



**USAID**  
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 **BASICS**

# TOOLKIT FOR COMMUNITY CASE MANAGEMENT OF CHILDHOOD ILLNESSES

## TRAINER'S GUIDE



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The present document is one of nine elements in the USAID/BASICS Community Case Management of Childhood Illnesses Toolkit. The Toolkit includes:

Manuals and Guides

- Implementation Guide
- Trainer's Guide
- Training Exercise Manual
- Community Health Worker's Manual
- Communications Guide
- Supervisor's Guide

Facility-level tools

- Patient Form
- Patient Follow-up Form
- Data Collection Form

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## PREFACE

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This guide is designed for the trainer of community health workers (CHW) for the implementation of community based health care for children aged between 0-5 years.

Indeed, children aged between 0-5 years are one of the most vulnerable age groups. Once they get sick, they must receive their first treatment within 24 hours after the onset of illness.

In the DRC, children often die for several reasons:

- The distance to a Health Center,
- The late arrival and in distress at a health service
- The lack of good quality medicines in the community
- Inappropriate first aid or self-medication administered by parents at home,
- Ignorance of mothers and families about the warning signs and key healthy practices,
- Financial impediment, etc....

The community health care site responds to the needs of populations that live far from a HC, the need for the availability of quality medicines in the community, the administration of appropriate first aid within 24 hours after the onset of child illness, and cost affordability.

The activities of the Community health Care site will be:

1. Community management of cases of diarrhea, malnutrition, and ARIs (Acute Respiratory Infections)
2. Promotion of Case by case advice/key practices
3. The community-based surveillance of diseases
4. The involvement in outreach activities planned by the Health Centers.

In its operational definition, the site is not a house built to provide health care, but rather for an identified CHW who will manage a certain consignment of medicines for community health care, in collaboration with a local site committee, under the supervision of the health center head nurse.

The community health care site will be run by 2 trained CHWs. It will be directly supervised by the health center head nurse and receive regular monitoring by the Health Zone Central Office and all provincial and national health levels. It will be managed by a local committee and the community mobilization unit (CAC) so as to avoid mismanagement. In order to fight against infant mortality, the IMCI - Integrated Management of Childhood Illnesses, advocates for family and community involvement in the fight against the diseases which pose a deadly threat to children.

According to the IMCI framework of implementation, community involvement should be at the bottom of a MULTISECTORAL 3 levels PLATFORM:

- The Health Center level, where the population must participate in the Health Committee (CODESA) as a Partner.
- The community level, where the CHW will be able to give advice and needed first aid to the child and family
- The family level, where parents will implement the key practices for child survival, under the supervision of the CHW who will visit them in households.

This document was developed to facilitate the training of CHWs who are the health care providers of the sites.

## INTRODUCTION

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This guide is intended for the trainer of Site community health workers (CHW) for the implementation of community-based treatment, especially among children less than 5 years old.

The CHW's manual and instructions to the trainer have been combined into one, but they are here presented in two parts.

The left side outside the box is a copy of the CHW's MANUAL, and the right side in a box you have the trainer's methodological guide to enable the trainer to give lessons while looking at the left side of the document.

The right side describes the activities of the Trainer and methodological notes. It does not include phrases for the trainer, but it serves as a guide for each stage of the training.

This guide has been developed in the interest of harmonizing the training methodology to ensure quality at all levels. Thus, trainers are required to keep their guide handy and stick to it throughout the training session.

If, under certain circumstances and some times during the session, an experienced trainer wishes to adapt his/her lecturing technique, it is recommended that he/she abides by the spirit and course of this guide.

## Methodological notes for the trainer

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### The philosophy on facilitation methodology

The philosophy is that if a CHW can correctly identify the signs and symptoms, fill out the patient form, and use the tools at his disposal, then he will correctly manage cases in the community. This way, emphasis is placed on theory in the classroom and on practice during clinical sessions at the hospital, health center or households.

In class, the techniques used are:

- 1) Interactive lessons where CHWs will learn how to fill out tools and call for experience
- 2) demonstration
- 3) role playing game
- 4) video projection

Throughout the session, the CHW will use the "CHW manual". This manual includes mainly pictures and sections of appropriate tools for each section, practice exercises will be given to the CHW to be solved in the classroom. Practice is used either in class, when using tools, during exercises and case management at the hospital, health center or in households.

### Training language

The training of the CHW will be made in the language which he speaks fluently. The most important thing is that the CHW understands the tools that are presented to him, even if they are not in his familiar language. Thus, it is recommended that trainers seek first the understanding of the documents rather than their literal translation.

### The training methodology

For theoretical study, the methodology will be interactive and experiential. Most often, we will have to start from the CHWs experience or knowledge, and fill the knowledge gaps. We should avoid, as much as possible, being masterful during the training session.

The methodology will proceed by:

1. Questions to the learners in the first place to determine their knowledge and understanding; which is a review of the CHWs knowledge. (through Q&A, brainstorming)
2. Clarifications by learners themselves first on their responses.
3. Writing CORRECT answers on the board. Thus, in order not to frustrate students who give incorrect answers, trainers can write the responses on the board or in 2 columns (without saying which column is for the right answers), and rule out the wrong answers, along with the learners and retain only the correct ones.  
On each answer the trainer will ask the opinion of other students and write on the board the right answers.
4. Guided reading of tools  
Take enough time to clarify only elements not mentioned or those which are problematic.
5. Checking comprehension of learners by a set of open questions and answers
6. Synthesis by the Facilitator.
7. Announce the following theme

PRACTICE will focus on:

- Filling out of working tools by the site CHW
- Case studies (exercises to be solved in class)
- Class Role playing games
- The application in a practice session of case management (maximum exposure of learners to the reality of patients)
- The Retro-information (feed-back for correction). Particular emphasis will be placed on personal feedback of CHWs to the supervisors who accompany them during the training session, to better monitor and assess the evolution of each CHW until the end of the training session.

Group feedback will have to be limited.

Whenever possible the CHW will be monitored by the same supervisor during the session.  
PERSONAL EVALUATION FORMS WILL BE FILLED OUT AS THE CHW LEARNS NEW LESSONS.

### **Raise participation of learners**

The Trainer is required to identify students who participate less, and encourage them to better participate. One strategy is to ask them questions which are easy to answer in order to encourage them to talk. The trainer should distribute the floor to all participants rather than simply designate the same individuals who are used to raise their hands.

### **About repetition of lessons**

It is often recommended to use questions and answers instead of having the trainer repeat the lessons for review. This helps to identify the subjects on which to put emphasis.

### **Position of learners towards supervisors**

It is recommended that the HC head nurse sits next to his/her CHWs (or behind them) to accompany them during the theoretical and practical sessions. This allows Supervisors to identify weaknesses in the CHWs on time and help them improve.

AT THE BEGINNING, CHWs SHOULD BE INFORMED OF THE BENEFITS OF THIS ARRANGEMENT - THE SUPERVISOR'S POSITION NEXT TO THEM...

Supervisors should intervene as little as possible and often leave the CHWs work alone.

### **LOGISTICS AND EDUCATIONAL PREPARATION OF THE TRAINING**

FOR A TRAINING SESSION OF 14 CHWs.

- Salter scales: ± 3
- CPS cards: ± 20
- Training evaluation form: ± 20/Form
- Patient form: 1.500
- Consultation Registers: ± 20
- CHW Manual: ± 20
- Practice Manual: ± 40
- Trainer's Guide: ± 20
- Demonstration materials: Goblets, Spoons, Drugs
- Supplies: Flip-chart, Markers, Pencils, Rubbers, pens, Notebooks, Chalks, Scotch tape, Staples....
- Video logistics

LOGISTIC PREPARATION:

1. Ensure transport of CHWs who come from distant locations
2. Ensure Video projection (source of electricity, power generator, CD for the laptop, (LCD if possible)
3. Ensure food and coffee breaks ON TIME
4. Ensure the availability of all the training materials for practice
5. Ensure the availability of the essential medicines and boxes for the launching of the sites immediately after the training.
6. *ALLOCATION OF THEMES TO FACILITATORS.*

### **MATERIALS NEEDED AFTER TRAINING**

- Getting Medicines ready, boxes, forms and management tools in sufficient quantities for all the sites to start immediately after the session  
All this should be ready before the start of the training sessions, to allow CHWs to begin practice immediately after the training, lest they forget what they learned.
- Prepare monitoring – supervision forms to enable the Central Office Managers and supervisors to better fulfill their mission of mentoring sites.

**Note: the training of members of COGESITES** will be made by the health center Head Nurse and the Community *animateur* in their health areas, UNDER THE SUPERVISION OF THE CENTRAL OFFICE.

**AGENDA FOR THE TRAINING OF SITES' COMMUNITY HEALTH WORKERS**

HOURS	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6
8:00-9:30	<b>Session 1: INTRODUCTION</b> + Pre-test 30 ' - introductory session - Recall the C-IMCI framework of implementation - Organization of C-IMCI including Sites in a health area. 60' - Training objectives	<b>Session 9</b>  Light: danger/warning signs  <b>DIARRHEA</b>	<b>Session 14</b> Recall <b>PRACTICE WITH FOCUS ON:</b> - difficult Breathing - Counting respiratory movements - filling out forms.	<b>Session 20</b>  Recall Clinical Practice	<b>Session 25</b>  Clinical practice: 2Hours	<b>Meeting of Cogesites</b>
9:30-10:00 10:00 - 10:30	<b>Session 2</b> Presentation of site management tools identification of patients Documentation of complaints.	<b>Session 10</b> <b>CLINICAL PRACTICE Sessions</b>	<b>Session 15</b> <b>CLINICAL PRACTICE Sessions</b>			<b>Idem</b>
10:30-10:45	Coffee-break	Suggestion ...	Break in the morning at 8H	Encourage	Time: 7:30 - 8:30	
10:45-11:45	<b>Session 3</b> Exercises on Session 2 + role playing game	<b>10-1245 CLINICAL PRACTICE Sessions (continuation)</b>	<b>CLINICAL PRACTICE Sessions</b>	<b>Session 21</b> To advise the mother	<b>Session 26</b> <b>MANAGEMENT OF THE DRUGS</b>	<b>Idem</b>
11:45-12:45	<b>Session 4</b> <b>DANGER/WARNING SIGNS</b>	<b>10-1245 CLINICAL PRACTICE Sessions (continuation)</b>	<b>CLINICAL PRACTICE Sessions</b>	<b>Session 21</b> To advise the mother		<b>Idem</b>
12:45-13:30	<b>Session 5</b> Weighing and Interpretation of the weight curves	<b>Session 11</b> <b>PRACTICE</b> Fever, Diarrhea (Exercises A, B, C with choice) <b>Session 6</b>	<b>Session 16</b>  Case study	<b>Session 22</b> Reference and reference note	<b>Idem</b>	<b>Idem</b>
13:30-14:30	<b>LUNCH BREAK</b>					
14:30-15:30	<b>Session 6</b> VIDEO danger/warning signs	<b>Session 12</b> <b>COUGH</b> Theory Practice on the counting of respiratory movements	<b>Session 17</b> <b>MALNUTRITION</b>	<b>Session 23</b> Follow-up	<b>Idem</b>	<b>Idem</b>
15:30-16:30	<b>Session 7</b> Practice on danger/warning signs	<b>COUGH</b> -Theory -Practice on counting of respiratory movements (continuation)	<b>Session 18</b>  <b>PRACTICE</b> - Session 6 (Malnutrition) - Practice summary <b>Sessions 1-6</b>	<b>Session 24</b> Other management tools	<b>Idem</b>	<b>Idem</b>
16:30-16:45	<b>COFFEE - BREAK</b>					
16:45-17:30	<b>Session 8</b> + Fever	<b>Session 13</b> VIDEO presentation of a difficult breathing and fast breathing. Video practice.	<b>Session 19</b> Vitamin A, Vaccination, weighing and other problems <b>Practice</b>	<b>Session 25</b>  Recall Integrated community based management	<b>SUMMARY AND CLOSURE</b>	<b>SUMMARY AND CLOSURE</b>
17:30	Summary of the day	Summary of the day	Summary of the day	Summary of the day		

Note: It is recommended to organize breakfast between 7:30 and 8:00 a.m. to stimulate arrival on time.

