the caregiver that Joseph must go right away to the health facility. She explains that Joseph is very sick. He needs treatment that only the health facility can provide. Mrs. Nsubuga agrees to take Joseph.

Before they leave, the VHT member begins treatment. She helps Mrs. Nsubuga give her son the first dose of an antibiotic for the chest in-drawing (probably severe pneumonia). She explains that



Joseph will receive additional treatment at the health facility.

She advises Mrs. Nsubuga to continue giving breast milk and other fluids on the way. She wants her to lightly cover Joseph so he does not get too hot.

The VHT member knows that she must do everything she can to assist the

referral. Joseph must reach the health facility without delay.

The VHT member writes a referral note to explain why she is sending Joseph to the health facility and what treatment Joseph has started.

She walks with Mrs. Nsubuga and her son to the roadway in order to help them find a ride to the health facility.

As they leave, Mrs. Nsubuga asks, “Will Joseph need to go to the hospital?” The VHT member says she does not know. The nurse at the health facility will decide how to give Joseph the best care.

If Joseph must go to the hospital, the VHT member says that she will find neighbours to help the family until she returns. Mrs. Green should not worry about her family at home.

HMIS 032: VHT REFERRAL FORM

PART I

Date:.....

Name of Health facility referred to:

Village [LC]:..... Parish:..... Sub county:.....

Patient Names:.....

Age:..... Sex [Male/Female] (v): Household Number:.....

I have referred to you this patient for the following reason(s) (complaints):

- 1.
- 2.
- 3.
- 4.

Action already taken.....

Name [VHT]:..... Signature:.....

PART II

..... to be completed at the referral site and given back to the patient.....

Date:.....

Name of the patient:.....

Description of follow-up care needed:

1.
2.
3.

Date when the patient should return to the health unit:.....

Name of the Health worker: Signature:.....

SESSION 8: Caring for a sick child with NO danger sign



Learning Objectives – by the end of this session trainees will be able to:

- Explain which children with cough, diarrhoea and fever are treated at home
- Identify medicines to treat sick children
- Describe how to treat sick children with no danger signs

TIME	1 hour
METHOD	Brainstorming, case scenario, and group discussion
MATERIALS	Flipchart and markers, samples of medicines, SCJA, VHT registers
PREPARATION	Flipchart with 3 labelled columns: Cough, Diarrhoea and Fever
PROCEDURES	



Explain to the trainees:

- This session is about treating a sick child who is going at home
- You need to learn about treatment of diarrhoea, cough and fever at home so that you can give and instruct mothers on using the medicines

1. Sick child job aid section 4b – Treat and Advise

Display the enlarged Sick Child Job Aid, section 4b: “Treat and Advise” Point to the job aid headings as you read aloud each condition or sign



Explain to the trainees:

- Cough, Diarrhoea and Fever can be treated in the community
- A child with cough for less than 21 days with fast breathing is likely to have pneumonia. Treat with an antibiotic – Amoxicillin
- A child with diarrhoea for less than 14 days AND no blood in stool is treated with ORS to replace the lost fluids and prevent dehydration

- Also give Zinc to all children with diarrhoea. Zinc helps to lessen the amount of fluid lost during diarrhoea and shortens the number of days of diarrhoea. It increases the child's appetite and makes the child stronger
- A child with fever for less than 7 days is likely to have malaria and treat with anti-malarial called ACTs
- Always treat the child at home with the correct medicine

Distribute copies of section 4b of the SCJA to each of the Trainees. Take them through each condition one by one and discuss the treatment. Move around the room to make sure that each trainee knows where the conditions are on the SCJA.



Ask trainees

- Which symptoms in a child with Cough, Diarrhoea and Fever are treated in the community?

Answers

- *Cough for less than 21 days with fast breathing*
- *Diarrhoea for less than 14 days AND no blood in stool*
- *Fever for less than 7 days*

2. Practice exercise

Pass around some samples of amoxicillin, ORS, Zinc and ACTs to each trainee. Move around the room to make sure that each trainee gets a chance to handle the drugs.

Give out cards to pairs and allow 5 minutes to discuss



Explain to the trainees:

- You are now going to do an exercise using child practice cards
- Read the information on the card given to you and explain your decision

Involve the whole group to agree on each of the answers given

3. Summarizing the session



Ask trainees

- Do you have any questions so far?

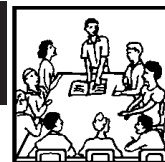
Using the facilitator summary points in the box below, READ aloud to the trainees the bullet points, while checking their understanding



Facilitator Summary Points:

- Children with no danger signs can be treated at the community
- For cough less than 21 days and fast breathing you give amoxicillin
- For diarrhoea for less than 14 days with no blood in stool you give ORS and zinc
- For fever for less than 7 days give an antimalarial

SESSION 9: Treat Cough with Fast Breathing – Decide on the dose of antibiotic



Learning Objective: by the end of the session, participants will be able to:

- Explain why it is important to treat cough with fast breathing
- Describe how to select dose of antibiotic to give a child
- Demonstrate how to teach a mother to give antibiotic

TIME	1 hour
METHOD	Demonstration, brainstorming and group discussion
MATERIALS	Oral antibiotic, small cups, spoons, dolls, Sick Child Job Aid – Wall Chart, Register, child cards
PREPARATION	Flipchart with 3 labelled columns: Cough, Diarrhoea and Fever
PROCEDURES	



Explain to the trainees:

- This session is about giving antibiotics
- You will need to know how much antibiotic to give and teach the mother

1. Sick child job aid section 4b – Treat and Advise

Display the enlarged Sick Child Job Aid, section 4b: “Treat and Advise” Point to the job aid heading on treating cough with fast breathing for less than 21 days as you read aloud



Explain to the trainees:

- Fast breathing is a sign of pneumonia. The child must have an antibiotic or the child may die
- A child of age 2 months to 5 years who has cough and fast breathing for less than 21 days with no danger sign should be treated with Amoxicillin

- Fast breathing in a child less than 2 months may be due to a different or more complicated problem

2. Age groupings for Amoxicillin

Ask participants to turn to the section 4B on fast breathing treatment and explain to them the two different age groups for Amoxicillin dosages



Explain to the Trainees:

- Treatment for pneumonia is done with Antibiotic - Amoxicillin
- Amoxicillin is provided in two age groups
- The two groups receive medicine in boxes of different colors

2 months – 11 months	RED pack	2 tablets twice a day for 5 days
1 years – 5 years	GREEN pack	3 tablets twice a day for 5 days

3. Treatment Dosages for Amoxicillin

Have a trainees volunteer to read the rest of the instructions on dosages for Amoxicillin. Explain the pictures of the tablets and colour coding to the group.



Explain to the trainees:

- Each course of Amoxicillin treatment is supposed to last 5 days. So the mother is supposed to give for 5 days.
- If you count the tablets you will see 20. This is how many tablets you need to give to a mother of a child 2 months to 11 months

Ask a few of the VHTs to repeat back what you have just taught them to demonstrate that they understand the pictures and their meaning. Make any necessary corrections.

- Also remember that even if the child improves after 2 or 3 days, the mother must complete the 5 day course of Amoxicillin tablets” and “Home Therapy should be continued”.

Turn to the job aid and repeat the same explanation for the 1 to 5 year old child



Ask Trainees:

- What is the Amoxicillin dosage for 8 months old child?
- What is the Amoxicillin dosage for 3-year old child?
- What else should be taught to the mother?

Answers;

- RED pack – 2 tablet twice daily for 5 days
- GREEN pack - 3 tablets twice daily for 5 days
- To complete the 5 day treatment even when the baby improves



Explain to the trainees:

- The VHT should counsel the caretaker to give the first dose immediately.
- Give the next dose after 12 hours
- Complete the course of treatment over 5 days

4. Practicing determining dose of Amoxicillin

Ask participants to pair up for the exercise, put up prepared flip charts on the table containing the name of 2 children (at the back of this session)



Explain to the trainees:

- You are now going to determine giving the right dose of Amoxicillin to a sick child with cough less than 21days with fast breathing
- Give each pair a practice child card (prepared)
- You will need to decide the treatment as follows
 - a) The blister pack
 - b) How many tablets of Amoxicillin they would give the child for a single dose
 - c) The number of times a day
 - d) The number of days



Explain to the trainees:

- You should refer to the SCJA to assist you answer practise child cards
- Each pair comes up to the flip chart and fill in the right boxes related to the practice child card
- Give a time of day for the first dose, and have them complete the time for the second dose
- Confirm that answers are correct by checking with other participants if they agree or not continue until all pairs have had a chance to respond
- Ask what questions do they have

5. Giving Amoxicillin

Ask participants watch as you demonstrate the procedure helping the caregiver to give the first dose of Amoxicillin as well as counselling the caregiver. Invite them to observe carefully because they will be asked to repeat the same thing later. Invite a volunteer to come and play the role of a caregiver and give him/her a doll that he will use as a baby. Follow meticulously the steps.



Explain to the trainees:

- The caregiver drops the tablet in a cup or small bowl
- Mix it with breast milk or water or another of the child's favourite foods
- Give the solution with the dissolved tablet to the child with a spoon (first dose)
- The caregiver gives one dose in the morning and one dose at night.
- Emphasise to caregiver that it is important to give Amoxicillin until the medicine is completed
- If the child splits up the medicine, give the child another full dose
- If the child is unable to take the medicine, you should refer the child to the health facility
- Ask the caregiver to repeat the instructions and should ask any questions before leaving
- Ask to see the child in 3 days for follow up visit
- Counsel the caregiver to bring the child back right away if the child becomes sicker
- If child is seen not improving during the follow up, the VHT should refer to the health facility

6. VHT Sick Child Register

Turn to the VHT sick child register and show the Amoxicillin treatment column on the ICCM register to the VHTs. Demonstrate how to tick in the column.

7. Role Play 1

Ask participants that we will now see a role-play showing how you would treat fast breathing. Break the VHTs into groups of two persons and give them each some Amoxicillin, water, a spoon and a metal bowl. Ask each member of the group to practice treating fast breathing, including teaching the caregivers how to give Amoxicillin, and counselling the caregiver. Give them 15 minutes and move from group to group to observe that they are doing it correctly.