# Justification of Community IMCI

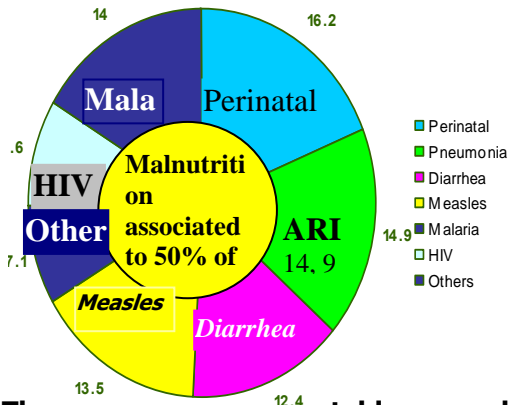
**DAY 1**

**1 H 00**

**C-IMCI is justified by:**

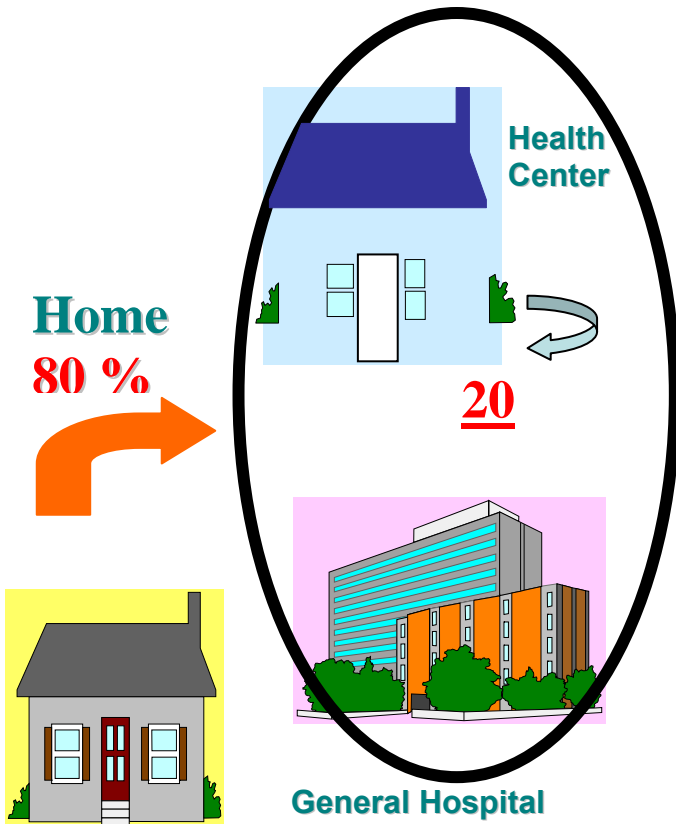
- The six common child killer diseases
- Malnutrition in the centre, and often associated with others
- The place where most of the sick children die, i.e. in the community.

**DISTRIBUTION OF CAUSES OF DEATH IN CHILDREN LESS THAN 5 YEARS OF AGE**



«These causes are preventable or curable »

## WHERE DO CHILDREN DIE?



**FACILITATOR'S ACTIVITIES**

**INTRODUCTORY SESSION**

- Begin with the presentation of training participants
- During the presentation, ask their expectations regarding the training.
- **PRE-TEST FOR PARTICIPANTS.** Assure them that this is not an exam, but an appreciation of what they already know

**BACKGROUND ON IMCI**

Facilitation Methodology: **GUIDED DISCUSSION.**

**INTRODUCING TRAINING MATERIALS TO CHW**

The trainer will introduce quickly (within 15 minutes) the tools that the CHW will use during the training session, namely: the patient form, site management forms, tools to be used when giving advice, etc...

**THE CAUSES OF DEATH AMONG CHILDREN LESS THAN 5 YEARS**

- Ask participants to say **WHAT CHILDREN OFTEN DIE FROM** (or tell the most common diseases that kill the most children less than 5 years in their families.
- Make a list of their responses on the board or a flip-chart, (the list will be closer to the one of diseases supported in IMCI)
- Have them check their answers on the illustrations of the module.
- Always congratulate correct answers

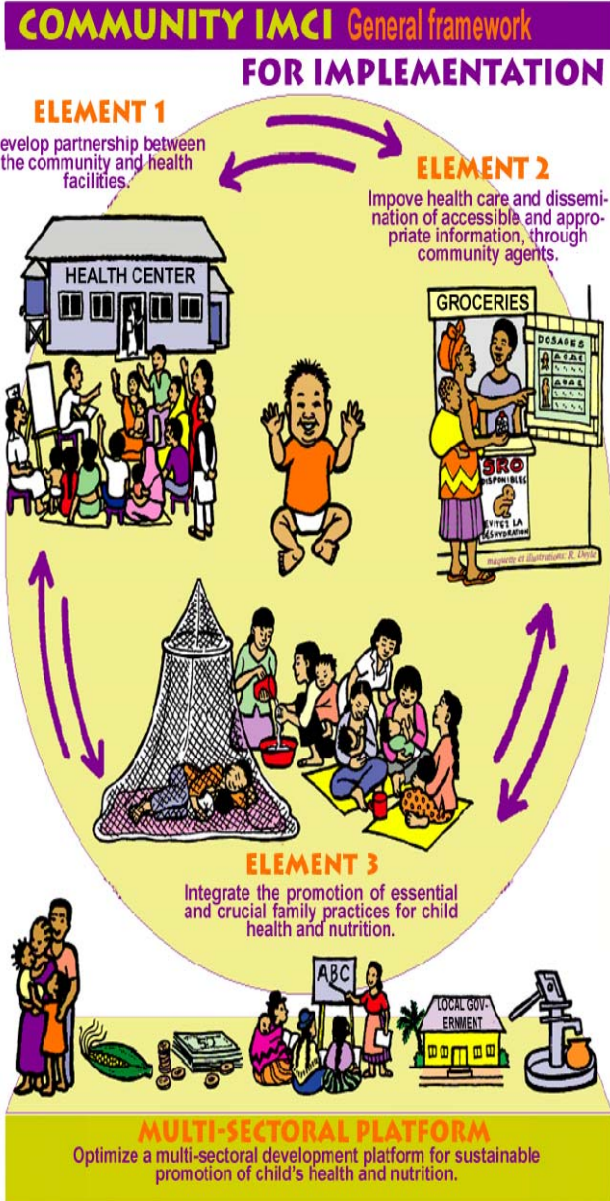
**WHERE DO CHILDREN DIE?**

- Ask participants: "In your opinion, where do children often die? At home? At the hospital?"
- Collect opinions without comments
- Have them check their answers on the illustrations of the module.
- Always congratulate correct answers

**DEATH CAUSES AMONG CHILDREN AGED 0-5 YEARS**

- Ask participants to tell why children often die at **HOME** (rather than at the hospital or elsewhere)
- Make a list of their answers on the board or on the flip- chart
- The facilitator can make comments with reference to the reasons reported on page 3, paragraph 3.
- Always congratulate correct answers

## Community IMCI framework for implementation



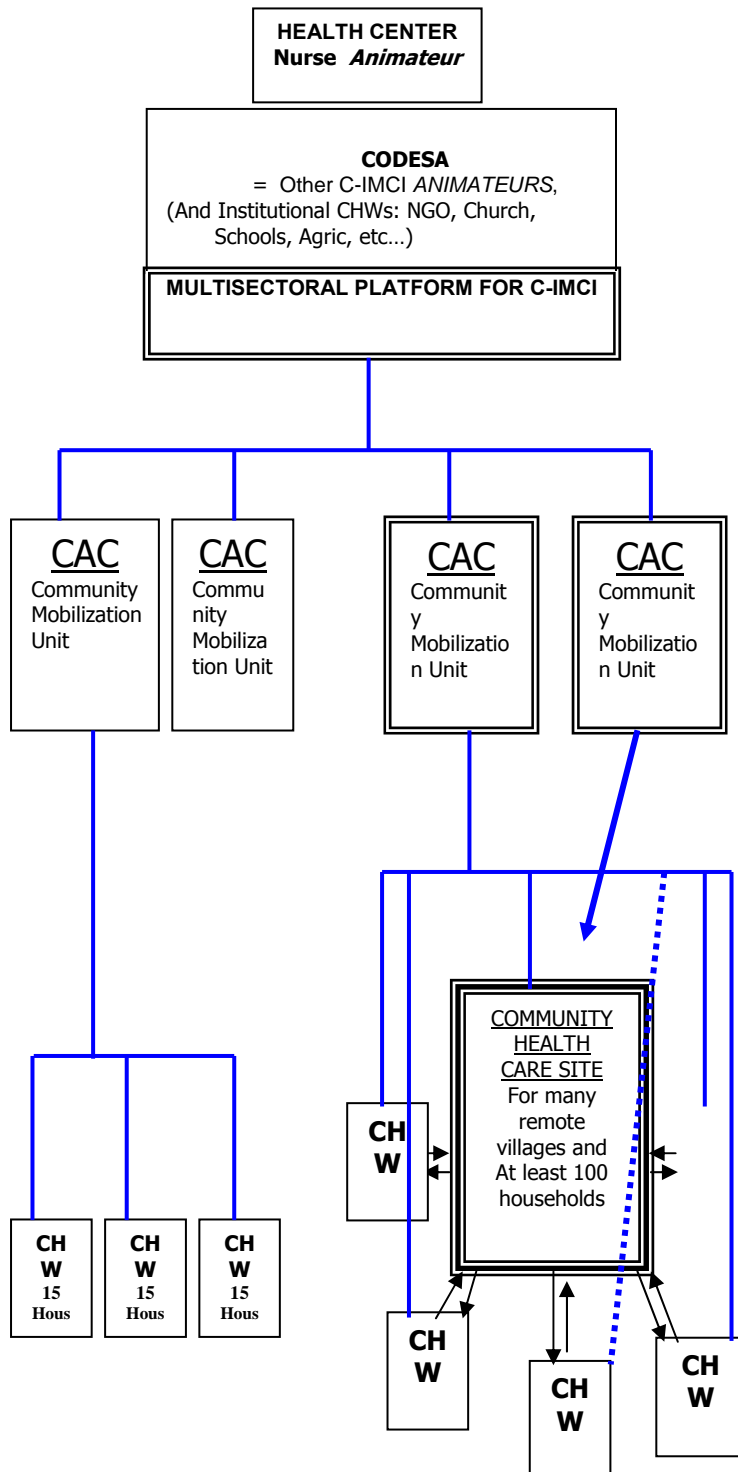
### FRAMEWORK FOR IMPLEMENTATION

Facilitation Methodology:  
**GUIDED DISCUSSION**

#### Ask:

- Who are the different actors who have to contribute to the health of the child? (Referring to the 3 levels or elements of IMCI implementation)
- Explain the 3 elements of the framework for implementation (in other words the 3 levels of the organization), where those IMCI actors intervene.

## ORGANIZATION OF COMMUNITY IMCI



### Note:

- A site may comprise 2 or 3 (or more) remote villages
- Site CHWs collaborate with promotional CHWs in households
- The promotional CHW is in charge of 15 households.
- Several villages can be organized around one community site.

### FACILITATOR'S ACTIVITIES

**Facilitation Methodology:**  
**GUIDED DISCUSSION**

### COMMUNITY ORGANIZATION OF C-IMCI

#### a) Ask:

- What are the organs of community participation in a health area

*Expected answer: Health Committee or CODESA, Community mobilization unit or CAC, the CHWs ...)*

- What is the role of the CHW among these organs of community participation

*(Expected answers: promotion of key practices, data collection, group mobilization...)*

### The community health care site

The facilitator will explain the following to the participants:

- Community health care Site
- The collaboration between the site CHW and promotional CHWs in households.
- Verify the understanding
- Make a summary
- Announce the next topic

## Key practices in Community IMCI

*15 family and community health practices to promote*

They are grouped into four areas:

- (1) Home based care.
- (2) Search for health care and adherence.
- (3) Disease prevention.
- (4) Promotion and development of growth.

<i>Practice area</i>	<i>RECOMMENDED KEY PRACTICES</i>
<i>1. Home based care</i>	<ol style="list-style-type: none"> <li>1. Give appropriate treatment at home</li> <li>2. Continue feeding and increase fluids in the sick child</li> </ol>
<i>2. Disease prevention</i>	<ol style="list-style-type: none"> <li>3. Completely immunize the child before his 1<sup>st</sup> birthday</li> <li>4. Continue weighing of the child up to 5 years</li> <li>5. Have the mother and child sleep under a mosquito net</li> <li>6. Proper disposal of feces and wash hands with soap or ash after defecation, before preparing food and feeding the child.</li> <li>7. Adopt and maintain an appropriate behavior as regards the prevention and treatment of HIV/AIDS</li> </ol>
<i>3. Promotion of growth and development</i>	<ol style="list-style-type: none"> <li>8. Exclusively breastfeed the child for 6 months... (for a child whose mother is HIV positive, discuss with the mother the different options for feeding the child)</li> <li>9. From 6 months, provide appropriate complementary feeding; and continue to breastfeed the child for at least 24 months</li> <li>10. Provide adequate nutrients (Vit A, Iron, iodine) through diet or supplements</li> </ol>
<i>4. Search for health care and adherence</i>	<ol style="list-style-type: none"> <li>11. Recognize when the child needs treatment outside home; and take him to a health agent</li> <li>12. Follow the advice of the health agent regarding treatment, follow up and reference.</li> <li>13. Ensure that any pregnant woman receives ANC, malaria treatment, tetanus immunization, iron supplementation, and has access to an assisted delivery. And give the mother a pill of Vitamin A within 8 weeks after delivery.</li> <li>14. Ensure that the woman has the support of her family and community at delivery, during post partum and during breastfeeding.</li> <li>15. Engaging men in child care and reproductive health activities</li> </ol>

### **FACILITATOR'S ACTIVITIES**

**Facilitation Methodology:**  
**GUIDED DISCUSSION**

### **KEY-PRACTICES IN C-IMCI**

- Ask the CHWs one at a time to explain key-practices:
- Have other CHWs correct him or comment on what he said
- Congratulate and encourage the CHW
- Tell them when, in the sites, they will also have to promote key practices while focusing on providing health care to sick children.

CONGRATULATIONS

TELL THEM THAT THE CURRENT STAGE CONCERNS THE ORGANIZATION OF THE C-IMCI IN GENERAL AND THE PROMOTION OF KEY PRACTICES

BUT THE CURRENT TRAINING WILL BE MAINLY FOCUSED ON COMMUNITY HEALTH CARE.

ANNOUNCE THE NEXT TOPIC.

## THE SITE CHW:

### Learning objectives for the site CHW

---

At the end of his training, the CHW will be able to:

1. Treat a sick child aged between 0-5 years and correctly fill out the patient form at the community health care site.
2. Look for danger/warning signs in children aged between 0-5 years.
3. Assess, classify fever, diarrhea, cough and respiratory problems in children less than 5 years
4. Assess the nutritional problems of any child less than 5 years who is sick.
5. Treat the sick child and advise the mother on the child's problems
6. Carry out follow-up visit to sick children
7. Advise the mother on the health of her child
8. Fill out site management tools for treatment of cases
9. Manage the stock of medicines at the site

#### **FACILITATOR'S ACTIVITIES**

##### **DIRECT THE GUIDED READING AND CLARIFICATIONS**

- Write the goals on a larger view (If not possible, have them pre-written on a flip chart or board).
- Ask the participants to read one after another the objectives (have the objectives read, one by one)
- Ask each time a volunteer among the participants to EXPLAIN (not translate) the objective in simple terms, for others to better understand.

(Support the explanation if it is correct, or ask another participant to clarify)

- At this stage, do not explain in depth. Make sure participants understand these lessons as they progress in the training.

##### **ANNOUNCE THE FOLLOWING TOPIC**



## SESSION 1: Presentation of the form, identification and collection of complaints

1 hour  
Part 1  
+ Exercises and  
role plays

### I. Objectives

**At the end of this chapter, the CHW in charge of the site will be able to:**

Correctly fill out the patient form at reception of the sick child at the site, including:

- Site identification
- Identification of sick child
- Record of the child's complaints

### II. Community site's patient form

The site CHW will learn to use the **standard patient form** for the management of cases at the site level. This form contains necessary guidance so that the CHW commits the fewest mistakes possible.

Thus; it is necessary that these standard forms are always available at the community health care sites.

It is also recommended that the colors are taken into account in the reproduction of these forms to enable the understanding of the CHW. These forms are designed in such a way that the CHW would write the least possible. They often have two things to do: **TICK and ENCIRCLE**, besides the identification and registration of children.

Chapter 1 is meant to teach the CHW how to go through the patient form when taking care of the sick child. Clarifications on the child's examination will be given throughout the following chapters.

### FACILITATOR'S ACTIVITIES

#### **DIRECT THE GUIDED READING AND THE CLARIFICATIONS**

- Write the goals on a larger view (If not possible, have them pre-written on a flip chart or board).
- Ask the participants to read one after another the objectives (have the objectives read, one by one)
- Ask each time a volunteer among the participants to EXPLAIN (not translate) the objective in simple terms, for others to better understand.

(Support the explanation if it is correct, or ask another participant to clarify)

- At this stage, do not explain in depth. Make sure participants understand these lessons as they progress in the training.

**ANNOUNCE THE FOLLOWING TOPIC**



## DEMOCRATIC REPUBLIC OF CONGO / MINISTRY OF HEALTH

CHILD PATIENT FORM

Form N° .....

DATE: ...../...../.....

NAME OF THE SITE CHW (*Relais*) .....

HEALTH ZONE: ..... HEALTH CENTER: ..... SITE: .....

## 1. IDENTIFICATION

Names: ..... Mother's Name: ..... Address: .....

Gender  M  F Age ..... Weight .....Kg Child's Nutritional status  Green  Yellow  Red

## 2. COMPLAINTS (Tick NO or YES)

For how many days

Treatment received at home

	NO	YES	days	
Fever	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....
Cough or cold	<input type="checkbox"/>	<input type="checkbox"/>	.....	.....

SPECIFY other complaints: .....

## 3. LOOK FOR DANGER OR WARNING SIGNS (REFER IF YES)

ASK SEARCH	Tick	NO	YES	ASK SEARCH	Tick	NO	YES
Infant from 1 week to 2 months brought to the SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Palmar pallor or anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional status of the child, RED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty breathing or wheezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the child able to drink or breastfeed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any disease that lasts 15 days or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the child vomit all that he consumes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The child is often sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the child have convulsions or is convulsing now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The child is very weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The child is unconscious or not responding to external stimuli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The child becomes sicker despite adequate home care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4	FEVER (= Hot to the touch or history of fever within the 2 days) (Tick) NO YES		
REFER IF:	- Fever which continues after 2 days of home treatment with Artesunate + Amodiaquine and Paracetamol, (or SP + paracetamol in the absence of Art + AQ)	<input type="checkbox"/>	<input type="checkbox"/>
	- Fever with generalized rash	<input type="checkbox"/>	<input type="checkbox"/>
FEVER case to be treated at the site	All the problems above are absent,	<input type="checkbox"/>	<input type="checkbox"/>
			MALARIA

5	DIARRHEA (= Loose stool 3 times per day or more) (Tick) NO YES		
REFER if:	- Signs of dehydration (sunken eyes, thirst, skin pinch goes back slowly, agitated child), or	<input type="checkbox"/>	<input type="checkbox"/>
	- Blood in the stool, or	<input type="checkbox"/>	<input type="checkbox"/>
	- Liquid diarrhea (like water)	<input type="checkbox"/>	<input type="checkbox"/>
DIARRHEA case to be treated at the site	All the problems above are absent	<input type="checkbox"/>	<input type="checkbox"/>
			Simple DIARRHEA

6	COUGH or COLD NO YES (Tick)		
	Respiratory mvts = Nber ..... per Minute (Write)		
BREATHING IS FAST	- 50 respiratory movements (or more) in a child aged < 1 year	<input type="checkbox"/>	<input type="checkbox"/>
	- 40 respiratory movements (or more) in a child aged > 1 year	<input type="checkbox"/>	<input type="checkbox"/>
BREATHING IS NORMAL	- less than 50 respiratory movements in a child aged < 1 year	<input type="checkbox"/>	<input type="checkbox"/>
	- less than 40 respiratory movements in a child aged > 1 year	<input type="checkbox"/>	<input type="checkbox"/>

7	MALNUTRITION (we have to search for point 7, 8, and 9 in every child)		
SEVERE MALNUTRITION to be referred	- Visible and severe Thinning	<input type="checkbox"/>	<input type="checkbox"/>
	- or swollen lower limbs	<input type="checkbox"/>	<input type="checkbox"/>
Slight MALNUTRITION or Children at risk	Low weight for age:	<input type="checkbox"/>	<input type="checkbox"/>
	- In the YELLOW stripe, or	<input type="checkbox"/>	<input type="checkbox"/>
	- Stationary weight or decrease after 3 successive weightings	<input type="checkbox"/>	<input type="checkbox"/>
NO MALNUTRITION	- Normal weight (GREEN Zone),	<input type="checkbox"/>	<input type="checkbox"/>
	- No signs of malnutrition	<input type="checkbox"/>	<input type="checkbox"/>

8.	VACCINATION STATUS, CPS and Vitamin A CPS CARD SEEN. NO YES (Tick)		
	- Did the child attend to weighing sessions?	<input type="checkbox"/>	<input type="checkbox"/>
	- Is the child immunized?	<input type="checkbox"/>	<input type="checkbox"/>
	- Did he receive Vitamin A?	<input type="checkbox"/>	<input type="checkbox"/>
9	OTHER PROBLEM ANY OTHER PROBLEM (refer) NO YES OTHER: Refer	<input type="checkbox"/>	<input type="checkbox"/>

10. REFERRED CASES	<input type="checkbox"/> NO <input type="checkbox"/> YES	ADVICE FOR CASES REFERRED TO THE INTEGRATED HC
		• IF FEVER: Paracetamol (½ Tab for child < 3 years old, ¾ Tab for child between 3-5 years old) + Bath in plain water or wrap the head wet in case of high fever.
		• IF DIARRHEA: give frequently sips of ORS with a cup, (even in case of exclusive breastfeeding)
		NOTE: FILL OUT THE REFERENCE FORM AND REFER

## FACILITATOR'S ACTIVITIES

- Present the patient form
- Give instructions about filling out the form

## Presentation of the Patient's form

The form is preferably displayed in an ENLARGED format. To show different parts of the form to the trainees (make sure that everyone has all the details on his form)

## THE BACK SIDE OF THE FORM: RECEPTION, EXAMINATION

Present the following parts without giving details:

- Site identification
- Child identification
- Record of complaints
- Searching for warning signs
- Analysis of child's health problems (fever, diarrhea, cough)
- Analysis of the nutrition status
- Analysis of the follow up of prevention and promotional activities: CPS, PEV or EPI, Suppl. of Vitamin A
- Other child's problems reported by the mother

## Instructions for filling out the form

Give the CHW instructions about filling out the form, these are, among others:

1. Ask the right question or show right orientation gesture to identify present signs
2. Write on dotted line or in the blank boxes, according to cases
3. Tick YES or NO
4. ENCIRCLE, according to the case

Note: recall how they should tick in the boxes.

## Assess understanding (By giving open questions)

And congratulate the correct answers.

## 11. TREATMENT

<p><b>TREATMENT OF FEVER/MALARIA</b></p> <p>1) Drugs</p> <p>A) ANTI MALARIA drugs:</p> <ul style="list-style-type: none"> <li>Child 2-6 months: QUININE drops 20%(1 drop/kg of weight, 3 times per day, for 7 days)</li> <li>Child 7-11 months: Art ½ Tab + AQ ½ Tab, for 3 days (TOTAL 1½ Tab Art + 1½ Tab AQ)</li> <li>Child 12-59 months: Art 1 Tab + AQ 1 Tab, for 3 days</li> </ul> <p><b>Note:</b> In case of lack of ART+AQ, give the SP according to the following dosage:</p> <ul style="list-style-type: none"> <li>Child 2-11 months: SP ½ Tab single-dose, only for 1 day</li> <li>Child of 1-2 years: SP ¾ Tab single-dose, only for 1 day.</li> <li>Child of 3-5 years: SP 1 single-dose Tab, only for 1 day</li> </ul> <p>B) Paracetamol 500 Mg Tab: (4 times per day).</p> <ul style="list-style-type: none"> <li>Child less than 3 years old: ½ Tab, for 2 days (TOTAL 4 Tab)</li> <li>Child above 3 years old: ¾ Tab, for 2 days (TOTAL 6 tab)</li> </ul> <p>2) Advice: See CHART 1</p> <p>3) Appointment after 2 days</p>	<p><b>TREATMENT OF DIARRHEA</b></p> <p>1) Drugs:</p> <p>a) ORS (at least 2 bags) or other recommended liquids:</p> <ul style="list-style-type: none"> <li>½ glass of ORS after each stool: Child &lt; 2 years</li> <li>1 glass of ORS after each stool: Child 2 years and above</li> </ul> <p>(If Vomiting: Wait 10 min. then give again)</p> <p>b) Mebendazole: 100 mg Tab 2 times per day for 3 days (TOTAL 6 Tabs) (or 1 Tab of 500 mg single-dose from one year of age)</p> <p>c) Zinc Tab for 10 days with the following dosage:</p> <ul style="list-style-type: none"> <li>½ 20 Mg tab, child of less than 6 months (TOTAL : 5 Tabs)</li> <li>20 mg tab, child 6 months and above (TOTAL: 10 Tabs)</li> </ul> <p>2) Advice: See CHART 2</p> <p>3) Appointment after 2 days</p>
<p><b>TREATMENT OF PNEUMONIA AND COUGH/COLD</b></p> <p>1) PNEUMONIA :</p> <p>a) COTRIMOXAZOLE</p> <ul style="list-style-type: none"> <li>Child 2 - 6 months: ¼ Tab 2 times per day for 5 days (TOTAL 2½)</li> <li>Child 6 months - 3 years: ½ Tab 2 times per day for 5 days (TOTAL 5 Tab)</li> <li>Child 3 years - 5 years: 1 Tab 2 times per day for 5 days (TOTAL 10 Tab)</li> </ul> <p>b) Remedy against cough: Lemon juice (diluted) or honey</p> <p>c) If fever: See Treatment for malaria.</p> <p>2) SIMPLE COUGH OR COLD:</p> <p>a) Remedy against cough (Lemon juice or diluted honey)</p> <p>b) If fever: See treatment for malaria.</p> <p>3) Advice: See CHART 3</p> <p>4) Appointment after 2 Days</p>	<p><b>MANAGEMENT OF SLIGHT MALNUTRITION</b></p> <p>1) Drugs</p> <p>a) Mebendazole : 100 mg Tab 2 times a day for 3 days (TOT 6 Tabs) (or 500 mg Tab single dose from one year of age)</p> <p>b) Ferrous sulfate 1 tablet per day for 1 month (TOT 30 Tabs)</p> <p>2) Advice : See CHART 4</p> <p>3) Appointment after 2 days to verify whether the advice given was followed,</p> <p>Then appointment after 7 days</p>