Explain to the trainees:

- Now, you will learn how to teach the mother how to give Amoxicillin
- You will break into pairs. One of you will be the “VHT” and the other will play the role of the “mother”.
- You have 15 minutes to prepare then each pair will come forward and perform their role-play.
- Other participants should observe carefully while they are playing in order to provide them with constructive feedback at the end
- Continue until all the pairs have performed



Ask trainees:

- What was difficult and what went well in this role-play
- We will hear from the observers first followed by players’
- Give examples of how participants engaged the caregiver to help the caregiver treat the child at home.
- Can some volunteers recall what they have learned from the session

8. Summarizing the session



Ask trainees:

- Do you have any questions so far?

*Using the facilitator summary points in the box below, **READ aloud to the trainees** the bullet points, while checking their understanding*



Facilitator Summary Points:

- A child with pneumonia can die easily. Give an oral antibiotic Amoxicillin to prevent death
- The caregiver needs to continue the treatment for the complete 5 days
- VHTs do not have to memorise the treatment doses. They should refer to the SCJA (for child with fast breathing)

Answers for Amoxicillin (125 mg) for treatment of cough and fast breathing

Child with fast breathing	Age	Color pack to give	How much is a single dose?	How many times a day?	For how many days?
1. Mugume	2 years	Green	3 tabs	2 times	5 days
2. Otim	4 1/2 years	Green	3 tabs	2 times	5 days
3. John	4 months	Red	2 tab	2 times	5 days
4. Kilara	8 months	Red	2 tab	2 times	5 days
5. Emusu	6 months	Red	2 tab	2 times	5 days
6. Bikaba	3 years	Green	3 tabs	2 times	5 days
7. Marry	4 years	Green	3 tabs	2 times	5 days
8. Wandera	3 ½ years	Green	3 tabs	2 times	5 days
9. Yiga	12 months	Green	3 tabs	2 times	5 days
10. Anguzu	4 years	Green	3 tabs	2 times	5 days
11. Okiror	Almost 5 years	Green	3 tabs	2 times	5 days
12. Mirembe	5 months	Red	2 tab	2 times	5 days
13. Joyce	6 weeks	refer	Refer	refer	refer

SESSION 10: Treat Diarrhoea – Decide on the dose of ORS and Zinc



Learning Objective: by the end of the session, participants will be able to:

- Explain why it is important to give ORS to a child with diarrhoea
- Demonstrate how to teach the mothers to prepare ORS
- Demonstrate how to teach the mothers to give ORS and Zinc to a child

TIME	2 Hours
METHOD	Demonstration and Role Play
MATERIALS	ORS sachets, 1 Litre containers, cups, spoons, dolls; Zinc tablets, Sick Child Job Aid – Wall Chart, Register
PREPARATION	Flipchart with 3 labelled columns: Cough, Diarrhoea and Fever
PROCEDURES	



Explain to the trainees:

- This session is about giving ORS and Zinc for treatment for diarrhoea
- You need to learn about preparing and giving medicine so that you can teach mothers

1. Sick child job aid section 4b – Treat and Advise

Display the enlarged Sick Child Job Aid, section 4b: “Treat and Advise” Point to the job aid heading on treating diarrhoea s as you read aloud



Explain to VHTs:

- A child has diarrhoea for less than 14 days, with no blood in stool and with no other danger sign should be given ORS solution and a zinc supplement.
- You will now learn how to treat the child with diarrhoea

2. Importance of ORS for child with diarrhoea



Explain to the trainees:

- A child with diarrhoea can quickly become dehydrated and may die because the body loses water and salts in diarrhoea. These must be replaced
- Giving water, breast milk, and other fluids to children with diarrhoea helps to prevent dehydration. This may include light locally available porridges and coconut water.



Ask trainees

- What are some fluids they give locally for children with diarrhoea?

Possible answers

- Clean water
- Breast milk
- Light porridge
- Coconut water

3. Preparing ORS

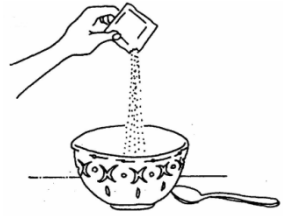
Ask participants watch as you demonstrate the procedure for preparing and giving the ORS, helping the caregiver start giving the ORS in front of you, as well as counselling the caregiver. Invite them to observe carefully because they will be asked to repeat the same thing later. Invite a volunteer to come and play the role of a caregiver and give him/her a doll that he will use as a baby. Follow meticulously the steps.



Explain to the trainees:

- You are expected to teach caregivers how to prepare ORS solution so pay attention
- First wash your hands with soap and water.

- Then you pour the entire contents of 1 packet of ORS into a clean container (a mixing bowl or jar) for mixing the ORS. The container should be large enough to hold at least 1 litre.



- Measure 1 litre of clean water (or correct amount for packet used). Use the cleanest drinking water available

- Now pour the water into the container. Mix well until the salts completely dissolve.



4. Giving ORS solution

Demonstrate giving ORS.



Explain to the trainees:

- A child with diarrhoea can quickly become dehydrated and may die because the body loses water and salts in diarrhoea. These must be replaced
- ORS solution tastes salty. You can taste it. It doesn't taste good to you but a child who is dehydrated drinks it eagerly.
- Start giving the child the ORS solution. Give frequent small sips from a cup or spoon. (Use a spoon to give ORS solution to a young child.)
- If the child vomits, wait 10 minutes before giving more ORS solution. Then start giving the solution again, but more slowly.
- Offer the child as much as the child will take, or at least ½ cup ORS solution after each loose stool.
- When you get home continue giving the child the usual fluids, such as breast milk or clean water if the child is not exclusively breastfed. Avoid giving very sweet drinks and juices to the child with diarrhoea who is taking ORS.

Check the caregiver's understanding. For example: observe to see that she is giving small sips of the ORS solution. The child should not choke.



Ask trainees

- What are the steps that one should follow for preparing and giving ORS solution?

Write down their answers.

- How often will you give the ORS solution? How much will you give?
- How do you know when the child can go home?

Answer

Make sure all the steps are covered (see Preparing and Giving ORS Solution above).

A dehydrated child, who has enough strength to drink, drinks eagerly. If the child continues to want to drink the ORS solution, the mother should continue to give the ORS solution in front of me.

If the child becomes more alert and begins to refuse to drink the ORS, it is likely that the child is not dehydrated. If the child is no longer thirsty, then the child is ready to go home.



Explain to the trainees:

When the child is ready to go home put the extra ORS solution in a container and give it to the caregiver for the trip home (or to the health facility, if the child needs to be referred)

- Give the caregiver 2 extra packets of ORS to take home, in case she needs to prepare more. Advise her to keep the ORS solution in a clean, covered container.
- Encourage the caregiver to continue to give ORS solution as often as the child will take it. She should try to give at least ½ cup after each loose stool.
- Ask the caregiver to make fresh ORS solution when needed. She should not keep the mixed ORS solution for more than 24 hours.

5. Age groupings for Zinc treatment

- Ask participants to turn to the section 4B on diarrhoea treatment and explain to them the two different age groups for dosages

6. Treatment Dosages for Zinc

Have a trainee volunteer to read the rest of the instructions on dosages for Zinc. Explain the pictures of the tablets and colour coding to the group.



Explain to the trainees:

- Each course of treatment is supposed to last 10 days. So the mother is supposed to feed the 2 to 6 months half a tablet once daily for 10 days.
- If you count the tablets you will see 5. This is how many tablets you need to give to a mother of a child 2 to 6 months

Ask a few of the VHTs to repeat back what you have just taught them to demonstrate that they understand the pictures and their meaning. Make any necessary corrections.

- Also remember that even if the child improves after 2 or 3 days, the mother must complete the 10 day course of Zinc tablets” and “Home Therapy should be continued”.

Turn to the job aid and repeat the same explanation for the 6 month to 5 year old child.



Ask trainees

- What is the Zinc tablet dosage for a 2 to 6 months old?
- What is the tablet dosage for a 6 months to 5 year old?
- What else should be taught to the mother?

7. Zinc tablet feeding

Ask participants watch as you demonstrate the procedure for cutting the tablet into two, helping the caregiver to give the first dose of Zinc, as well as counselling the caregiver. Invite them to observe carefully because they will be asked to repeat the same thing later. Invite a volunteer to come and play the role of a caregiver and give him/her a doll that he will use as a baby. Follow meticulously the guidelines at the back of this session.



Explain to the trainees:

- Put the tablet or half tablet into a spoon with water. The tablet will dissolve. You don't need to crush the tablet before giving it to the child.
- Hold the baby properly and let's give her child the first dose of zinc. Thank you for giving the Zinc to the baby

The child might spit out the zinc solution. If so, then use the spoon to gather the zinc solution and gently feed it to the child again. If this is not possible and the child has not swallowed the solution, give the child another dose.

- Give this zinc for the full ten days, even if the diarrhoea stops. Ten days of zinc will reduce the diarrhoea in the months to come. The child will have a better appetite and will become stronger.
- When you get home keep all this medicines out of reach of children. Store the medicines in a clean, dry place, free of mice and insects.
- Do you have any question about treating with Zinc?



Ask trainees

- *If a child 3 months old with diarrhoea, what should the dose of zinc be?*

Answer: Half ($\frac{1}{2}$) a tablet of Zinc daily for 10 days

8. VHT Sick Child Register

Turn to the VHT sick child register and show the ORS and Zinc treatment column on the ICCM register to the VHTs. Demonstrate how to tick in the column.

9. Role Play 1

Create a role-play showing how you would treat diarrhoea. Break the VHTs into groups of two persons and give them each some Zinc tablets, ORS, water, a spoon and a metal

bowl. Ask each member of the group to practice treating diarrhoea, including teaching the caregivers how to give ORS solution and Zinc, and counselling the caregiver. Give them 15 minutes and move from group to group to observe that they are doing it correctly, i.e. the VHTs should not use too much water. When the groups have finished discuss with them some ideas on available containers for measuring a litre of water.



Explain to the trainees:

- Now, you will learn how to teach the mother how to prepare and give ORS and Zinc.
- You will break into pairs. One of you will be the “VHT” and the other will play the role of the “mother”.
- You have 15 minutes to prepare then each pair will come forward and perform their role-play.
- Other participants should observe carefully while they are playing in order to provide them with constructive feedback at the end
- Continue until all the pairs have performed



Ask trainees

- What was difficult and what went well in this role-play
- We will hear from the observers first followed by players’
- Give examples of how participants engaged the caregiver to help the caregiver treat the child at home.
- Can some volunteers recall what they have learned from the session

10. Summarizing the session



Ask trainees

- Do you have any questions so far?