## 12. CATCHING UP (See Vaccination status, CPS &amp; Vit. A, and advice for catching up if necessary)

In all cases, encourage the mother to continue child weighing sessions, immunization and Vitamin A supplementation at the HC

13 FOLLOW UP VISIT CARRIED OUT? <input type="checkbox"/> NO <input type="checkbox"/> YES		INSTRUCTIONS FOR FOLLOW UP APPOINTMENT.	
A POSSIBILITY n°1:		POSSIBILITY n°2:	
The child's mother returned <input type="checkbox"/>		The child's mother did not return <input type="checkbox"/>	
Tick if:		Tick why she did not return:	
a. Returned according to the given appointment <input type="checkbox"/>		a. Consultation by a traditional practitioner or traditional treatment	<input type="checkbox"/>
b. Returned immediately due to child worsening health <input type="checkbox"/>		b. Lack of money	<input type="checkbox"/>
		c. Child got better	<input type="checkbox"/>
		d. Mother's activities: Seller, field, work, illness in the family...	<input type="checkbox"/>
		e. Death	<input type="checkbox"/>
		f. Other causes:	<input type="checkbox"/>
B IS THE CHILD'S STATE AGGRAVATED? (Ask the mother) NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> (Tick) IF YES, REFER			
C DOES THE CHILD HAVE A NEW COMPLAINT? NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, TAKE A NEW FORM			
D LOOK FOR WARNING AND DANGER SIGNS REFER IN CASE A SINGLE SIGN IS PRESENT			
NO YES		NO YES	
• The child is unable to drink or breastfeed	<input type="checkbox"/> <input type="checkbox"/>	• Fever that persists despite treatment	<input type="checkbox"/> <input type="checkbox"/>
• The child vomits all that he consumes	<input type="checkbox"/> <input type="checkbox"/>	• Appearance of rash and/or pruritus	<input type="checkbox"/> <input type="checkbox"/>
• Had convulsions or convulsing now	<input type="checkbox"/> <input type="checkbox"/>	• Dehydration signs	<input type="checkbox"/> <input type="checkbox"/>
• Unconscious or very weakened	<input type="checkbox"/> <input type="checkbox"/>	• Blood in the stool,	<input type="checkbox"/> <input type="checkbox"/>
• Difficult breathing (pulling or wheezing)	<input type="checkbox"/> <input type="checkbox"/>	• Very liquid diarrhea (like water)	<input type="checkbox"/> <input type="checkbox"/>
• Palmar paleness (anemia)	<input type="checkbox"/> <input type="checkbox"/>	• or another abnormal phenomenon	<input type="checkbox"/> <input type="checkbox"/>
• The child becomes sicker	<input type="checkbox"/> <input type="checkbox"/>		
E IF THE CHILD HAD COUGH OR COLD, Nber of respiratory mvts/minute <input type="checkbox"/> Fast Respiration? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>			
REFER IF YES			
F VERIFY IF THE CHILD RECEIVED HIS DRUGS AS PRESCRIBED. Did he receive his dose? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>			
• Verify the remaining quantity of drugs in the mother's bag.			
G ADVISE TO CONTINUE CHILD TREATMENT			
• Ask the mother to recall how she administered the drugs (review the «3 HOWS »)			
• If the mother administered well the drugs, CONGRATULATE AND ENCOURAGE HER TO CONTINUE THIS WAY			
• If the mother has administered the drugs inappropriately, make a demonstration on drug dispensation (review the « 3 HOWS ») then ask her to repeat and administer a dose in your presence. Verify her understanding.			

## FACILITATOR'S ACTIVITIES

- Present the patient form
- Give instructions about filling out the form

## Introducing the Form

The form should preferably be displayed in an ENLARGED format. To show different parts of the form to the trainees (make sure that everyone has all the details on his form)

## ON THE BACK SIDE OF THE FORM: RECOMMANDATIONS, TREATMENT, AND FOLLOWUP VISIT

Introduce the following parts without giving details:

- Recommendation/Advice for referred cases
- Treatment of fever
- Treatment of Diarrhea
- Treatment of Malnutrition

## Instructions on treatment prescription

Tell the CHWs that they will not need to write the treatment, they will only have to:

1. Identify the right treatment to be administrated to the child according to the case.
2. ENCIRCLE on the form about:
  - The given advice
  - Administrated Medicine

## Assess understanding (By giving open questions)

And congratulate the correct answer.

### STEP 3: IDENTIFICATION AND RECORDING OF COMPLAINTS

#### 1) Site identification

Write in the dotted space the village, the health area (Name of the HC) and health zone in which site is located.

First mention the date, then the Form Number, in order of arrival during this month.

THE INTEREST OF SITE IDENTIFICATION: among others, during reference or feedback; it is necessary to know where the child came from.

<b>MINISTRY OF HEALTH</b>		FORM N° : .....
DATE: ..... / ..... / .....	NAME OF SITE CHW: .....	
SITE: ..... HC: ..... HZ : .....		

#### 2). Identification of the Child

Complete the identification below, by asking the following questions to the mother (or guardian of the child):

<b>DEMOCRATIC REPUBLIC OF CONGO / MINISTRY OF HEALTH</b>		
<b>CHILD PATIENT FORM</b>	Form N° .....	
DATE: ..... / ..... / .....	NAME OF THE SITE CHW ( <i>Relais</i> ) .....	
HEALTH ZONE: .....	HEALTH CENTER: .....	SITE: .....
<b>1. IDENTIFICATION</b>		
Names: ..... Mother's Name: ..... Adress: .....		
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Age <input type="text"/>	Weight <input type="text"/> Kg
Child's Nutritional status <input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red		

- Tick if gender is Male:  M or female:  F For example:  F ✓
- Regarding the age of the child:
  - less than 1 year, mention the age in **months**,
  - More than one year, write the number of years and months. For instance: 1 year and 4 months.
- Measure the weight of the child and write it
- Immediately interpret the curve, to be able to say if the child is in the green, yellow or red strip according to his weight. Tick the constant nutritional status of the child. For instance:  Green ✓

#### 2). Ask for the history of the disease and child's complaints.

Ask for: What he/she's suffering from (fever, diarrhea, cough/cold or others), for how long and what treatment have the child received at home.

<b>2. COMPLAINTS (Tick NO or YES) For how long days Treatment Received at home</b>		
Fever.....	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Days.....
Diarrhea.....	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Days.....
Cough.....	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Days.....
SPECIFY for other complaints .....		

Tick YES or NO for each reported complaint, For example if fever is present

FEVER..  YES

- Go through all the complaints on the form, one by one and tick YES or NO for each given response.
- Show how long the child has had that problem.  
Example :  Days
- Show the treatment that the child received at home.  
For example: ..... *AMWME SRS* .....  
(Leave it blank if the child didn't receive any treatments at home)

#### THE PATIENTS REGISTER

At this level, introduce the PATIENTS REGISTER to the CHWs, so that they may learn how to write information in it as they progress through the training session.

#### FACILITATOR'S ACTIVITIES

- Facilitate the filling out of the form by the trainees up to the record of complaints.

#### Site identification

- Show to the trainees the content of the site identification part and have them read it one after another.
- ILLUSTRATE, in a large view how the identification part of the form is completed. Thus ask them to COMPLETE their forms themselves.
- Ask one of the trainees to explain the utility of the form N°.
- Ask them, Why is it important to identify the site?

#### Child identification

- Have the trainees discover and read one after another the content of the form on child identification.
  - Explain them by giving instructions on how the form is systematically completed.
  - Remind them about the proper form completion; either WRITING on the dotted line or TICKING in a box.
- Have them learn and read one by one the content of the site identification.

#### Asking for the history of the disease and child's complaints

- Have them learn about the complaints in details.
- Emphasize on YES or NO; to tick after each complaint.

#### Role playing game

- Play the role of a child brought to the site by his mother.
- The CHW has to be identified. The CHW will complete the form while others will be completing their forms (by listening to the mother)
- Then personal feedback will be given to each CHW.

#### EXERCISES

- Firstly resolve exercise n° 1 in plenary, in Class
- Then ask the trainees to solve the exercises individually
- Review of personal feedback on the exercises done by the CHW.

#### ASSESS UNDERSTANDING AND INTRODUCE THE FOLLOWING POINT

2 h 00  
+ Exercises + role  
plays

**STEP 2**  
**FINDING WARNING SIGNS**  
**FOR CHILDREN BETWEEN 0-5 YEARS OF AGE**

**2.1. PURPOSE.**

At the end of this chapter, the CHW in charge of the community care site will be able to:

- Identify warning signs that need to be immediately referred to the Health center.
- To find those signs systematically for each child who's sick.
- Counsel the mother about the reference to the Health center.

**2.2. WARNING SIGNS to be identified on site.**

Those signs are listed in the table below:  
CIRCLE each specific sign concerned before ticking YES in the box.  
Tick NO in the box, if the sign is absent.

**Important remark :**

It is necessary to tick YES or NO in the warning signs' column, to make sure that all the signs are verified by the CHW and none of them was skipped.  
But it is always necessary to CIRCLE the sign that is found present. (*See the example of a very weak child shown below*).

After searching of danger/warning signs; ONLY ONE sign found is enough to refer the child to the HC.

**3. LOOK FOR DANGER OR WARNING SIGNS (REFER IF YES)**

ASK, SEARCH	Tick	NO	YES	ASK, SEARCH	Tick	NO	YES
Infant from 1 week to 2 months brought to the SITE		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Palmar pallor or anemia		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nutritional status of the child , RED		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Difficulty breathing or wheezing		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the child able to drink or breastfeed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any disease that lasts 15 days or more		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the child vomit all that he consumes?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	The child is often sick		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did the child have convulsions or is convulsing now?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	The child is very weak		<input type="checkbox"/>	<input checked="" type="checkbox"/>
The child is unconscious or not responding to external stimuli		<input type="checkbox"/>	<input checked="" type="checkbox"/>	The child becomes sicker despite adequate home care		<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Warning sign = RED LIGHT**

Recall the concept of RED, YELLOW and GREEN traffic lights.

IN CASE OF A SINGLE DANGER/WARNING SIGN, STOP EXAMINATION AND REFER THE CHILD, by following the advice on the reference, including:

- Make sure you wrote on the patient form data on:
  - Identification
  - Complaints on arrival
  - The identified danger sign
- Fill out the reference note
- Give the mother advice for the reference and recommended medicine (or case by case)
- Dismiss the mother informing the community
- Record the data in the register

**FACILITATOR'S ACTIVITIES**

**Guide the reading of the purpose**

- Display the purposes in an ENLARGED format (or on the flip chart or board).
- Ask the trainees to read the purposes one by one.
- Ask volunteers among the trainees to EXPLAIN the purpose in simple words. (But not translating)
- The FACILITATOR must emphasize on the 3 rules: IDENTIFY the signs, SYSTEMATICALLY SEARCH FOR THEM and ADVISE the mother.

**IDENTIFICATION OF WARNING SIGNS**

- start by **reviewing the signs which are familiar to the trainees** (through brainstorming).  
Write their answers, underlining the correct ones.
- After **naming** the signs, ask them **HOW THEY CAN BE objectively RECOGNIZED**. (Ask them how they will ask the questions to the mother, about the signs in their native language, in order to identify those signs)

**Guided reading of the form**

- Bring the trainees back to the patient form and focus on it; as the interest here is to LEARN and well understand the form.
- Have the trainees progressively read it and clarify in groups with a participative approach

**Instructions for filling out the form**



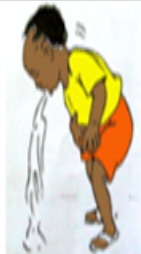


- Remind the trainees the following important instructions:
- To encircle present signs,
  - To tick, either YES or NO, all the time
  - Systematically follow the form, do not to skip any of the signs.
  - Stop the child's examination refer him/her to the HC, if any of the warning signs is present and follow instructions on reference.









**Progressive training of the mother**

Recall how important it is to teach the mother how to identify the signs, and for her to recognize them herself in case they occur at home.

### 2.3. RECOGNIZING DANGER/WARNING SIGNS

It is important that in the search for danger/warning signs; the CHW explains to the mother, for a progressive education of parents to recognize danger/warning signs.

<b>DANGER OR WARNING SIGNS</b>	<b>ILLUSTRATIONS</b>	<b>HOW TO LOOK FOR THEM</b>	<p style="text-align: center;"><b>FACILITATOR'S ACTIVITIES</b></p> <p><b>Help participants to recognize warning signs and ask questions to the mother.</b></p> <p>EXPLAIN: Every sick child who is aged 2 months or less must be referred.</p> <ul style="list-style-type: none"> <li>- If the child's weight is low for his age; (weight under the lower curve) =RED Zone (Danger)</li> <li>- Always check by giving the baby something to drink (or breastfeeding if not weaned).</li> <li>- Vomits ANYTHING is different from repeated vomiting.</li> <li>- Either the baby convulses in the presence of the CHW</li> <li>- Or the mother reports that the baby had convulsed at home.</li> <li>- There are two other signs; either the status of unconsciousness of the child is much weakened</li> <li>- To verify if the child is unconscious, you can tap him a little bit, call, or make something pass in front of his eyes, he will not respond, but will be apathetic.</li> <li>- A sign of much weakness will be the fact that the child will not be able to sit properly or stand, even if he is awake</li> <li>- Take the child's hand without squeezing it and check the color of the palm: either for injected/red skin or pale/white skin.</li> </ul>						
1 <b>Infant, 1 week to 2 months brought to the site.</b>		From the moment that the mother brought him to the site, the infant should be referred to the HC							
2 <b>Child's nutritional status - RED</b>	<table border="1" style="margin: auto;"> <tr> <td style="background-color: green;">GREEN</td> <td>GOOD</td> </tr> <tr> <td style="background-color: yellow;">YELLOW</td> <td>WARNING</td> </tr> <tr> <td style="background-color: red;">RED</td> <td>DANGER</td> </tr> </table>	GREEN		GOOD	YELLOW	WARNING	RED	DANGER	The child's weight for age is below the lower curve on CPS card
GREEN	GOOD								
YELLOW	WARNING								
RED	DANGER								
3 <b>The child is unable to drink or breastfeed.</b>		When the baby is given breast-milk or water, there is no swallowing movement at the throat. The breastmilk or water falls without being swallowed.							
4 <b>The child vomits everything he consumes</b>		<p>The child vomits everything he takes: water, food, milk (breastmilk).</p> <p>This is different from selective or repetitive vomiting.</p>							
5 <b>The child is convulsing or had convulsions</b>		Even if the child had convulsions at home, we must consider what the mother says.							
6 <b>The child is unconscious or he is not responding to external stimuli</b>		<p>He doesn't respond to external stimuli (such as tapping, call, etc).</p> <p>He may have capped eyes. Significant weakness should also be a warning sign!</p>							

DANGER OR WARNING SIGNS	ILLUSTRATIONS	HOW TO LOOK FOR THEM	FACILITATOR'S ACTIVITIES
7x <b>Anemia or Palmar pallor</b>		The palor will show a white hand  But good colouring will show redness of the palm of the child's hand.	<b>Help participants to recognize warning signs and ask questions to the mother.</b>  EXPLAIN:  There 2 gestures which help in assessing difficult breathing:
8x <b>Difficult breathing Costal breathing or wheezing</b>		In case of difficult breathing, we can observe: - regular titration or sag on the thorax during inspiration (at the base of the chest or above the chest) - You can also hear a regular hiss during breathing. - There often are movements of nose wings as well.	a) <b>Observe</b> the movement of the thorax: The thorax decompress/sinks when the child inhales. This can be noticed on the lower side of ribs or on the top of the sternum.  b) <b>Hear</b> a wheezing: The wheezing is heard when the baby is breathing, either during exhalation (most often) or inhalation.
			- For each reported sign, always ask the mother, how many days the child has had the sign for?
9x <b>Any disease that lasts 15 days or more</b>		x	- Ask the question to the mother.
10x <b>Every child who is often sick</b>		x	- Ask the mother's impression or what she noticed while the baby is taking treatment at home.  <b><u>Remind the instructions</u></b>
11x <b>The child becomes sicker despite adequate health care given at home</b>		The state of the child gets worse or other signs appear while he is receiving treatment.	- Encircle present signs, - Always tick YES or NO, - Systematically follow the form, and do not skip any of the signs. - Stop examination and refer the child to the HC in case any of the warning signs is present, and follow the instructions on referred cases.
12x <b>Very weak child</b>		x	Always write a <b>REFERENCE NOTE</b>  <b>ASSESS UNDERSTANDING MAKE A SUMMARY AND INTRODUCE THE FOLLOWING POINT.</b>

**P.S IN CASE OF A SINGLE DANGER OR WARNING SIGN , STOP EXAMINATION AND REFER THE CHILD FOLLOWING ADVICE ON REFERRED CASES.**

### **CLASSIFICATION**

After searching a sign (i.e. examine and assess the child for possible illness), you have to classify, i.e. give the probability of diagnosis or say what it is...

Thus, in case there is a danger/warning sign the classification would be: **"Danger/Warning sign. (YES)"**

## 2.4. REFERRAL MANAGEMENT

CHW's worksheet at the community health care site

### ***GIVE ADVICE TO THE MOTHER FOR EVERY REFERRED CASE***

- Consult the closest Integrated HC
- If the child can breastfeed or drink, on the way:
  - Continue to breastfeed the child on the way (or give milk in a cup)
  - Or, if the child is weaned, give him sugar water (4 Tbsp of sugar in 1 cup of water)
- For infants of 1 Week to 2 months:
  - Keep the infant warm and against his mother and covered, lest he catches a cold on the way to the health center.

In addition,  
In case of FEVER,

- Give paracetamol (½ Tab for less than 3 years, ¾ Tab between 3-5 years). And bring the child to the HC
- If high fever: +
  - Bath with plain water (warm)
  - Or wrap the head with a wet piece of fabric.

In addition,  
In case of DIARRHEA :

- If the child breastfeeds, continue to breastfeed the child on the way (or give milk in a cup),
- And have the child frequently drink sips of ORS with a cup, on the way (even in a period of exclusive breastfeeding)

In addition,  
In case of cough/cold or breathing problems

- Give in pre-reference:
  - 1 spoon of honey or lemon juice
  - Cotrimoxazole according to the child's age
- Cover the child on the way to the HC to avoid the cold

In addition,

### **WRITE THE REFERENCE NOTE:**

- The name of the sick, gender, age, address
- Sign or identified health problem
- Received treatment
- CHW's signature, Name and date...

### **FACILITATOR ACTIVITIES**

- Help the participants to identify the advice and treatment before referring the child.

#### **Guided reading of the form (About treatment)**

- Ask the trainees to read, item per item and clarify through the participative approach.

#### **Encircle the recommendations or treatment to be followed**

- Find the nearest **integrated** HC.
- Give **ENERGY** to the child (by breastfeeding or giving sugar water according to whether the child can drink or simply breastfeeds).
- Keep the baby **WARM** and protect him from getting cold.
- In addition, if the baby has FEVER, and/or DIARRHEA provide treatment or recommendation before referring him to the HC.

#### **Remark**

EXPLAIN:

- Always provide effective recommendation concerning the child.
- Always fill out the reference note
- Refer to an **INTEGRATED** HC.

#### **EXERCISES ON WARNING SIGNS**

(SEE EXERCISE MANUAL)

- firstly solve exercise n° 1 in plenary in Class
- then ask the trainees to solve the exercises individually
- Review of individual feedback on the exercises done by the CHWs.

#### **Role playing game**

- Play the role of 2 or 3 children brought by their mothers.
- you will chose one CHW to fill out the patient form; but still others will complete their form as well while listening to what the mother says
- Then a personal feedback will be given by each CHW.

#### **ASSESS UNDERSTANDING AND INTRODUCE THE FOLLOWING POINT**

## SESSION 3: Assess, classify and treat fever in children aged less than 5 years

### 3.1. Objective

At the end of this chapter, the CHW in charge of the community health care site will be able to:

- Recognize fever in a sick child.
- Search for the signs associated with fever
- Refer cases which are beyond the competence of the community sites
- Administer appropriate community health care, give the mother appropriate advice, as the case may be referred or treated in the community.

### 3.2. Fever definition

We consider fever as any case where the child is hot to touch, or if he has a temperature  $\geq 37,5^{\circ}$  C (measured with a thermometer), or if the mother says that the child was hot to touch in 48 hours.

### 3.3. Steps of fever assessment

In case of fever, you must first ENCIRCLE, either hot to touch, or history of fever, or both situations at the same time according to the case. And then tick **YES** ; for example:

Si la fièvre est absente, ne rien entourer, et cocher NON

4	FEVER (= Hot to the touch or history of fever within the 2 days)	(Tick) NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
---	--	------------------------------------	---

#### a) Fever case to be referred

When we have encircled YES, we enter the following box to assess or search signs that are associated with that fever and which would cause to refer the case.

ENCIRCLE every time the sign is present. Then, tick YES. And afterwards, tick on the classification. For example:

4	FEVER (= Hot to the touch or history of fever within the 2 days)	(Tick) NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
REFER IF:	<ul style="list-style-type: none"> <li>Fever which continues after 2 days of home treatment with Artesunate + Amodiaquine and Paracetamol, (or SP + paracetamol in the absence of Art + AQ)</li> <li>Fever with generalized rash</li> </ul>	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	FEVER case to be REFERRED
FEVER case to be treated at the site	All the problems above are absent,	NO <input type="checkbox"/>	YES <input type="checkbox"/>	MALARIA

In case no sign is present to refer the case, do not encircle anything, and tick NO.

#### b) Fever to be treated at the community health care site

The CHW, after ticking YES to enter the following box, and then ticks NO for all absent signs.

At the end, He encircles the "all the problems above are absent" answer, ticks YES and then MALARIA

4	FEVER (= Hot to the touch or history of fever within the 2 days)	(Tick) NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
REFER IF:	<ul style="list-style-type: none"> <li>Fever which continues after 2 days of home treatment with Artesunate + Amodiaquine and Paracetamol, (or SP + paracetamol in the absence of Art + AQ)</li> <li>Fever with generalized rash</li> </ul>	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	FEVER case to be REFERRED
FEVER case to be treated at the site	All the problems above are absent,	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	MALARIA

### 3.3. FEVER/MALARIA MANAGEMENT

#### 1) Drugs dosage

Every case of fever or hot to touch must be treated as MALARIA, with the following drugs:

a) **ARTESUNATE + AMODIAQUINE + PARACETAMOL, in the following manner:**

### FACILITATOR'S ACTIVITIES

- Help participants to take care of Malaria cases on site.

#### Guide the reading of the purpose

- Display the objectives on the board.
- Ask the trainees one by one.
- Ask a volunteer among the participants to explain (and not translate) in plain words.
- Clarify whenever needed.

#### Fever definition

- Review the trainees knowledge about the definition of fever (through brainstorming)
- Clarify when needed

#### Fever assessment steps

- Ask: What should be the first thing to do when examining a child?  
(Expected answer: First check if the case can be treated on site or has to be referred)
- Remind the 2 steps of the assessment:
  - If the case has to be REFERRED
  - If it is a SIMPLE case.

#### Fever to be referred

- Review the knowledge of trainees. Ask them what the cases which have to be referred are. Write their answers on the board.

- Guided reading for all the learners one after another, the goal here is to help them get used to the tool and understand it.
- Clarify in groups through a participative approach. Talk about the issues not discussed in brainstorming
- Do not forget to ENCIRCLE the present sign or to TICK either YES or NO.

#### Fever to be treated on site

- Continue to guide the READING of the form.

#### Assess understanding

- Inf 7-11 months: Art ½ Tab + AQ ½ Tab, for 3 days (TOT 1½ Tab Art + 1½ Tab AQ)
  - Inf 12-59 months: Art 1 Tab + AQ 1 Tab, for 3 days (TOT 3 Tab each)
- Note: Children less than 7 months do not receive ART+AQ. Then they must be treated with liquid quinine according to the following dosage:  
 QUININE drops 20% (1 drop/ weight kg, 3 times per day, for 7 days)

- b) Paracetamol Tab 500 mg: (4 times/day)
- Inf. of less than 3 years: ½ Tab, for 2 days (TOT 4 Tab)
  - Inf. of more than 3 years, ¾ Tab, for 2 days (TOT 6 Tab)

2) Advice: See CHART 1

3) Appointment after 2 days:

**REFER IF NO CHANGE**

**NOTICE: In case there is no ART + AQ, see dosage of Sulfadoxine Pyrimethamine (SP)**

## DOSAGE FOR MALARIA TREATMENT

- ARTESUNATE + AMODIAQUINE + PARACETAMOL

Age group	Weight		1st Day		2nd Day		3rd Day	
			ART	AQ	ART	AQ	ART	AQ
7-11 months	7-10 Kg							
12 to 59 months	11 to 20 Kg							
1-5 years								
6-13 years	21-40 Kg							
>13 years	>40 Kg							

PARACETAMOL in case of fever						
	2 to 11 months	1 to 2 years	3 to 5 years	6 to 10 years	10 to 12 years	13 to 15 years
In case of fever, give PARACETAMOL 4 times a day						
	Less than 3 years old: 1/2 Tab		3 to 5 years old 3/4 Tab			

### FACILITATOR ACTIVITIES

- Help participants to identify the advice and treatment of fever at the site.

#### Guided reading of the form (The part on treatment)

- Ask the trainees to read, item after item and clarify through a participative approach.

#### Encircle the treatment or advice to be followed

EXPLAIN:

- Counsel and give treatment based on the age group.
- ENCIRCLE the treatment and advice given.

#### When does the patient needs to come immediately

- Remind them not to memorize
- The advice on “when to come back immediately” is divided into 2 large categories:
  - The first one relates to eating and drinking (including vomiting)
  - The other one is related to the worsening of the illness.

#### The 3 rules of home based treatment

- Have them repeat the 3 rules of home based treatment:
  - Continue feeding,
  - Increase the quantity of fluids
  - When to come back immediately.
- Tell the trainees to often have the mothers repeat these 3 rules.