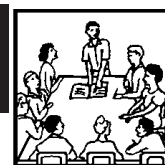
Using the facilitator summary points in the box below, READ aloud to the trainees the bullet points, while checking their understanding



Facilitator Summary Points:

- A child with diarrhoea loses body water and salts
- Give plenty of locally available fluids like clean water, breast milk, light porridge to children with diarrhoea to prevent dehydration
- Give ORS solution and a zinc supplement
- The caregiver needs to continue to give ORS solution

SESSION 11: Treat fever Decide on the dose of anti malarial to give a child



Learning Objective: by the end of the session, participants will be able to:

- Explain why it is important to treat fever
- Describe how to select dose of anti-malarial (ACT) to give a child
- Demonstrate how to teach a mother to give anti-malarial (ACT)

TIME	1 hour
METHOD	Demonstration, Group discussion and Role Play
MATERIALS	ACT tablets, Child practice cards, SCJA and Wall Chart, Register
PREPARATION	Flipchart with 3 labelled columns: Cough, Diarrhoea and Fever Flipchart with learning objectives
PROCEDURE	



Explain to the trainees:

- This session is about how to give medicine for fever
- You will need to know about how much medicine to give and teach caregivers

1. Sick child job aid section 4b – Treat and Advise

Display the enlarged Sick Child Job Aid, section 4b: “Treat and Advise” Point to the job aid heading on treating fever as you read aloud



Explain to the trainees:

- A child of age 4 months to 5 years who has fever for less than 7 days with no danger sign should be treated for malaria
- Children less than 4 months rarely get malaria
- Treatment should start immediately before the illness worsens
- Regardless of when the fever began the VHT should start treatment immediately

2. Age groupings for ACTs treatment

Ask participants to turn to the section 4B on fever treatment and explain to them the two different age groups for dosages



Explain to the trainees:

- Treatment for malaria is done with Anti-malarial. ACT comes in two age groups
- The two groups receive medicine in boxes of different colors

4 month – 2 years	Yellow pack	1 tablet twice a day for 3 days
3 years – 5 years	Blue pack	2 tablets twice a day for 3 days

3. Treatment Dosages for ACTs

Have a trainee volunteer to read the rest of the instructions on dosages for ACTs. Explain the pictures of the tablets and colour coding to the group.



Explain to the trainees:

- Each course of treatment is supposed to last 3 days. So the mother must give for 3 days.
- If you count the tablets you will see 6. This is how many tablets you need to give to a mother of a child 4 months to 2 years

Ask a few of the VHTs to repeat back what you have just taught them to demonstrate that they understand the pictures and their meaning. Make any necessary corrections.

- Also remember that even if the child improves after 1 or 2 days, the mother must complete the 3 day course of ACT tablets” and “Home Therapy should be continued”.

Turn to the job aid and repeat the same explanation for the 3 to 5 year old child



Ask trainees

- What is the Anti-malarial dosage for 8 months old child?

- What is the Anti-malarial dosage for 3 years old child?

Answers;

- Yellow pack – 1 tablet twice daily for 3 days
- Blue pack - 2 tablets twice daily for 3 days



Explain to the trainees:

- Counsel the caretaker to give the first dose immediately.
- Give the next dose after 12 hours
- Complete the medicines over 3 days

4. Giving Anti-malarial ACT

Ask participants watch as you demonstrate the procedure helping the caregiver to give the first dose of Anti-malarial ACT as well as counselling the caregiver.

Invite them to observe carefully because they will be asked to repeat the same thing later. Invite a volunteer to come and play the role of a caregiver and give him/her a doll that he will use as a baby. Follow meticulously the steps.



Explain to the trainees:

- The caregiver drops the tablet in a cup or small bowl
- Mix it with breast milk or water , or another of the child's favourite foods
- Give the solution with the dissolved tablet to the child with a spoon (first dose)
- The caregiver gives one dose in the morning and one dose at night.
- Emphasise to caregiver that it is important to give the ant-malarial until the medicine is completed
- Do not share the medicine with other children
- If the child spits up the medicine, give the child another full dose
- If the child is unable to take the medicine, you should refer the child to the health facility

- Ask the caregiver to repeat the instructions and should ask any questions before leaving
- Advise caregiver to have a child sleep under ITN
- Ask to see the child in 3 days for follow up visit
- Counsel the caregiver to bring the child back right away if the child becomes sicker
- If child is seen not improving during the follow up, the VHT should refer to the health facility

5. Practicing determining dose of Anti-malarial ACT

Ask participants to pair up for the exercise, put up prepared flip charts on the table containing the name of 2 children (at the back of this session, Page 129)



Explain to the trainees:

- You are now going to determine giving the right dose of anti-malarial to a sick child with fever
- Give each pair a practice child card (prepared)
- You will need to decide the treatment as follows:
 - 1) The blister pack
 - 2) How many tablets of ACT they would give the child for a single dose
 - 3) The number of times a day
 - 4) The number of days



Explain to the trainees:

- You should refer to the sick child Job Aid to assist you answer
- Each pair comes up to the flip chart and fill in the right boxes related to the practice child card
- Give a time of day for the first dose, and have them complete the time for the second dose
- Confirm that answers are correct by checking with other participants if they agree or not. Continue until all pairs have had a chance to respond

- Ask what questions do they have

6. VHT Sick Child Register

Turn to the VHT sick child register and show the ACT treatment column on the ICCM register to the VHTs. Demonstrate how to tick in the column.

Answer sheet: Decide on the dose of anti-malarial to give a child

Child with fever	Age	Which blister pack for ACTs to give	How much is a single dose?	How many times a day?	For how many days?	First dose was given at:	What time should the caregiver give the child the next dose?
1. Mugume	2 years	Yellow	1 tab	2 times	3 days	8:00	4:00
2. Otim	4 ½ years	Blue	2 tabs	2 times	3 days	14:00	10:00
3. Jalon	4 months	Yellow	1 tab	2 times	3 days	now	[12 hours later]
4. Kilara	8 months	Yellow	1 tab	2 times	3 days	10:00	06:00
5. Emusu	6 months	Yellow	1 tab	2 times	3 days	15:00	11:00
6. Bikaba	3 years	No	No	No	No	11:00	7:00
7. Mera	4 years	Blue	2 tabs	2 times	3 days	9:00	5:00
8. Wandera	3 ½ years	Blue	2 tabs	2 times	3 days	13:00	09:00
9. Yiga	12 months	yellow	1 tab	2 times	3 days	14:00	10:00
10. Anguzu	4 years	Blue	2 tabs	2 times	3 days	7:00	03:00
11. Okiror	Almost 5 years	Blue	2 tabs	2 times	3 days	12:00	08:00
12. Lochap	5 months	Yellow	1 tab	2 times	3 days	16:00	12 midnight
13. Mary	3 months	No treatment					
14. Joyce	6 weeks	Refer with no pre-referral treatment					

7. Summarizing the session



Ask trainees

- Do you have any questions so far?

Using the facilitator summary points in the box below, READ aloud to the trainees the bullet points, while checking their understanding



Facilitator Summary Points:

- ACT anti-malarials are not given to children less than 4 months old
- Start treatment immediately to prevent worsening of the disease
- Give anti-malarial for 3 days even if the child feels better

SESSION 12: Pre-treatment of some referred patients



Learning Objectives – *by the end of the session, participants will be able to:*

- Describe which referred children should receive pre-referral treatment
- Explain how a VHT can facilitate a referral
- Demonstrate how Rectal Artesunate should be administered to a child

TIME	2 Hours
METHOD	Discussion, presentation and exercise
MATERIAL	Flipchart, markers, Sick Child Job Aid – Wall Chart, Copies for participants of Sick Child Job Aid and VHT registers
PROCEDURES	



Explain to the Trainees:

- This session is about giving medicine to referred children
- You need to treat referred children immediately

1. Sick child job aid section 4a – Pre-referral Treatment

When all the participants are ready, introduce section 4a of the job aid. Use an enlarged job aid, to help participants see each part as you refer to it. Point to the job aid headings with participants reading aloud each illness and condition in a referred child or newborn

Say:

- Part 4a and is used to identify the referred children to treat and what to give
- Danger signs which need treatment before referral are listed in 4a
- The medicine to give are also listed plus the amount to give
- You only give a single dose since this child is going to be referred

- Always refer to 4a for danger signs to treat and what to give

Distribute copies of section 4a of the sick child job aid to each of the VHTs. Run them through each danger sign one by one and discuss the treatment. Move around the room to make sure that each participant knows where the conditions are on the job aid.

2. Danger signs to treat and those not to treat before referral

Say:

- You will notice that some danger signs listed in 3 are not listed in 4a

Tell participants to compare the danger signs they learnt in section 3 of the sick child job aid and the list of conditions given pre-referral treatment in section 4a.



Ask Trainees:

- Ask a volunteer to read through the list in 3 and then move to 4a
- Ask which danger signs in a sick child in 3 is not listed in 4a?

Answers

- *Cough for more than 21 days*



Explain to the trainees:

- Not ALL children with danger signs need pre-referral treatment
- A very weak child who is not awake cannot take treatment by mouth and could choke if you give him any medicine by mouth.
- Similarly one who is vomiting everything cannot take treatment by mouth.
- A child who is not able to take by mouth AND has a fever. This child is likely to have serious malaria. Giving a rectal malaria drug can save this child
- But a child who is not able to take by mouth AND DOES NOT have a fever. This child is not likely to have malaria. He has no condition that you can treat
- A child with cough for 21 days or more, with no signs of fast breathing or fever. There is no problem that you can treat at the community

- A very small newborn with no danger sign or other infection needs assessment at a health facility. There is nothing for the VHT to treat
- Any problem that you do not recognize or understand; there is no condition here that the VHT knows how to treat.



Ask Trainees:

- Do you have any question so far?

3. Medicine to give before referring



Explain to the trainees:

- A referred child should start treatment as soon as possible
- You should treat this child immediately before you refer because
 - The sickness can get worse very quickly or even death can occur
 - The child may delay to get treatment if the referral facility is a long way
 - The child may delay to get treatment if there is no medicine at the facility
- VHTs are required to give pre-referral treatment and not delay the child
- You will now learn which medicine to give

Ask the participants to turn to section 4a on pre-referral treatment

Say:

- We will now return to section 4a and learn more about the medicine you give before referral



Explain to the trainees:

- A child with diarrhoea should be given ORS
- A child with chest in-drawing or fast breathing should be given first dose of Amoxicillin
- A child with fever should be given first dose of oral Anti-malarial ACT
- A child with fever and a General Danger sign should be given rectal Artesunate
- You will now learn how to give Rectal Artesunate to a sick child

4. Age groupings and amount of Rectal Artesunate to give

Ask the participants to turn to section 4a on pre-referral treatment for fever. Using the enlarged job aid point to the part of Rectal Artesunate and explain to them the three different age groups for dosages



Explain to the trainees:

- There three groups for children to be given this medicine according to their age
- Treatment using this medicine starts at 4 months of age
- There are three age groups

Have a trainee volunteer to read the rest of the instructions on dosages for rectal artesunate.

Possible answer

- A child of 4 – 11 months
- A child of 1 – 3 years
- A child of 4 – 5 years



Explain to the trainees:

- Now look at the number of tablets for each age group
- Only a single dose of rectal artesunate is given
 - 1 capsule = Child of 4 – 11 months
 - 2 capsules = Child of 1 – 3 years
 - 4 capsules = Child of 4 – 5 years
- Rectal Artesunate unlike other drugs is inserted in the babies anus



Ask trainees:

- I would one person to repeat back what we have just learnt

The trainer should drill or keep asking the VHTs the dosages for different ages to see if they understand. Drill them for about 5 minutes. Make any necessary corrections.

- If a child is 3 years old with fever and a general danger sign, what should the dose of rectal artesunate be?

Answer: 2 capsules as a single dose

5. How to insert Rectal Artesunate

Ask participants watch as you demonstrate the procedure for inserting rectal artesunate, helping the caregiver to give the first dose of rectal artesunate, as well as counselling the caregiver. Invite them to observe carefully because they will be asked to repeat the same thing later. Invite a volunteer to come and play the role of a caregiver and give him/her a doll the he will use as a baby. Follow meticulously the steps below.

Explain to the caregiver:

- Hold the baby properly and let us give her the first dose of rectal artesunate
- Insert this capsule or capsules in the child's anal opening into the rectum.
- Now hold the babies buttocks together for a short while to prevent the baby pushing the medicine out.
- Thank you for giving the medicine to the baby. The capsule will dissolve in the rectum
- Do you have any question about this medicine?

6. VHT Sick Child Register

Turn to the VHT sick child register and show the referral treatment column. Use enlarged register, to help participants see each part as you refer to it. Demonstrate how to tick in the column.

Say:

- Look at the top of the register and locate the column for recording referral treatment
- You will tick against the child name whenever you give a pre-referral treatment

7. Practise to identify Pre-referral treatment needed

Tell the participants that they will now practise to decide if pre-referral treatment is necessary and if treatment is necessary, you will need to specify the drugs and dose.



Explain to the trainees:

- You will work in pairs and use their sick child job aid as a resource.
- *Read out the following statements and ask the pair to respond when called on.*

Rita is a newborn with about 20 skin pastules.

Answer: No treatment

Gertrude is a 6-month old girl with convulsion without fever.

Answer: No treatment

Haruna is a 5 months old boy with fast breathing and chest in drawing.

Answer: Amoxillin 2 tablets

Noah is a 2 year old with convulsions and fever.

Answer: Rectal Artesunate 2 capsules

Robert is a 4 year old with fever and very sleepy or unconscious

Answer: Rectal artesunate 4 capsules

Jessica a 3 year old with diarrhoea with blood.

Answer: ORS

Francis is a 4 year old with fever for three days and diarrhoea for 20 days.

Answer: ACT 2 tablets of the blue pack and ORS

Walakira is a 3-year old boy without fever, fast breathing or chest in drawing and has been coughing for more than 21 days.

Answer: No treatment

Lawrence is a very small 2-day old newborn

Answer: No treatment

Mwanja is a newborn with redness of cord and surrounding skin.

Answer: Dissolve 1 tablet of Amoxicillin

Edinah is a 3 year old girl with chest in drawing without fast breathing.

Answer: Amoxicillin 3 tablets

Sekitoleko is a 2 year old who is unconscious without fever.

Answer: No treatment

Godfrey is a 6week old with fever

Answer: No treatment

8. Summarizing the session



Ask trainees:

- Do you have any questions so far?

Using the facilitator summary points in the box below, READ aloud to the trainees the bullet points, while checking their understanding



Facilitator Summary Points:

- Delaying referral even for a few minutes can be very serious for a very sick child or newborn with a danger sign.
- Some children with danger signs will not receive treatment before referral.
- If the child has diarrhoea, help the caregiver start giving ORS solution right away
- If the child is still breastfeeding advise the mother to continue breastfeeding, to breastfeed more frequently and for a long time at each feed.
- Give rectal artesunate for a child with fever and a general danger sign

SESSION 13: Advise on Home Care Management



Learning Objectives – by the end of the session, participants will be able to:

- List type of advise to give to caregivers of children treated at home
- Demonstrate how to teach caregivers on home care
- Describe how to follow up sick children in the community

TIME	2 Hours
METHOD	Brainstorming and role-play
MATERIALS	SCJA, flipcharts and markers, masking tape
PREPARATION	Copies of laminated SCJA and enlarged SCJA chart
PROCEDURE	



Explain to the trainees:

- This session is about care given to a sick child at home
- You need to learn this so that you can teach caregivers

1. Sick child job aid section 5 – Advise for all children treated at home

Display the enlarged Sick Child Job Aid, section 5: “Advise for all children treated at home”
Point to the job aid headings as you read aloud each advise to be given to the mothers



Explain to the trainees:

Home Management should be given to all sick children seen by the VHT and are not referred



Ask trainees:

- What do you understand by home management?

Invite some volunteers to define what home management means

Once again turn to displayed Sick Child Job Aid, section 5: “Advise for all children treated at home” Point to the heading “Give more fluids and continue feeding”



Explain to the trainees:

- You will use this job aid to remind when you are teaching caregivers
- Advise the caregiver to give plenty of home fluids. This is important even though the child may find that drinking is uncomfortable or parents may believe that drinking is not important during the illness
- Breastfeeding should be increased if the child is still breastfeeding
- It is very important to continue feeding the child when he or she is ill to help the body fight the disease



Ask trainees:

- What fluids are some of locally available fluids at home?

Possible answers

- Clean water
- Soup
- Yoghurt
- Light porridge
- ORS

Return to **the** displayed Sick Child Job Aid, section 5: “Advise for all children treated at home” Point to the heading “**Go to the health facility if....**”



Explain to the trainees:

- Caregivers should look to see whether children develop new problems
- If the child fails or **cannot drink or feed**
- If the child **has blood in stool**
- If the child **becomes sicker**
- Caregivers should **go to the health facility...quickly**
- These conditions show worsening of illness and can die easily
- They are not treated at the community

Return to the displayed Sick Child Job Aid, section 5: “Advise for all children treated at home” Point to the heading “**Sleep under a net ...**”



Explain to the trainees:

- The caregivers should be advised to use a treated net to keep away the mosquito from biting the baby
- Mosquitoes carry malaria germs
- To be safe the baby should sleep under the treated mosquito net every day

*One more turn to the displayed Sick Child Job Aid, section 5: “Advise for all children treated at home” Point to the heading “**Follow up in 3 days ...**”*



Explain to the trainees:

- Follow up the child on the 3rd day from the day you saw him/her
- You should see the sick baby to check whether it is improving or not
- You should decide with caregiver whether you will go to the caregivers home or the caregiver will instead come back

2. Using the SCJA to advise the caregiver

- The VHT needs to check on the SCJA to remember what advise to give
- The VHT need not memorize the advise



Ask trainees:

- What are the important things to explain to the mother?



Explain to the trainees:

- All the four points in the SCJA are important
- Focus should be on danger signs
- A child with a danger may die if not treated immediately

3. Teaching Home Management (Role Play)



Explain to the trainees:

- You have now learned what Home Management is. You have not yet learned how to explain this to caregivers. You will be role-playing how to teach Home Management to each other
- When advising a mother only explain the key points on the job aid
- It is important that all the points on the job aid are taught to the caregiver
- It is better to only talk about a few things, so that the person will remember most of them
- Show the pictures on the job aid when explaining to caregivers. If you point to the pictures while you are explaining the points this will help the caregivers remember what you have told them
- Use the same language as the caregivers. If the caregiver speaks a different language, it is important that you explain in their language. Also, don't use big words, which she may not understand
- Encourage the caregiver to ask questions. Caregivers often have questions they want to ask, but they may feel nervous or shy. As a result they do not ask the question, and may be confused as a result. So you should encourage caregivers to ask questions. You can do this by specifically saying, "Do you have any questions?"
- Ask questions to check that the mother understands what you have taught her. You should not ask "Do you understand?". A mother may just say "yes" when in fact, she really does not understand.
- You need to ask specific questions, i.e. "What signs should you look for and return if it is present" or "What home Management should you do for your child?" The caregiver should explain back to you what you taught her so you are able to really check that she understands

If time allows, have two VHTs from the group role play how to give Home Management. Invite a participant to acts as a "caregiver" demonstrate how to give home Management and then discuss with the group what was good and bad about the role-play. The role-play should not take more than 5 minutes



Ask trainees:

- What did you see or hear which went well

- What did you see or hear which was not done well
- Give reasons why you give the answer

4. Summarizing the session

Ask trainees:

- Do you have any questions so far?