#### KEY PRACTICES to recommend

- Ask them to use existing communication media.
- Use the appropriate communication technique (Remind them how to use visual materials or communication media)
- Ask them to recall the key practices to recommend.

#### **ASSESS UNDERSTANDING INTRODUCE THE FOLLOWING POINT**










### 3.3. FEVER/MALARIA MANAGEMENT (USE SP IN CASE THE ART + AQ IS UNAVAILABLE)

#### 1) Dosage

Every case of fever or when the body feels hot to the touch must be treated as malaria MALARIA, with the following drugs:

SP and Paracetamol, in the following manner:

- SP in single dose: ½ Tab if infant is 2-11months old, ¾ Tab between 1-2 years, and 1 Tab between 3-5 years.
- Paracetamol: ½ Tab for less than 3 years old, ¾ Tab between 3-5 years, 4 times/day (or every 6 hours)

<p><b>Child 2- 11 months</b></p> 	<p><b>Child 1-3 years</b></p> 	<p><b>Child 3 -5 years</b></p> 
<p><b>SP single dosage</b></p> 	<p><b>SP single dosage</b></p> 	<p><b>SP single dosage</b></p> 
<p><b>Paracetamol 4x/day for 2 days</b></p> 	<p><b>Paracetamol 4x/day for 2 days</b></p> 	<p><b>Paracetamol 4x/day</b></p> 

#### 2) Advice to the mother

- Appointment after 2 days
- WHEN IT IS NECESSARY TO COME BACK TO THE SITE (during child's treatment)

CHILD BECOMES SICKER or other abnormal signs appear (Example: fever rises, difficult breathing, blood in the stool, paleness, etc)	<p><b>REFER,</b></p> <ul style="list-style-type: none"> <li>• <b>If the child comes back immediately;</b></li> <li>• <b>Or if the child comes back within a month suffering from the same disease</b></li> </ul>
--	--

- The 3 rules of home treatment:
  - Continue feeding the sick child
  - Increase the quantity of fluids to drink (or breastfeeding in it is exclusive)
  - When to come back immediately to the site.
- KEY RECOMMENDED PRACTICES:
  - Children between 0-5 year and pregnant women must sleep under a treated mosquito net
  - Exclusive breastfeeding for infants under 6 months.

#### NOTE

**REFER to the Health center if the CHILD comes back immediately to the site (see above). Or if the child does not get better on the follow up visit (Appt on the 3<sup>rd</sup> day). Or if the child comes back with fever within a month.**

#### FACILITATOR ACTIVITIES

- Help participants to identify the advice and treatment of fever at the site.

#### Guided reading of the form (The part on treatment)

- Ask the trainees to read, item after item and clarify through a participative approach.

#### Encircle the treatment or advice to be followed

EXPLAIN:

- Counsel and give treatment based on the age group.
- ENCIRCLE the treatment and advice given.

#### When does the patient needs to come immediately

- Remind them not to memorize
- The advice on "when to come back immediately" is divided into 2 large categories:
  - The first one relates to eating and drinking (including vomiting)
  - The other one is related to the worsening of the illness.

#### The 3 rules of home based treatment

- Have them repeat the 3 rules of home based treatment:
  - Continue feeding,
  - Increase the quantity of fluids
  - When to come back immediately.
- Tell the trainees to often have the mothers repeat these 3 rules.

#### KEY PRACTICES to recommend

- Ask them to use existing communication media.
- Use the appropriate communication technique (Remind them how to use visual materials or communication media)
- Ask them to recall the key practices to recommend.

#### SEE CHART N° 1: FEVER/MALARIA (Enclosed Job aid)

#### ASSESS UNDERSTANDING

Make a summary  
INTRODUCE THE FOLLOWING POINT

**SEE CHART N° 1: FEVER/MALARIA (Enclosed Job aid)**

# SESSION 4: Weighing and growth curve interpretation

(See growth curve on the next page)

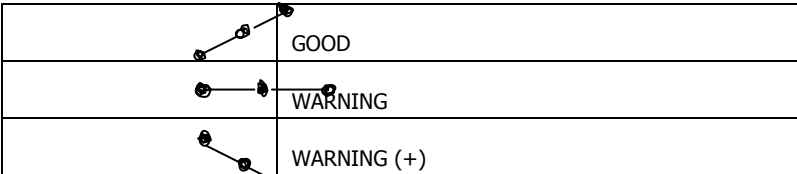
The CHW and the mother will have to learn to interpret the growth curve in order to know that :

- The child has normal weight for his age: Weight which is located above the curve in **BOLD** (or between the upper and intermediate curves) = **Green Zone (Good)**
- The child is a little underweight for his age : weight located **UNDER** the curve in bold (but above the lower curve in a **dotted line**) = **YELLOW Zone (Warning)**
- The child is highly underweight for his age (weight located under the lowest curve ) = **RED Zone (danger)**

	Green	<b>GOOD</b>
	Yellow	<b>WARNING</b>
	Red	<b>DANGER</b>

**THE INTERPRETATION OF THE GROWTH CURVE AFTER MANY SUCCESSIVE WEIGHINGS**

- (Link corresponding points on the form and observe the **trend** of the curve) :
- A growing curve after 3 successive weighing sessions is good, it shows that the child is growing well and it is a sign of good nutritional status.
  - A stationary or downward curve after 3 successive weighing sessions is a warning sign; it is either a health or nutritional problem; and is to be considered as MALNUTIRITION.
  - A downward curve after successively weighing the child 3 times is a serious warning sign which must raise much attention.



**Weighing technique (with Salter Scales):**

- a) Preparation of Material:**
- Suspend the Salter scales to a tree or a solid beam
  - Hang the weight pants on the scales and put the needle to zero.
  - Prepare growth follow up forms, registers and pens.
- b) Weighing steps on Salter scales.**
- Take off the child’s clothes and put the child in the weight pants.
  - Attach the weight pants’ straps to the scales.
  - Read the weight when the needle is stabilized.
  - Write the read weight on the growth follow-up form.
  - Tell the weight to the mother.
  - Show the point on the curve and indicate the corresponding color: Red, Green or Yellow.

**Completing the form and drawing the curve**

- Indicate the weight by a point in the box corresponding to the intersection of the column indicating the month and the horizontal row representing the weight.
- The point is put in the middle of the corresponding box.
- After many successive weighing sessions , link the points in order to get the curve

**FACILITATOR ACTIVITIES**

- Facilitate the trainees to weigh children and interpret the growth curve.

**FACILITATION METHODOLOGY**

- Experiential approach for knowledge review.
- Practical demonstration by participants themselves.
- Feed-back given by other trainees before the facilitator’s feedback.

**a) The weighing (With Salter scales)**

- Ask a volunteer to demonstrate the weighing technique.
- Direct participants feedback before giving your point of view.

**b) How to fill out the form and draw the curve**

- Find another volunteer to write the weight on the form and draw the curve.
- Direct participants’ feedback

**c) Grow-up curve interpretation**

- Ask how to interpret the WEIGHT FOR AGE.
- Ask what can be the nutritional status GREEN, YELLOW or RED.
- Through Q&A have them interpret the different weights at different ages.
- Give also examples of drawing weight curves after many times of weighing sessions.

**ASSESS UNDERSTANDING**

**Make a summary  
INTRODUCE THE FOLLOWING  
POINT**

**SUMMARY OF DAY 1**



## SESSION 5: Assess, classify and treat diarrhea in children aged between 0-5 years

### 4.1. Objective

At the end of this chapter, the CHW in charge of the community health care site should be able to:

- Recognize diarrhea in a sick child.
- Look for signs associated with diarrhea.
- Refer cases which are beyond the site's competence
- Provide appropriate community health care

### 4.2. Definition of diarrhea

Diarrhea is identified as the emission of liquid stools 3 times per day or more.

### 4.3. Diarrhea assessment steps

If diarrhea is present, you must first CIRCLE « stool 3 times per day or more ». Then tick YES

5	DIARRHEA	(= Loose stool 3 times per day or more)	NO	<input checked="" type="checkbox"/> YES (Tick)	
REFER if:	- Signs of dehydration (sunken eyes, thirst, skin pinch goes back slowly, agitated child), or - Blood in the stool, or - Liquid diarrhea (like water)		NO	YES	DIARRHEA case to be REFERRED
			NO	YES	
			NO	YES	
DIARRHEA case to be treated at the site	All the problems above are absent		NO	YES	Simple DIARRHEA

If diarrhea is absent, do not circle anything, and tick NO

#### a) Diarrhea referral

When we encircled YES, we look at the following box to assess or search the signs associated to that diarrhea and which necessitate referral.

Each time ENCIRCLE the present sign. Then, tick YES. For example:

5	DIARRHEA	(= Loose stool 3 times per day or more)	NO	<input checked="" type="checkbox"/> YES (Tick)	
REFER if:	- Signs of dehydration (sunken eyes, thirst, skin pinch goes back slowly, agitated child), or - Blood in the stool, or - Liquid diarrhea (like water)		<input checked="" type="checkbox"/> NO	YES	DIARRHEA case to be REFERRED
			<input checked="" type="checkbox"/> NO	YES	
			<input checked="" type="checkbox"/> NO	YES	
DIARRHEA case to be treated at the site	All the problems above are absent		NO	<input checked="" type="checkbox"/> YES	Simple DIARRHEA

#### How do we search for signs of dehydration?

- Sunken eyes:** The orbits are clearly visible. (In case of doubt, ask the mother's impression).
- Persistent skin fold:** If you pinch at the belly side and pull; the skin pinch goes back slowly.
- Much thirst:** Thirst is noticed when the child drinks eagerly; i.e. if you give it water in a cup, the child clings to the cup and wants to continue to drink even when you want to take back the water container.

#### b) Diarrhea treated at the community health care sites

5	DIARRHEA	(= Loose stool 3 times per day or more)	NO	<input checked="" type="checkbox"/> YES (Tick)	
REFER if:	Signs of dehydration (sunken eyes, thirst, skin pinch goes back slowly, agitated child), or - Blood in the stool, or - Liquid diarrhea (like water)		NO	<input checked="" type="checkbox"/> YES	DIARRHEA case to be REFERRED
			NO	YES	
			NO	YES	
DIARRHEA case to be treated at the site	All the problems above are absent		NO	YES	Simple DIARRHEA

### FACILITATOR'S ACTIVITIES

- Helps participants in taking care of diarrhea cases at the Site.

#### Guide the reading of the Objective

- To note the objectives on the board.
- Ask the participants one by one.
- Always ask a volunteer to EXPLAIN (and not translate) the objectives in simple words.
- Clarify if necessary

#### Definition of diarrhea

- Review the knowledge of the participants on diarrhea definition (though brainstorming).
- Clarify if needed

#### Steps in assessing diarrhea

- Ask: what should be the first thing to do when examining a child?  
(Expected answer: Check if the case has to be treated at the Site or to be referred)
- Recall the two steps of the assessment:
  - If the case needs to be referred
  - If the case is simple.

#### Diarrhea case to be referred:

- Ask participants, what the risks of a child with diarrhea are, through brainstorming. Note their answers on the board.
- How do we recognize these risk signs?
- How do we know that a child is in a risky condition? (Through brainstorming)
- Can diarrhea cause death? And how?
- What you do to avoid death?

#### Signs of dehydration

- Make a review of the participants knowledge. **Ask them to define dehydration.**
- HOW TO RECOGNISE** the signs of dehydration
- It is important for the Facilitator to well demonstrate how to check for signs of dehydration

#### Projection of video film

#### Diarrhea to be treated at the Site

- Continue guided reading of the form.

VERIFY THE UNDERSTANDING  
MAKE A SUMMARY AND  
ANNOUNCE THE FOLLOWING TOPIC

#### 4.4. Diarrhea management

### DIARRHEA TREATMENT WORKSHEET

#### 4.4.1) DOSAGE

Any case of diarrhea (or loose stools more than 3 times/day), should be treated with the following medications: ORS, Zinc and Mebendazole, in the following manner:

- Zinc in Tab for 10 days, as follows:
  - 10 mg Tab for children less than 6 months.
  - 20 mg Tab for children of 6 months and more than 6 months.
- Mebendazole: 2X 1Tab/day for 3 days. (From the age of 1 year)
- ORS, for the duration of diarrhea, as follows:

½ cup of ORS for each diarrheal stool: for children less than 2 years
1 cup of ORS for each diarrheal stool: for children aged 2 years or more.

#### Note:

- DEMONSTRATE to the mother and start the giving ORS before dismissing the child to continue taking ORS at home.
- IF THE CHILD VOMITS: wait 10 minutes before you give another sip (Tell that to the mother).
- If diarrhea persists after 5 days of treatment, refer the case to the health center.