*Using the facilitator summary points in the box below, **READ aloud to the trainees** the bullet points, while checking their understanding*



Facilitator Summary Points:

Home management is the care which mothers give at home

- Home management should be given to all sick children who are not referred
- You will use this job aid to remind you when teaching mothers
- All the four points on home management are important, but focus should be on danger signs since a child may die if not treated immediately

SESSION 14: Routine Newborn Care



Learning Objectives – by the end of the session, participants will be able to:

- List type of advice to give to caregivers for newborn care at home
- Demonstrate how to teach caregivers on routine newborn home care
- Describe how to follow up newborns in the community

TIME	2 Hours
METHOD	Brainstorming, group discussions and demonstration
MATERIALS	Flipchart and markers, masking tape, SCJA – Chart, copies of SCJA, ICCM VHT Register, Doll, Clean cloth to secure baby in skin to skin position (2m by 0.75m), video on breast feeding (if available).
PREPARATION	Cue video on breastfeeding
PROCEDURE	



Explain to the trainees:

- This session is about care given to a newborn at home
- You need to learn care so that you can teach caregivers

1. Sick child job aid section 5 – Advise for all children treated at home

Display the enlarged Sick Child Job Aid, section 6: “Routine care for newborns” Point to the job aid headings as you read aloud each advise to be given to the mothers



Explain to the trainees:

- Newborns need adequate care in the home to reduce risk of illness and death
- A newborn should be kept warm
- A newborn should be immediately after birth and thereafter breastfed exclusively
- Proper hygiene of the baby’s cord stump, skin and mother is critical

2. Keeping the baby warm

Ask participants to turn once again to **the** displayed Sick Child Job Aid, section 6: “Routine care for newborns” Point to the heading “**Keep the baby warm**”



Explain to the trainees:

- You will use this job aid to remind yourself when you are teaching caregivers
- Babies get cold easily immediately after birth when they are wet and exposed to cooler temperatures
- If the baby feels cold, it cannot suckle the breast well, it gets sick easily and is more likely to die.
- Advise to wrap the baby in warm, dry clothes, including the head and feet.
- Put the baby skin-to-skin contact with the mother. Use a piece of warm cloth to wrap the baby on the mother chest in between the breasts. The mothers body provides warmth continuously to the baby



Explain to the trainees:

- Wrap the baby in warm, dry clothes, including the head and feet where so much heat loss occurs.
- Initiate breastfeeding soon after birth also keeps the baby warm
- The first bath for the baby after delivery should be delayed until after 24 hours
- If the baby is covered with so much blood or amniotic fluid, instead use a dry cloth to clean the baby. Get a second fresh sheet and wrap the baby warmly.



Ask trainees:

- Do you have any question on this procedure?

3. Breastfeeding a newborn

Return to **the** displayed Sick Child Job Aid, section 6: “Routine care for newborns” Point to the heading “**Breastfeed exclusively**”



Explain to the trainees:

- Breast feeding is the best for babies,
- It doesn't require preparation and it is hygienic.
- It has all the nutrients the baby needs. It protects the baby from illness



Ask trainees:

- Do you know of any other advantage of breastfeeding?



Explain to the trainees:

- Start breastfeeding immediately after birth within the first hour
- Feed the baby on breast milk only for the first 6months
- Do not give additional feeds not even water
- Feed the baby at least 8 times a day
- Ensure the baby is well positioned and attached on the mother's breast



Ask trainees:

- What are the reasons why mothers give babies other fluids?
- How can we convince mothers to stop this practice?

Lead a discussion for the group and ask participants to volunteer answers, which will be written on the flip chart. Discuss the answers, one by one to make sure that the important barriers are discussed

4. Skin and cord care

*Return to **the** displayed Sick Child Job Aid, section 6: "Routine care for newborns" Point to the heading "**Cord and skin care** "*



Explain to the trainees:

- Advise mother to bathe the baby with clean water and soap (but not until 24 hours after birth)
- It is important to keep the cord exposed, clean and dry because most newborn infections pass through the cord
- Advise mother to wash hands before handling the baby
- Advise mother not to apply anything on the cord
- Advise mother to leave the cord dry and open

5. Extra care given to very small babies



Ask trainees:

- What special care does a small baby need at home? List them on a flipchart

Possible answers

- Delay first bath
- Extra warmth
- Proper feeding
- Warm environment
- Observe extra hygiene.



Explain to the trainees:

- Dry baby immediately after birth.
- Give extra warmth. Keep the baby held skin to skin on the mothers chest and well covered
- Mother should start breast feeding immediately after birth and continue breast feeding without adding other drinks or foods.
- Both mother and newborn should be provided with warmth.
- Small babies are those whose size is smaller than average i.e less than 2.5kg.
- They are at risk of dying from very low body temperature and feeding difficulties.

6. Kangaroo mother care or skin-to-skin care



Explain to the trainees:

- It is important to care for low birth weight babies weighing less than 2.5kg.
- The newborn is placed skin to skin between the mother's breasts and stays that way for as long as possible during the day and night.
- This method includes keeping babies warm and feeding them as much as possible.

Demonstration



Explain to the trainees:

- Put a baby in skin-to-skin position on the caregiver. (With your co-facilitator demonstrate wrapping the baby skin-to-skin. Use a doll dressed only in a nappy, hat and socks and show the following steps):
- Place the baby upright between the mother's breasts with the baby's chest touching the mother.
- Put the legs of the baby so that they are spread around both sides of the mother and turn his/her head to one side.
- Secure the baby with a cloth tied around the mother and the baby.
- The mother can then wear a shirt, sweater or shawl if she wants.
- If baby can breastfeed, ask the mother to breastfeed the baby every 2 hours.

Ask 3 pairs of volunteer participants to come and demonstrate putting a baby in skin-to-skin position. Allow other fellow participants to provide feedback after each demonstration.



Ask trainees:

- What 3 main messages should be given during newborn home visit?
- What are the three ways the caregiver can use to keep the newborn warm?
- What does exclusive breastfeeding mean?

Write down their answers.

Answer

Advise caregiver to wash hands before handling baby, it is important to keep the cord clean and dry, advise caregiver not to apply anything on the cord

Wrap the baby in warm and dry clothes, including the head and feet, put the baby in skin-to-skin contact with the mother, delay the baby's first bath until after 24 hours

Feed the baby only on breast milk on demand at least 8 times a day for 6 months.

7. Practising video on initiation of breastfeeding



Explain to the trainees:

- You are going to watch a video demonstration on initiating of breastfeeding
- You will ask questions about what you have observed at the end



Start the Video and play the sequence. You may need to repeat sections of the clip several times to make sure that all participants learn to recognise initiation of breastfeeding

8. Follow up of Newborn at home

In your community the VHT member should visit the newborns as follows:

- Making home visits to the newborn after delivery
 - 1st visit within first (1st) day after delivery
 - 2nd visit on the third (3rd) day after delivery
 - 3rd visit on the seventh (7th) day after delivery
- VHT member should give advise based on section 6 of the sick child job aid (Routine Care for the Newborn)
- VHT member uses opportunities such as Child Health Days to actively look for sick children

- Caregivers bringing a sick child to the VHT member

9. Summarizing the session



Ask Trainees:

- Do you have any questions so far?

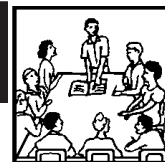
*Using the facilitator summary points in the box below, **READ aloud to the trainees** the bullet points, while checking their understanding*



Facilitator Summary Points:

- Initiate breast feeding soon after delivery within 1 hour and breast feed exclusively
- Delay the first bath, wrap baby in warm clothing to prevent low body temperature
- Recognize very small babies and give extra care
- Mothers and other care takers should always wash hands before breast feeding or handling the baby
- Check on the cord regularly and ensure it is clean and dry
- Do not apply anything on the cord
- Follow up of newborn in the community by the VHT member
- Making home visits to the newborn after delivery
 - 1st visit within first (1st) day after delivery
 - 2nd visit on the third (3rd) day after delivery
 - 3rd visit on the seventh (7th) day after delivery
- VHT taking opportunities such as child health days to actively look for sick children

SESSION 15: Management of Medicine at Community level



Learning Objectives – by the end of the session, participants will be able to:

- Explain the importance of proper handling of drugs at the community level
- Explain how medicines are ordered, supplied and stored at the community

TIME	3/4 Hour
METHOD	Brainstorming, discussions and demonstration
MATERIALS	Medicine box, VHT register, Flipchart and markers, masking tape
PROCEDURE	



Explain to the trainees:

- This session is about handling medicines at the community
- You need to learn this to avoid, shortages, wastage and dangers of medicines to the community



Explain to the trainees:

- You will receive the first stock of medicine soon after completion of the training
- Thereafter you will store, distribute and get new supplies of medicines

1. Storing medicine in the community



Explain to the trainees:

- It is your responsibility to look after the medicine
- All medicines will be stored securely in the medicine box
- You will each receive a box to keep the medicines
- Store the medicine box away from much sunlight or rain or even wet place
- Don't store other things in the drug box
- All medicines will be given free of charge to patients



Ask trainees:

- What could happen if you don't store your drugs properly
- How are you going to safeguard from these problems?

Ask participants to volunteer answers, which will be written on the flip chart. Discuss the answers

2. Accounting for the medicine



Ask trainees:

- Turn around and work with two of your immediate neighbours to brainstorm on the medicines for ICCM
- Discuss who is the owner of the ICCM drugs
- Who should the VHT be accountable to when the drugs get lost or spoilt

Ask participants to volunteer answers, which will be written on the flip chart. Discuss the answers

3. Getting new stocks of medicine

- It is important to have medicine whenever mothers come for treatment
- The health unit is responsible for giving you new drugs when your
- Medicines may get finished from your box and you have not received a new stock
- Ask for more drugs from the health unit when you have any type of medicine for only 3 more children to avoid running out completely of these drugs



Ask trainees:

- How can one get in touch with the health unit to ask for more drugs?
- Why is it important to go with your register when you go to pick more drugs

Ask participants to volunteer answers, which will be written on the flip chart. Discuss the answers

4. Reporting adverse drug reactions



Explain to the trainees:

- Bad medicine reaction is unwanted effect of the medicine
- If this occurs, it should be recorded and reported to nearest health facility
- It is important to report this immediately so that action can be taken
- If not reported the patient may get worse, more patients may get affected and patients will be discouraged to use the medicines
- If you don't report this some patients might put the blame on you
- Trained experts are in better position to check the cause and how to treat these reactions
- Report and record the adverse reaction in your register under the column "**Bad Medicine Reaction**" (*demonstrate where this information is found*)

5. Summarizing the session



Ask trainees:

- Do you have any questions so far?