#### 4.4.2) ADVICE TO THE MOTHER

- APPOINTMENT after 1 day
- WHEN DOES SHE HAVE TO COME BACK IMMEDIATELY at the Site (while the child continues treatment at home)

CHILD BECOMES SICKER, or other abnormal signs appear (Example : fever rises, difficult breathing, blood in the stool, paleness, etc	<b>REFER,</b> <ul style="list-style-type: none"> <li>• If the child comes back immediately;</li> <li>• Or if the child comes back within a month suffering from the same disease</li> </ul>
---	---

- The 3 rules of home treatment:
  - Continue feeding the sick child
  - Increase fluids to drink (or breastfeeding in case it is exclusive)
  - When to come back immediately to the site (when the child is under treatment at home)
- KEY PRACTICES (diarrhea prevention methods):
  - Exclusive breastfeeding of the child for 6 months.
  - Wash hands with soap / ash: after defecation, before cooking for and feeding the child.
- Other advice
  - Cover food and eat it hot.
  - Drink pure water.
- Other recommended liquid in case of diarrhea: pure water, rice water, soup, coconut milk, soy milk, squash soup, porridge...

#### NOTE

**REFER the case to the health center if the the child comes back immediately**  
**Or if the diarrhea continues 5 days after the onset of treatment (even if the case has not worsened).**

#### FACILITATOR'S ACTIVITIES

- Help participants to identify advice and treatment of diarrhea at the Site.

#### Guided reading of the form (Treatment related part)

- Ask the Participants to read item by item, and clarify through a participative approach.

#### Highlight the treatment or advice to keep in mind

#### EXPLAIN:

- Consider the age group when giving advice and treatment.
- ENCIRCLE the treatment and the advice retained.
- Show the medicines to participants, and mention their names.
- Show the presentation, the quantity to give (dosage), explaining when we have to give (how often).
- Explain to participants that they will learn how to give the medications to sick children at the site.
- Ask a participant to repeat what you have demonstrated

#### KNOWLEDGE VERIFICATION

- Ask a participants to demonstrate how to prepare the ORS.
- Ask: What do we have to tell to the mother if the child is vomiting?
- Ask: What is the maximum duration beyond which a child cannot go and keep coming to the site if the diarrhea does not improve?

#### • **When to come back immediately:**

Ask the participants to repeat the 2 situations of «when to come back immediately»

#### • **The 3 rules of home-based treatment**

Ask them to recall the three rules of home-based treatment

#### • **The key-practices to advise**

Ask them to remind the key-practices to recommend.

#### EXERCISES ON FEVER AND DIARRHEA

(See the practice manual)

- Let the participants solve the exercises individually
- Make individual feedback.

#### SEE CHART N° 2: DIARRHEA (Enclosed Job aid)

**VERIFY THEIR UNDERSTANDING**  
**MAKE A SUMMARY**  
**Announce the next topic**

**SEE CHART N° 2: DIARRHEA (Enclosed Job aid)**

## SESSION 6: Assess, classify, treat cough or cold or respiratory problems in a child aged less than 5 years

### 5.1. Objective

At the end of the chapter, the CHW in charge of community health care sites should be able to:

- Recognize a respiratory problem in a sick child
- Recognize fast respiration in a sick child
- Assess and classify a child with cough/cold or respiratory problem
- Provide health care to the child with cough /cold or respiratory problems.
- Give advice to the mother of the sick child.

### 5.2. Definition of cases

a) **Difficult respiration:** We recognize a child who breathes with difficulty by the following signs:

- Either that the bottom (or top) of his chest sinks when the child breathes
- Or the child emits a sharp or hoarse sound or an abnormal whistling sound when breathing
- Or else the child's nose wings are moving when the child breathes.

**Reminder:** Cases with difficult breathing were already aligned among the danger signs and referred.

b) **Fast breathing:** Fast breathing in children is determined by counting respiratory movements per minute. **Threshold of fast breathing is:**

- 50 Respiratory Mvts or (+) in children less than 1 year
- 40 Respiratory Mvts or (+) in children aged 1 year or more

### 5.3. Stages for assessment of cough, cold or respiratory problem

6	COUGH or COLD	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> (Tick)	
	Respiratory mvts= Nber	..... per Minute (Write)		
BREATHING IS FAST	- 50 respiratory movements (or more) in a child aged < 1 year - 40 respiratory movements (or more) in a child aged > 1 year	NO <input type="checkbox"/>	YES <input type="checkbox"/>	PNEUMONIA
BREATHING IS NORMAL	- less than 50 respiratory movements in a child aged < 1 year - less than 40 respiratory movements in a child aged > 1 year	NO <input type="checkbox"/>	YES <input type="checkbox"/>	COUGH or COLD

Once cough and/or cold are present, you must tick **YES**. (If absent, tick **NO**). If **YES**, **assess**, i.e. search other associated signs. ENCIRCLE signs which are present, before ticking YES or NO and then the **classification**.

#### a) Children aged between 2 months to 5 years with FAST BREATHING/RESPIRATION

Count first and NOTE the number of respiratory movements, and DECIDE IF BREATHING IS FAST OR NORMAL

In case of fast breathing, the CHW will be limited to the top row entitled FAST BREATHING.

In case breathing is normal, the CHW will write NO on the top row and will move down on the bottom one of NORMAL BREATHING.

6	COUGH or COLD	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> (Tick)	
	Respiratory mvts= Nber	53 per Minute (Write)		
BREATHING IS FAST	- 50 respiratory movements (or more) in a child aged < 1 year - 40 respiratory movements (or more) in a child aged > 1 year	NO <input type="checkbox"/>	YES <input type="checkbox"/>	PNEUMONIA
BREATHING IS NORMAL	- less than 50 respiratory movements in a child aged < 1 year - less than 40 respiratory movements in a child aged > 1 year	NO <input type="checkbox"/>	YES <input type="checkbox"/>	COUGH or COLD

#### b) Child with normal breathing (children aged between 2 months - 5 years)

If breathing is NORMAL, tick NO on the first row, which means that there is no *pneumonia* then move down on the next row to ENCIRCLE and then TICK.

6	COUGH or COLD	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> (Tick)	
	Respiratory mvts= Nber	33 per Minute (Write)		
BREATHING IS FAST	- 50 respiratory movements (or more) in a child aged < 1 year - 40 respiratory movements (or more) in a child aged > 1 year	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	PNEUMONIA
BREATHING IS NORMAL	- less than 50 respiratory movements in a child aged < 1 year - less than 40 respiratory movements in a child aged > 1 year	NO <input type="checkbox"/>	YES <input type="checkbox"/>	COUGH or COLD

### FACILITATOR'S ACTIVITIES:

- Help participants to manage cases of cough cold or respiratory problems at the site.

#### Guide the reading of the objective

- write the objectives on the board ; have participants read and explain (and not translate) in simple terms.
- Clarify if needed.

#### Definition of cases of a difficult breathing

- Make a **review of the participants' knowledge** (through brainstorming)
- Use the image illustrations.
- Recall that a difficult breathing has been put among DANGER SIGNS already studied.

#### FAST RESPIRATION assessment

- Make a **review of the participants' knowledge** (through brainstorming)
- Have the participants read the FAST RESPIRATION threshold on the patient form (infant aged 2 months to 5 years).
- Check the understanding by an oral exercise, with different age groups (3 months, 7 months, 1 year and 5 months, 3 years and 9 months, 12 months, etc)

#### Filling out the form (Stages to share)

- Remind them to first tick YES or NO
- Write down the number of respiratory movements in the box.
- Confirm if it is fast or normal breathing.
- If breathing is fast, stop at the first row and ENCIRCLE the child's age group according to the fast respiration threshold (**<1 year or >1year**) Tick on **PNEUMONIA**.
- If breathing is NORMAL, go to the 2<sup>nd</sup> line (Make sure you first tick NO meaning there is no pneumonia). Go to the 2<sup>nd</sup> line regarding normal breathing and ENCIRCLE the concerned child's age group (**<1 year or >1year**) TICK on **COUGH or COLD**

#### Use of a timer

- Demonstrate how to start, stop and count
- Give to the CHWs the timers to manipulate and get used to them

#### Demonstrate the steps involved in counting respiratory movements:

- Get a clear view of the child's chest and abdomen
- Focus on only one point on the child's chest or abdomen during the counting
- The child must be calm
- Count the respiratory movements for 1 minute.
- Repeat 2-3 times in case of doubt.

#### PRACTICE ON COUNTING respiratory movements.

- Count together the respiratory movements of an adult person (the facilitator)
- Let one CHW count loudly,
- The facilitator and others will count silently and will compare at the end.

Verify their understanding,  
Make a summary and  
Announce the following topic

## 5.2. Cough, cold or respiratory problem management WORKSHEET FOR TREATMENT OF COUGH AND PNEUMONIA

### 5.2.1) Dosage

Every case of PNEUMONIA must be treated with the following medications:  
Cotrimoxazole, harmless remedy against coughing.

And the case of simple COUGH or COLD must be treated in the following manner:

- a) Harmless remedy against coughing : Honey or lemon juice: 3 times 1 Tbsp  
b) Cotrimoxazole, according to the child's age:  
**(Note: Give only in case of PNEUMONIA, i.e. Fast breathing)**

Patient's AGE	COTRIMOZAZOLE (Tab Ad 400mg Sulfamethoxazole+ 80 mg Trimethoprim)
From 2 to 6 months	¼ Tablet 2 times per day for 5 days
From 6 months to 3 years	½ Tablet 2 times per day for 5 days

### Note:

If the child does not get better after 5 days of treatment, refer to the health center.

### 5.2.2) Advice to the mother

- a) Appointment after 2 days **=> if the case is getting worse, REFER the child.**  
b) WHEN DOES SHE HAVE TO COME BACK IMMEDIATELY at the Site (while the child is undergoing treatment at home)

CHILD BECOMES SICKER or other abnormal signs appear (Example: fever rises, difficult breathing, blood in the stool, paleness, etc	<b>REFER,</b> • <b>if the child comes back immediately;</b> • <b>or if the child comes back within a month suffering from the same disease</b>
---	--

- c) The 3 rules of home treatment:
- Continue feeding the sick child
  - Increase fluids to drink (or breastfeeding in case it is exclusive)
  - When to come back immediately to the site (when the child is under treatment at home)
- d) Cough PREVENTION:  
To prevent your child from catching COUGH, avoid exposure:
- To the cold
  - To dust
  - To smoke

### NOTE

**REFER to the health center if the child comes back immediately (see above), or if the child does not get better after on the follow up visit (Appointment on the 3<sup>rd</sup> day)  
Or if the child comes back within a month with cough/cold or respiratory problem.**

### FACILITATOR'S ACTIVITIES:

- Help participants in the management of cases of cough/cold or breathing problems at the site.

### Guided reading of the chart (The part related to treatment)

- Ask the participant's to read, item by item, and clarify using a participative approach.

### ENCIRCLE the treatment or the advice to retain

#### EXPLAIN:

- Consider the age group when giving advice or treatment.
- ENCIRCLE the retained treatment or advice

### VERIFICATION OF KNOWLEDGE

- Ask one of the participants to demonstrate how to determine the quantity of Cotrimoxazole to give to the child according to his age group.
- Ask: What do you tell the mother if the child is vomiting?
- Ask: What do you do if the child has not improved after 5 days of treatment? *Answer: REFER the child*

### Demonstration of drugs

- Follow the steps described in the diarrhea section
- Ask one of the participants to repeat what you have just demonstrated.
- **When to come back immediately:**  
Ask the participants to recall the 2 situations of « when to come back immediately » (the 2 large categories)
- **The 3 rules of home-based treatment**  
Ask them to recall the 3 rules of home treatment
- **The key practices to advise upon**  
Ask them to recall the key practices to recommend

### EXERCISES on Cough/Cold and Difficult Breathing (See Practice Manual)

- Have the participants do the exercises individually
- Give individual feedback.

**Next,  
CLINICAL PRACTICE on  
cough/Cold and difficult  
breathing.**

### SEE CHART N° 3: COUGH/COLD AND PNEUMONIA (Enclosed Job aid)

**VERIFY THEIR UNDERSTANDING  
MAKE A SUMMARY  
Announce the next subject**

**SEE CHART N° 3: COUGH / COLD AND PNEUMONIA (Enclosed Job aid)**

**SESSION 7: Assess, classify and treat nutritional problems in children less than 5 years old**

**6.1. Objective**

At the end of this chapter, the CHW in charge of the site should be able to:

- a) Assess nutritional problems in a child aged between 0-5 years
- b) Refer cases that are beyond the community health care site's competence
- c) Provide appropriate health care
- d) Give appropriate advice to the mother

**6.2. Steps of assessment of nutritional problems**

*Here, there is no "YES" or "NO" at the beginning; for this step must be systematic, no matter what the child is complaining about.*

Evaluate the child and determine, either:

Severe malnutrition, or slight malnutrition, or absence of malnutrition.

<b>7 MALNUTRITION</b> (we have to search for point 7, 8, and 9 in every child)			
SEVERE MALNUTRIT <sup>o</sup> to be referred	- Visible and severe Thinning - or swollen lower limbs	NO YES	YES YES
Slight MALNUTRITION or Children at risk	Low weight for age: - In the YELLOW stripe, or - Stationary weight or decrease after 3 successive weightings	NO YES	YES YES
NO MALNUTRITION	- Normal weight (GREEN Zone), - No signs of malnutrition	NO NO	YES YES

**a) SEVERE MALNUTRITION**

In Case the weight has shown a RED nutritional status (*very low* weight for age), the child has to be considered immediately as a case with a DANGER/WARNING SIGN.