*Using the facilitator summary points in the box below, **READ aloud to the trainees** the bullet points, while checking their understanding*



Facilitator Summary Points:

- VHTs are accountable for the ICCM medicines
- If not stored properly medicines can be dangerous to people, can be destroyed or stop being effective
- Drug stocks outs can be avoided if you order in time
- Report and record bad medicine reaction in VHT register

SESSION 16: Way forward and workshop closure



Learning Objective: By the end of the session, participants will be able to:

- Describe activities to do back in their community to distribute ICCM medicine

TIME	45 minutes
METHOD	Brain storm, small group work and Discussion
MATERIALS	Flipchart, markers and masking tape
PREPARATION	written flipchart with sample action plan
PROCEDURE	



Explain to the trainees:

- This session is about on how to move forward after this training
- As VHTs need to make sure all members know about ICCM and can easily access the medicine

1. Implementing ICCM back home



Explain to the trainees:

- We have come to the end of ICCM training
- We have learnt to treat, keep medicines, records and use the job aid
- We have also learnt how we will work with the health facility



Ask trainees:

*Ask participants to work in their village groups or according to the villages they belong to.
Ask them to answer the following questions*

- How will you start and when
- What activities to be done to start implementing

- Who will do what activity
- What assistance will you need to start

Allow participants about 20-30 minutes to discuss before they can share the rest of the group. A



Explain to the trainees:

Thank the presenters

Agree with them when they will come to the health facility for the 1st meeting

2. Summarizing the Workshop

The course director should summarise the course

Depending on whether the trainers feel that VHT need to be accredited first or not, certificates may be issued to the VHTs

- **END of workshop**

PART 3: ANNEXES

I: Case studies (Dan, Lillian, Jamilla and Tereza)

Case 1: Dan

Dan is 9 months old. He weighs 9.5 kg. His temperature is 39.5°C. His mother says he has had diarrhoea for 1 week.

Dan does not have any general danger signs. He does not have cough or difficult breathing.

The health worker assessed Dan for signs of diarrhoea. The mother said earlier that Dan has had diarrhoea for 1 week. Dan does not have blood in the stool. He is not restless or irritable; he is not lethargic or unconscious. He has sunken eyes. He is thirsty and drinks eagerly when offered a drink. His skin pinch goes back slowly.

Next, the health worker assessed for additional signs related to fever. Dan's mother says he has felt hot for about 2 days. He has not had measles in the last 3 months. He does not have a stiff neck. He did not have signs suggesting measles.

There is no ear problem.

The health worker checked for signs of malnutrition and anemia. Dan does not have visible severe wasting. There are no signs of palmar pallor. He does not have oedema of both feet. The health worker determined his weight for age.

Dan has had i) BCG ii) DPT-Hep B + Hib 1, 2 and 3 plus OPV 0, 1, 2 and 3

Dan's card has no record of prior vitamin A treatment or supplementation and his mother does not recall his receiving any.

Case 2: Lillian

Lillian is 4 months old. She weighs 5.5 kg. Her temperature is 38.0°C. She is in the clinic today because she has diarrhoea.

She has no general danger signs. She has no cough or have difficult breathing.

The health worker assessed her further for signs of diarrhoea. She has had diarrhoea for 2 days and there is blood in the stool, said the mother. Lillian was not restless or irritable; she was not unconscious or lethargic. Her eyes were not sunken. She drank normally, and did not seem to be thirsty. Her skin pinch went back immediately.

The health worker next assessed her for fever. Lillian has had fever for 2 days, said the mother. She has not had measles in the last 3 months. She does not have a stiff neck. There are no signs suggesting measles.

Lillian does not have an ear problem. The health worker checked for malnutrition and anaemia. She does not have visible severe wasting. There is no palmar pallor and no oedema of both feet. The health worker determined her weight for age.

At birth Lillian received BCG and OPV 0. Four weeks ago, she received DPT-Hep B + Hib 1 and OPV 1.

Case 3: Jamilla

Jamilla is 37 months old. She weighs 15.3 kg. Her temperature is 38.5°C. Jamilla's family brought her to the clinic today because she has a stomach ache, feels hot, has a runny nose and rash, and is coughing.

The health worker checked her for general danger signs. She was able to drink, did not vomit everything she drank, had no convulsions, and was not lethargic or unconscious.

The health worker assessed the child for cough or difficult breathing. The parents said she has been coughing for 2 days. The health worker counted 55 breaths a minute. He did not see chest indrawing. He did not hear any unusual noise when she breathed in.

Jamilla does not have diarrhoea, said the parents. However, she has been feeling hot, they said. She has had fever for two days. She has not had measles in the last 3 months. Her neck moves easily. The health worker looked for signs suggesting measles. Her rash was not generalized; it was only on her hand.

Jamilla did not have an ear problem, said the parents.

The health worker checked Jamilla for malnutrition and anemia. She does not have visible severe wasting. She does not have palmar pallor. She does not have oedema of both feet. The health worker determined her weight for age.

Jamilla has received: i) BCG ii) OPV 0,1,2 and 3 iii) DPT-Hep B + Hib 1, 2 and 3

There is no record that Jamilla has ever received vitamin A and has not received mebendazole in the last 6 months.

Case 4: Tereza

Teresa is 6 months old. She weighs 4 kg. Her temperature is 37°C. Her mother brought her to the clinic because Teresa has a cough. Her mother is also concerned that Teresa looks thin.

The health worker did not find any general danger signs.

The health worker assessed her cough. The mother said Teresa had the cough for 4 days. The health worker counted 52 breaths per minute. Teresa did not have chest indrawing, and there was no stridor when the child was calm.

Teresa did not have diarrhea, and she did not have fever. There was no ear problem, said the mother.

The health worker saw that Teresa had visible severe wasting. She did not have palmar pallor. She did not have oedema of both feet. The health worker determined the child's weight for age.

She has had: BCG, OP 0 and 1 and DPT-Hep B + Hib 1, four weeks ago but she has not had vitamin A.

II: General List Equipment, Supplies and Logistics

Item	Number	Comments
VCR equipment/laptop, video tape or DVD	1 set/room	Parts 1 and 2
Flip chart	1 set / room	
Masking tape	2	For classroom and clinic
Markers	6	
Pens	1 person	Provide extras
Measuring containers:		
1 litre (e.g. 500ml water bottle), spoons, cups	1 set per room	
Dolls	1 per room	
Medicine and supplies		
ORS sachets	3 / participant	Provide extra for dispensing
Zinc tablets	2 packs /person	Provide extra for dispensing
ACTs tablets(blue and yellow packs)	24 tabs/ person	Provide extra for dispensing
Amoxicillin tablets	3 doses/person	Provide extra for dispensing
Rectal Artesunate	1 pack/person	Provide extra for dispensing
Medicine containers (ACT, zinc, antibiotic)	6-12 / room	Sufficient for demonstration
Cup and spoons for preparing medicine	1/person	
Materials		
Workshop Agenda	1 per participant	
Registration Form(s)	1 per day	Participants should sign daily
Sick Child Job Aid; VHT Register;	24 photocopies for practice	
Large Sick child job aid – Wall Chart	1 set per room	
Facilitator Guide, Photo Book,	1 set / facilitator	
Timers	1 per person	
Post-Tests	1 per participant	
Certificates	1 per person	
Referral note	20 copies	
Additional Logistics		
Electricity source / Generator	1	
Tables and chairs		

III: Village Health Team training course agenda

Day 1

08.30 – 09.00	Registration
09.00 – 11.00	Session 1: Introduction to VHT Training
11.00 – 11.30	Tea Break
11.30 – 12 .00	Session 2: Role of the VHT
12.00 – 01 .00	Session 3: SCJA
01.00 – 02.00	Lunch Break
02.00 – 03.00	Session 4: Ask the Child's problems
03.00 – 05.00	Session 5: Identify fast breathing End of day participant evaluation

Day 2

08.30 – 09.00	Feedback day 1
09.00 – 01.00	Clinical practice Asking the caregiver and child's problems
01.00 – 02.00	Lunch
02.00 – 03.30	Session 6: Identify danger signs
03.30 – 05.00	Session 7: Referring a sick child or new born to a health facility End of day participant evaluation

Day 3

08.30 – 09.00	Feedback day 2
09.00 – 01.00	Clinical practice Upto asking and looking for danger signs and refer
01.00 – 02.00	Lunch
02:00 – 03:00	Session 8: Treat child with no danger signs
03.00 – 04.00	Session 9: Treat cough
04.00 – 05:30	Session 10: Treat Diarrhoea End of day participant evaluation

Day 4

08.30 – 09.00	Feedback day 3
09.00 – 01.00	Clinical practice Upto Treat & advise
01.00 – 02.00	Lunch
02.00 – 03.00	Session 11: Treat fever
03:00 – 05:00	Session 12: Pre-referral treatment

Day 5

08.30 – 09.00	Feedback day 4
09.00 – 01.00	Clinical practice upto pre-referral treatment
01.00 – 02.00	Lunch Break
02.00 – 03.30	Session 13: Home care advice
03.30 – 05.00	Session 14: Routine newborn care End of day participant evaluation

Day 6

08.30 – 09.00	Feedback day 5
09.00 – 10.00	Session 15: Medicine management
10.00 – 10.30	Tea Break
10.30 – 01.00	Session 16: Way forward
01.00 – 02.00	Lunch Break
02.00 – 03.00	Closure

IV: TOT Training course agenda

Day 1

08.00 – 09.00	Arrival and Registration
09.00 – 11.00	Introduction to the Training of Trainers workshop
11.00 – 11.30	Tea break
11.30 – 01.30	Session 1A: The Role of Health Worker in ICCM
01.30 – 02.30	Lunch Break
02.30 – 03.30	Session 1B: ICCM Facilitator facilitation
03.30 – 05.30	Session 1C: Learning to facilitate ICCM
	End of day participant evaluation

Day 2

08.30 – 09.00	Feedback day 1
09.00 – 11.00	Session 1D: ICCM Clinical Instructor preparation
11.00 – 11.30	Tea break
11.30 – 01.30	Session 1E: Monitoring during Training
01.30 – 02.30	Lunch break
02.30 – 04.30	Session 1F: Support Supervision
04.30 – 05.30	Session 1: Introduction to the ICCM workshop
	End of day participant evaluation

Day 3

08.30 – 09.00	Feedback Day 2
09.30 – 10.00	Session 2: The Role of the VHT in ICCM
10.00 – 11.00	Session 3: SCJA
11.00 – 11.30	Tea break
11.30 – 01.30	Session 4: Ask the Child's problems
01.30 – 02.30	Lunch break
02.30 – 04.00	Session 5: Identify fast breathing
04.00 – 05.30	Session 6: Identify danger signs
	End of day participant evaluation

Day 4

08.30 – 09.00	Feedback Day 3
09.00 – 12.30	Clinical practice Asking the caregiver and child's problems, looking for danger signs & refer
12.30 – 01.00	Feedback from Clinical session

01.00 – 02.00	Lunch break
02.00 – 03.00	Session 7: Referring a sick child or Newborn to a Health Facility
03.00 – 04.00	Session 8: Treat child with no danger signs
04.00 – 05.00	Session 9: Treat cough
	End of day participant evaluation

Day 5

08.30 – 09.00	Feedback Day 4
09.00 – 12.30	Clinical practice upto treat & advise, prereferral treatment
01.30 – 02.30	Lunch break
02.30 – 04.30	Session 10: Treat Diarrhoea
04.30 – 05.30	Session 11: Treat fever
	End of day participant evaluation

Day 6

08.30 – 09.00	Feedback day 5
09.00 – 11.00	Session 12: Pre-referral treatment
11.00 – 11.30	Tea break
11.30 – 01.00	Session 13: Home care advice
01.00 – 02.00	Lunch Break
02.00 – 03.30	Session 14: Routine newborn care
03.30 – 04.30	Session 15: Medicine Management
04.30 – 05.30	Way forward
	End of workshop evaluation
	Closure

V: Checklist medicines, supplies for clinical sessions

Drugs and supplies essential for clinical practise

Materials:	SCJA, VHT Register, Referral notes, mother cards
Drugs:	ORS packets Amoxicillin ACT Zinc tablets Rectal Artesunate
Supplies:	Plastic cups (one for each participant- to offer drinks to child with diarrhoea) Clean water supply (for mixing ORS; for offering fluid to child when assessing signs of dehydration; and for making crushed drugs) Respiratory timers, enough watches or other timing devices (participants usually use their own watches) Mother's cards Banana and other acceptable food to use when mixing Crushed tablets Banana is handy, portable and children like it
Other essential Supplies for ORT Corner	Containers for use to demonstrate how to mix ORS (and to mix ORS for plan B administration) spoons Oral Rehydration salts and premixed packets
Other Essential Clinic Supplies	Hand washing facilities Functional scale for weighing children and young infants accurately

VI: Group checklist for clinical signs

(after every session, each participant refers to his or her completed Sick Child Job Aids and ticks the signs and symptoms seen)

Not able to drink or breastfeed anything	Very sleepy or unconscious	Chest in drawing	Convulsions
Vomits everything	Cough less than 21 days	Cough for 21 days or more	Fast breathing
Diarrhoea less than 14 days and no blood in stool	Diarrhoea for 14 days or more	Diarrhoea with blood in stool	Fever for less than 7 days
Fever 7 days or more	Newborn with infected cord	Newborn with skin pustules	Very small newborn

VII: Checklist for monitoring clinical sessions

Sick child and newborn (0-7 days and 2months- 5 years)

Tick Correct tasks done

Circle if any task or problem done

Date.....

OBSERVATION OF VILLAGE HEALTH WORKER							
Participants name							
1.	Sick child age (months)						
2.	Sick child problems						
	Cough: less than 21days						
	More than 21days						
	Fast breathing						
	Diarrhoea: less than 14days						
	More than 14days						
	Blood in stool						
	Fever: less than 7days						
	More than 7days						
3.	Danger signs:						
	Any newborn or sick child						
	A newborn with						
	A child with: cough, diarrhoea, fever						
	Treat or Refer						
	Treat: Oral drug						
4.	ORS						
5.	Advice						
	Children treated at home						
	Routine care for newborn						
	Keep baby warm						
	Breast feeding exclusively						
	Skin and cord care						

Annotate Below

6.	Follow up in 3 days						
7.	Checked mother understanding						
Please record any additional comment.....							
.....							
.....							
.....							

VIII: Pre-post test for VHTs

NAME _____

VILLAGE _____

Instructions: Circle the **SINGLE** best answer for each question.

1. Which one of the following children can be managed at the community by the VHT ?
 - a) Joseph a 1 month old with fever and diarrhoea for 2 days
 - b) Maria a 3 years old with a fever, vomiting and poor appetite for 3 days
 - c) Isaac a 4 month old is vomiting after every breast feed, very sleepy and doesn't like to be woken up and has a hot body.
 - d) Peter a 18 month old who is vomiting five times a day. He has no fever

2. Which on of the following can be used to treat a child with diarrhoea?
 - a) Home based fluids such as porridge
 - b) ORS sachets
 - c) Oral Amoxicillin
 - d) Zinc tablets
 - e) Medicine to stop diarrhoea

3. Which of the following is good advise for caring for a baby at home?
 - a) Giving more fluids and feeds
 - b) Sleeping under a mosquito treated net
 - c) Diluting the milk feeds when a child suffers from diarrhoea
 - d) Keeping the newborn baby on the mother's chest

4. What amount of water is needed to mix one sachet of Oral Rehydration Salts (ORS)?
 - a) Two cups
 - b) 1 litre
 - c) Enough for the baby to finish
 - d) 2 litres

5. A 2-year old child is suffering from fever and diarrhoea. You decide to give this child medicine for malaria (ACT or coartem), Zinc and ORS. The following are correct:

- a) Coartem tablets to be taken for 3 days
- b) Zinc tablets to be taken for 3 days
- c) ORS 2 sachets
- d) Coartem only once
- e) Zinc tablets to be taken for 1 week
- f) ORS to be taken for at least 5 days
- g) ORS until when the diarrhoea stops
- h) Coartem, zinc and ORS for 3 days

IX: Daily participant evaluation form

Date: _____

1. What did you enjoy most about today?
2. What did you learn today that you plan to use when you go back home?
3. What is the most valuable thing you learned today (knowledge or skills)?
4. Was there anything you did not understand during today's sessions? Please give an examples of what you did not understand
5. What other specific comments do you have?

Thank you.

X: ICCM post-training evaluation

1. What are the three most important **things [or topics]** you learned during this training?

2. Were the topics covered during this training week enough for you?

If not, was too *much* material covered or too *little*?

3. Was the duration of this workshop appropriate?

If not, was it too long or too short?

XI: Training report format

I. Level of Training (please check one)

- ICCM Training of VHTs _____
- ICCM Training of Trainers _____
- ICCM Master Trainers _____

II. Date of Training _____

III. Location of Training: _____

IV. Names and Qualifications of Trainers (Senior Medical Specialist, Nurse, etc)

Name of Trainer	Qualification/Level
1.	
2.	
3.	
4.	
5.	
6.	
7.	
Etc.	

V. Participant (Trainee) Information

a. Total number of Participants in Attendance: _____

b. Total number successfully completing ICCM workshop post-test: _____

c. Names and location of participants

Name of Participant	Location (village name, etc.	Successful Completion of ICCM Workshop Yes or No
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21		
Etc.		

d. Names of Participants who did not successfully complete ICCM Workshop and follow-up plan to support qualification in ICCM:

Names of Participants who did not successfully complete ICCM Workshop	Follow-up Plan to support Qualification
1.	
2.	

3.	
4.	

VI. Facilitator Comments/Observations on ICCM training:

VII. Workshop Evaluation from Participants (Summary can be attached).

VIII. Suggestions and Lessons Learned for Future ICCM Workshop

XII: Participants registration form

VENUE OF TRAINING:.....

DISTRICT:..... HEALTH SUB DISTRICT:.....

Sub County:.....

HEALTH UNIT:..... DATES:.....

No:	NAME OF VHT	SEX	VILLAGE	SIGNATURE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

XIII: Practice Child Cards

Session 5 - Practice Child Cards - Identify Fast Breathing

Carlos

Age 2 years, breathing rate of 45 bpm

Ahmed

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

Artimis

Age 20 days, breathing rate of 65 bpm

Jan

Age 3 months, breathing rate of 47 bpm

James

Age 3 years, breathing rate of 35 bpm

Nandi

Age 4 months, breathing rate of 45 bpm

Joseph

Age 10 weeks, breathing rate of 57 bpm

Anita

Age 4 years, breathing rate of 36 bpm

Becky

Age 36 months, breathing rate of 36 bpm

Will

Age 8 months, breathing rate of 45 bpm

Maggie

Age 3 months, breathing rate of 52 bpm

Child age 11 months

has cough for 1 week; he is not interested in eating but will breastfeed

Child age 4 months

has fever and is breathing 55 breaths per minutes

Child age 2 years

with fever vomits all liquid and food her mother gives her

Child age 3 months

with cough frequently holds his breath while exercising his arms and legs

Child age 13 months

has cough and is too weak to eat or drink anything

Child age 3 months,

with cough and fever, cannot swallow

Child age 10 months

with diarrhoea vomits ground food but continues to breastfeed for short periods of time

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

Child age 4 years
has fever and swelling of both feet

Child age 6 months
has cough and chest indrawing

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

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

Child age 8 months
is breathing 58 breaths per minute

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

Child age 2 years

has fever and an earache with pus draining from his ear

Child age 4 years

has diarrhoea with loose and smelly stools with white mucus

Child age 4 months

with fever has chest indrawing while breastfeeding

Child age 4 and a half years

has been coughing for 2 months and has diarrhoea

Child age 2 years

has fever and an earache with pus draining from his ear

Child age 3 years

has had cough for 5 days and has scabies sores on his skin

Child age 2 years

has had diarrhoea and fever for 2 weeks with no blood in her stools

Child age 18 months

has had cough and a low fever (not very hot) for 2 weeks

Child age 1 year

in a malaria area has had fever and vomiting (not everything) for 3 days

Session 10 – Practice Child Cards - Decide on Treatment for the Child

Child age 3 years has cough and fever and is breathing 30 breaths per minute

Child age 6 months has fever and is breathing 55 breaths per minute

Child age 11 months has diarrhoea for 2 days; he is not interested in eating but will breastfeed

Child age 2 years has a fever

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

Child age 10 months with cough, vomits ground food but continues to breastfeed for short periods of time. He is breathing 54 times per minute

Child age 4 years has diarrhoea for 3 days and is weak. Note: Child may be weak from dehydration. Give ORS and observe to make sure that child improves

Child age 6 months has fever and cough for 2 days. He is breathing 48 times per minute

Child 15 days old caregiver reports fever

**Session 09 (Fast- Breathing) and Session 11 (Fever) - Practice Child Cards -
Decide on Dose**

Mugume, age 2 years

Otim, 4 and a half years

Jalon, 4 months

Kilara, 8 months

Emusu, 6 months

Bikaba, 3 years

Mera, 4 years

Wandera, 3 and a half years

Yiga, 12 months

Anguzu, 4 years

Okiror, Almost 5 years

Lochap, 5 months

Joyce, 6 weeks

XIV: FORM 1: Observation Case Management (Child 2 months to 5 yrs)

Date...../...../..... Name and designation of Observer/Supervisor.....

District:..... Health Sub District:.....

Name of Health facility:..... Facility type:

Name of VHT:..... Sex:..... Name of Village:.....

Type of Visit: ☐ Initial follow up after training. ☐ Quarterly supervision

☐ Others, specify.....

OBSERVATION OF VILLAGE HEALTH WORKER

1. Does the VHT receive the caretaker politely ☐ Yes ☐ No

Does the VHT ask for: **ALL** the three problems ☐ Yes ☐ No

If VHT missed one of the problems, please circle the problem not asked for

2. (a). Cough/difficult breathing

(b). Diarrhea

(c). Fever

After assessing the child's condition, the VHT decides on the correct action to take? ☐ Yes ☐ No

3. *If No, please circle the **problem** in deciding the action to take:*

(a) Did not refer the child to the health facility

(b) Did not give pre-referral treatment for a child who was referred

(c) Gave incorrect pre-referral treatment for a child was referred

(d) Gave incorrect treatment in a child who was managed in the community

4. If the VHT gave incorrect treatment for a child (response c or d in question 3 above)

*Circle the type of **medicine** and **mistake** made by the VHT:*

(a) Medicine: anti-malarial; antibiotic; ORS; Zinc; Rectal artesunate

(b) Problem: selection of color of pack; number of tablets, amount of fluid; duration of treatment

If applicable, caregiver correctly advised?

5. Is the Caregiver correctly advised on?

a. What is wrong with the child ☐ Yes ☐ No

b. Feeding if needed ☐ Yes ☐ No

c. Giving fluids ☐ Yes ☐ No

d. Checked Mother's understanding

☐ Yes ☐ No

a. Keeping the baby warm ☐ Yes ☐ No

b. Care for baby's cord ☐ Yes ☐ No

c. Giving fluids or feeds ☐ Yes ☐ No

d. Follow up in three days ☐ Yes ☐ No

e. Reasons for referral ☐ Yes ☐ No

6. Does the VHT refer to the sick child job aid during consultation..... ☐ Yes ☐ No

7. IF NOT COVERED above, ask the VHT to demonstrate how to use the respiratory timer.

Does he count correctly breath rates for one minute using a timer? ☐ Yes ☐ No

Please record any additional Comments on here or on the back of this page:

.....

.....

XV: VHT supports for ICCM

Date:/...../.....

Name and designation of Observer/Supervisor.....

District:..... Health Sub District:.....

Name of Health facility:..... Facility type:

Name of VHT:..... Sex:..... Name of Village:.....

Type of Visit: ☐ Initial follow up after training. ☐ Quarterly supervision Others specify:.....

<p>1. Needed equipment and supplies available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, circle problems:</p> <p style="padding-left: 40px;">Respiratory timer</p> <p style="padding-left: 40px;">VHT Register</p> <p style="padding-left: 40px;">Sick Child job aid</p> <p style="padding-left: 40px;">Pen or pencil</p> <p style="padding-left: 40px;">Referral form</p> <p style="padding-left: 40px;">Rapid diagnostic tests for malaria</p>	<p>4. Are there any problems with management of drugs and supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, circle problems:</p> <p style="padding-left: 40px;">Medicines stored in a cool, dry place</p> <p style="padding-left: 40px;">Medicines kept away from reach of children</p> <p>Others, please specify:</p>
<p>2. All needed drugs available? In stock on day of visit (enough for three treatments).</p> <p>If no, circle missing drugs.</p> <p style="padding-left: 40px;">Amoxicillin <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 80px;">- 2 to 12 months (GREEN)</p> <p style="padding-left: 80px;">- 12 to 5 years (RED)</p> <p style="padding-left: 40px;">Artemether-Lumefantrine: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 80px;">- 4m to 3yrs (YELLOW)</p> <p style="padding-left: 80px;">- 3yrs to 5 yrs (BLUE)</p> <p style="padding-left: 40px;">Zinc tablets: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 80px;">ORS: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 80px;">Rectal Artesunate: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>5. Is there evidence that the VHT is providing case management according to national guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, circle problems in the register:</p> <p style="padding-left: 40px;">Age</p> <p style="padding-left: 40px;">Respiratory rate</p> <p style="padding-left: 40px;">Treatment</p> <p style="padding-left: 40px;">Referral</p> <p style="padding-left: 40px;">Others (please specify):</p>
<p>3. Problems with referral <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, specify:</p>	<p>6. Are there tasks NOT routinely done by the VHT? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, circle problems:</p> <p style="padding-left: 40px;">Giving 1st dose of treatment</p> <p style="padding-left: 40px;">Giving ORT</p> <p style="padding-left: 40px;">Following up referred children</p> <p>Others, specify:</p>

Please record any additional Comments:

.....

.....

.....

.....

.....

.....

XVI: Health facility supports for ICCM

Date:/...../.....

Name and designation of Observer/Supervisor.....

Health Sub District:.....

Facility type:

Type of Visit: ☐ Initial follow up after training. ☐ Quarterly supervision

[] Others, specify.....

[illegible]

XVII: VHT deployment record

Date:...../...../..... District:..... Health Sub District:.....
 Name of Health facility:..... Facility type: Unit in Charge:.....
 Type of Visit: ☐ Follow up after training ☐ Technical supervision ☐ Others, specify..... Name of Supervisor:.....

Name of VHT	Cadre	Sex	Village	Date trained in ICCM (moth and year)	Write the date of your follow-up visit below			Date when VHT no longer manages children
					.../.../...	.../.../.....	.../.../.....	

A TOTAL number of ALL VHTs	B TOTAL number of ALL VHTs no longer managing sick children	C. Number of ALL VHTs who no longer manage children who have been children	D. Attrition rate (b/a x 100 = ____ %	25% or more ? YES or NO	Date of calculation

Notes _____

Supervisor: Use this form to maintain a record of trained VHTs and the date(s) of follow-up visit(s). as VHTs change and are trained, revise this information.

XVIII: SUMMARY VHT REGISTERS RECORD

Date...../...../.....

District:..... Health Sub District.....

Name of Health facility:..... Facility type:

Unit in Charge:.....

Supervisor: Use this form to maintain a record of the summary of VHT registers and the period of reporting.

[illegible]

A. TOTAL number of ALL VHTs	B. TOTAL number of ALL VHTs no longer managing sick children	C. Number of ALL VHTs who no longer manage children who have been replaced	D. Attrition rate (b/a x 100 = __%)	25% or more?	Date of calculation
				YES or NO	

Notes: _____

XIX: SESSION 4: Practice Exercise C – ASKing – What are the Child’s Problems?

Prepare:

- Doll or other item to be a child for each group (for example, a rolled towel).
- Form groups of 3 participants. Ask the groups to identify who will be the caregiver; the community health worker; and the observer
- Copies of **Sick Child Job Aid**, and **VHT Registers**

Time: 1 hour

Exercise:

1. Explain that participants will now practice their own role play. In their group remind participants that one person will play the role of the caregiver; another will be the VHT member; and the third will observe the interview and complete the Sick Child Job Aid, and VHT Register

2. Provide the following instructions (read aloud) for the role play:

The caregiver will come to the VHT member’s home with his or her sick child.

*The VHT member should greet and use the **Sick Child Job Aid, Section 1 and 2** to guide the discussion. Both the VHT member and the observer should record information on the VHT Register. – Allow 10 minutes*

3. Start the role play. Walk around and observe. Provide time keeping. When they finish the role play ask the small group:

- What did the VHT member do well?
- What difficulties did VHT member have?

4. After the first role play, change roles. Each person will play the care giver, the VHT member and observer at least once.

XX: Group work Cases: Session 7: Referring a Sick Child or Newborn to the Health facility

Case 1: Job

Job is 9 months old. He weighs 9.5 kg. His temperature is 39.5°C. Household no. 15, Address: Buyamba village Ddwaniro parish, Kawempe subcounty.

His mother says he has had diarrhoea for 1 week. He does not have cough .

Job had a convulsion last night, vomits everything he eats even the food given last night (danger sign).

The VHT identifies the problem with Job and refers Job after writing the referral note.

Questions:

1. In your group fill the referral note
2. What medicine is needed for Job?
3. What additional advice is needed?
4. Discuss latter with the rest of the class

Case 2: Grace

Grace is 4 months old. She weighs 5.5 kg. Her temperature is 38.0°C.

Address: Household no. 22 Mawanda village, Muchwa parish, Gamba subcounty.

She is in the clinic today because she has had diarrhoea for 2 days and there is blood in the stool. She has no cough

Grace has had for fever for 2 days,

She has been not able to breast feed (danger sign).

The VHT identifies the problem with the job aid and refers Grace to health unit

1. In your group fill the referral note
2. What medicine is needed for Grace?
3. What additional advice is needed?
4. Discuss latter with the rest of the class

Case 3: Musa

Musa is 37 months old. She weighs 15.3 kg. Her temperature is 38.5 Household no. 32 Kapeeka village Ddwaniro parish, Kyankwanzi sub-county.

Musa was brought to the clinic today because she has a stomach ache, feels hot, has a runny nose and generalised rash, and is coughing.

He has been feeling hot, they said. She has had fever for two days.,

The VHT assessed the child for cough The parents said she has been coughing for 2 days. The VHT counted 55 breaths a minute.

The VHT finds Musa does not have any danger sign

The VHT identifies the problem with the Musa using the SCJA and refers Grace to health unit

1. In your group fill the referral note
2. Why is Musa referred to health unit
3. What medicine is needed for Musa?
4. What additional advice is needed?
5. Discuss latter with the rest of the class

Case 4: Rose

Rose is 6 months old. She weighs 4 kg. Her temperature is 37°C. Her mother brought her to the clinic because Rose has a cough.

The VHT assessed her cough. The mother said Rose had the cough for 30 days. The VHT counted 52 breaths per minute.

Rose did not have diarrhea, and she did not have fever. There was no ear problem, said the mother.

The VHT did not find any general danger signs.

The VHT identifies the problem with the Rose using the SCJA and refers Grace to health unit

6. In your group fill the referral note
7. Why is Rose referred to health unit
8. What medicine is needed for Rose?
9. What additional advice is needed?
10. Discuss latter with the rest of the class