If the weight did not show that, 2 additional signs can help determine severe malnutrition cases: these are severe thinning and edema of the lower limbs.

If those signs are present, you ENCIRCLE, and we TICK "YES » on the right side, and we tick on classification.

<b>7 MALNUTRITION</b> (we have to search for point 7, 8, and 9 in every child)			
SEVERE MALNUTRIT <sup>o</sup> to be referred	- Visible and severe Thinning - or swollen lower limbs	NO NO	YES YES

**b) SLIGHT MALNUTRITION :** This is the case when the weight is low for the age, i.e.: It is either a YELLOW nutritional status , or stationary or decreasing weight after 3 successive weighing sessions

<b>7 MALNUTRITION</b> (we have to search for point 7, 8, and 9 in every child)			
SEVERE MALNUTRIT <sup>o</sup> to be referred	- Visible and severe Thinning - or swollen lower limbs	NO NO	YES YES
Slight MALNUTRITION or Children at risk	Low weight for age: - In the YELLOW stripe, or - Stationary weight or decrease after 3 successive weightings	NO NO	YES YES
NO MALNUTRITION	- Normal weight (GREEN zone), - No signs of malnutrition	NO NO	YES YES

**c) NO MALNUTRITION:** Here, the weight is normal for the age, and no other sign of malnutrition. The CHW has to first tick « NO » on preceding lines, before going to the last lign about malnutrition

<b>7 MALNUTRITION</b> (we have to search for point 7, 8, and 9 in every child)			
SEVERE MALNUTRIT <sup>o</sup> to be referred	- Visible and severe Thinning - or swollen lower limbs	NO NO	YES YES
Slight MALNUTRITION or Children at risk	Low weight for age: - In the YELLOW stripe, or - Stationary weight or decrease after 3 successive weightings	NO NO	YES YES
NO MALNUTRITION	- Normal weight (GREEN Zone), - No signs of malnutrition	NO NO	YES YES

**FACILITATOR'S ACTIVITIES:**

**Guide the reading of the objective**

- Write the objectives on the board;
- Ask participants one by one
- Clarify if necessary

1H30'  
And  
Exercises

**Steps in assessing the nutritional status**

- EXPLAIN that assessment should be SYSTEMATIC.
- The absence of malnutrition is also a classification.

**Review of the signs of Malnutrition**

- Review the knowledge of participants (through brain-storming) on the signs of malnutrition
- Clarify if necessary

**The 3 nutritional statuses of a child**

- Recall the 3 status classifications: GREEN, YELLOW and RED. But assessment is also based on many other signs.
- GUIDED READING on the management of the 3 nutritional statuses, by participants one after another.
- Clarify in groups.
- Do not forget to ENCIRCLE the signs that are present, and TICK either YES or NO.

**Visible and Severe weight loss**

- With a participative approach, clarify that one must remove the child's clothes and look for 2 things:
  - Protruding ribs
  - Skin folds on the buttocks (folds like of an old man or someone who puts on a trouser that is too big for their size)

**Edema in both feet**

- Demonstrate how to look for edema: press gently with the thumb for a few seconds on top of each foot
- The child has edema if the mark of the thumb stays on the foot when the thumb is removed
- Ask a participant to repeat what you have just demonstrated.

**MAKE A VIDEO SESSION**

**Interpretation of the weight curve**

- Make a review of the participants knowledge on the interpretation of the weight curve
- Clarify if necessary

**EXERCISES ON MALNUTRITION**

(See Practice Manual)

- Solve exercises and give individual feedback.

**At the end of the session verify their understanding**

### 6.3. Malnutrition management at the community health care sites

#### MALNUTRITION MANAGEMENT TECHNIQUES

##### 1) MALNUTRITION TREATMENT

Every malnutrition case admitted at the community health care site, have to be treated as following :

- a) Recommend food for the child according to his/her age group,
- b) Taking vit A as recommended, in case the child didn't get it in the last 6 months,
- c) Mebendazole : 2X 1tab/day for 3 days (from 1 year of age)
- d) Iron 1 tab per day for 1 month.

Note :

Refer the child to the health center, If there is no change after one month.

##### 2) OTHER recommendations to the mother

- a) APPT after 7 days
- b) WHEN DOES SHE HAVE TO COME BACK TO THE SITE IMMEDIATELY

CHILD BECOMES SICKER or other abnormal signs appear (Example: fever rises, difficult breathing, blood in the stool, paleness, etc	<p><b>REFER,</b></p> <ul style="list-style-type: none"> <li>● <b>If the child comes back immediately;</b></li> <li>● <b>or if the child comes back within a month suffering from the same disease</b></li> </ul>
---	--

1. Continue feeding the Child
2. Increase the amount of fluids taken (or breastfeeding when exclusive)
3. Knowing when to come back immediately at the site (when the child is being treated at home)

d) KEY PRACTICES:

1. Continue monthly WEIGHING.
2. Following vaccination and Vit A supplementation schedule.

#### **REMARK**

**REFER to the health center the child who comes back immediately. (see above),  
Or if there is no change on the given appointment (Appt on the 8th day)  
Or if the child comes back within a month with the same nutritional status.**

#### FACILITATOR'S ACTIVITIES

- Help the participants to identify the advice and treatment before referring a child.

#### Guided reading of the form (Part relating to treatment)

- Ask the participants to read, item by item, and clarify using the participative approach.

#### Highlight the treatments or advice to keep in mind

EXPLAIN:

- You must give advice which effectively corresponds to the child's age group
- ENCIRCLE the treatment and advice.

#### KNOWLEDGE VERIFICATION

- Ask one of the participants to show on the advice guide on feeding, different advice relating to different age groups.
- Ask about the Vitamin a supplementation schedule
- Discuss the ambiguous situations where the child has just recently been weighed, yet he was not weighed in the previous months. Will the child be considered as being in order with CPS? YES or NO  
(The answer is YES but the CHW should also give advice to the mother)

#### Verify the understanding of participants on:

- When to come back immediately
- The 3 rules of home based treatment
- The interpretation of growth curves

#### RESOLVE THE EXERCISES

**SEE CHART N° 4: SLIGHT MALNUTRITION (Enclosed Job aid)**

**MAKE A SUMMARY AND ANNOUNCE THE NEXT TOPIC**

**SEE CHART N° 4: SLIGHT MALNUTRITION (Enclosed Job aid)**

## INFANT FEEDING RECOMMENDATIONS (for both healthy and sick children)

### From 0 to 6 months



- Breastfeed the baby whenever he wants it, day or night, *at least 8 times within 24 hours.* (no other food or drinks given)
- Baby and mother body contact since the baby's birth.
- Start breastfeeding just after birth (do not throw away the colostrum)

### From 6 months to 11 months



- *Continue breastfeeding every time the baby wants it.*
- Nutritive porridge containing :
  - Cereals: (maize, rice, sorghum, millet, cassava...)
  - Enriched either with soya, Pea nuts, beans, fish, worms, or meat.
  - And in addition with palm oil.
- Give mashed vegetables and fruits (mango, banana, orange...)
- *Increase meals progressively from 3 to 4 per day (if the baby is breastfed)*
- *Go up to 5 times when the baby is weaned.*

### From 12 months to 23 months



- *Continue breastfeeding all the time the baby wants it.*
- Accustom the child to family meals and progressively reduce giving porridge:
- *5 meals a day (meat, fish, vegetables, worms.....)*
- Give fruits and vegetables.

### 2 years and above



- Family meals food: *3 meals per day.*
- In addition to the meals give nutritive food *2 times per day* between meals such as:
  - *enriched porridge,*
  - *doughnuts,*
  - *Biscuits, cakes, etc.....*
- Seasonally add fruits

« Every good food diet must be appropriate in quantity and includes food rich in energy (for example: cereals porridge with added oil); in proteins (example: meat, fish, eggs or vegetables. Worms.) and vitamins (example : fruits)»

### RECOMMENDATIONS ON FEEDING A CHILD WITH *PERSISTANT DIARRHEA*

- Breastfeed the child more frequently and longer day and night, in case he is not wane.
- If the baby takes commercial whole milk :
  - Replace that milk by increasing breastfeeding or
  - Replace that milk with nutritive semi-solid food: cereals porridge + milk.
  - Regarding other meals, follow child feeding recommendations according to the child's age group.

### Observe breastfeeding to verify:

- The baby's **POSITION**: the mother has to support the baby's body (not only the neck or the shoulders) Maintain the baby's body against the mother's chest.
- **HOLDING WELL THE BREAST**:
  - The chin touching the breast.
  - the baby's mouth widely opened
  - the lower lip of the baby straight
  - The breast areola better seen on top than on the bottom
- **Efficient breastfeeding**: i.e. Sucking which is deep, slow and alternating with short breaks.

**SEE CHARTN° 4: SLIGHT MALNUTRITION (Enclosed)**

## SESSION 8: CPS, EPI or PEV, VIT. A catch-up and other health problems in children

### Objective of the session :

At the end of this session the CHW will be able to:

- Explain the CPS, PEV/EPI and Vit A calendars.
- Identify children who are not in order with the CPS, PEV and Vit A calendars for catch up.

### Instructions for the CPS.

The baby has to be followed-up **monthly** for CPS up to 3 years and followed **once in 3 months** after 3 years.

### Instructions for the Vitamin A.

From 6 months, the child must receive **Vitamin A supplement every 6 months** up to 59 months of age.

The PEV catch up. The vaccination calendar is established as shown below :

- **BCG and VPOo : At birth (or within 2 weeks following the birth)**
- **VPO1 and DTC1: after 6 weeks.**
- **VPO2 and DTC2 : in a 4 weeks interval**
- **VPO3 and DTC3 : in a 4 weeks interval**
- **VAR and VAA : from 9 months**

Though vaccines are administrated up to 9 months of age, catch up vaccine can still be given to the baby before its one year birthday (12 months).

### FACILITATOR'S ACTIVITIES

#### **CPS, PEV, and Vitamin A catch up**

#### Session objectives

- Read the objectives of the session

#### **PEV/EPI, CPS (Preschool consultation) and Vitamin A Instructions and Calendars**

- Ask the participants to recall the CPS, Vitamin A, and PEV schedules. Write their answers on the board.
- Have the participants respond to questions for they know these things.

- Give ORAL EXERCISES on different cases where children need to catch up on something or not, and give quick answers.

#### **VERIFY THEIR UNDERSTANDING**

#### **Make a summary**

#### **ANNOUNCE THE NEXT TOPIC**

### FACILITATOR'S ACTIVITY

- Begin by a brainstorming session and ask the participants the importance of a follow-up visit and what can be verified during this visit.
- Read through the text progressively and Clarify in groups

## SESSION 9: Instructions for the follow up appointment

### 13 FOLLOW UP VISIT CARRIED OUT?

### INSTRUCTIONS FOR FOLLOW UP APPOINTMENT.

<b>A</b>	<b>POSSIBILITY n°1:</b> The child's mother returned <input type="checkbox"/>	<b>POSSIBILITY n°2:</b> The child's mother did not return <input type="checkbox"/>																																													
	Tick if: a. Returned according to the given appointment <input type="checkbox"/> b. Returned immediately due to child worsening health <input type="checkbox"/>	Tick why she did not return: a. Consultation by a traditional practitioner or traditional treatment <input type="checkbox"/> b. Lack of money <input type="checkbox"/> c. Child got better <input type="checkbox"/> d. Mother's activities: Seller, field, work, illness in the family... <input type="checkbox"/> e. Death <input type="checkbox"/> f. Other causes: <input type="checkbox"/>																																													
<b>B</b>	<b>IS THE CHILD'S STATE AGGRAVATED?</b> (Ask the mother) NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> (Tick) <b>IF YES, REFER</b>																																														
<b>C</b>	<b>DOES THE CHILD HAVE A NEW COMPLAINT?</b> NO <input type="checkbox"/> YES <input type="checkbox"/> <b>IF YES, TAKE A NEW FORM</b>																																														
<b>D</b>	<b>LOOK FOR WARNING AND DANGER SIGNS REFER IN CASE A SINGLE SIGN IS PRESENT</b>																																														
	<table border="1"> <thead> <tr> <th></th> <th>NO</th> <th>YES</th> </tr> </thead> <tbody> <tr> <td>• The child is unable to drink or breastfeed</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>• The child vomits all that he consumes</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>• Had convulsions or convulsing now</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>• Unconscious or very weakened</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>• Difficult breathing (pulling or wheezing)</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>• Palmar paleness (anemia)</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>• The child becomes sicker</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		NO	YES	• The child is unable to drink or breastfeed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• The child vomits all that he consumes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Had convulsions or convulsing now	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Unconscious or very weakened	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Difficult breathing (pulling or wheezing)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Palmar paleness (anemia)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• The child becomes sicker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="1"> <thead> <tr> <th></th> <th>NO</th> <th>YES</th> </tr> </thead> <tbody> <tr> <td>• Fever that persists despite treatment</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>• Appearance of rash and/or pruritus</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>• Dehydration signs</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>• Blood in the stool,</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>• Very liquid diarrhea (like water)</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>• or another abnormal phenomenon</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		NO	YES	• Fever that persists despite treatment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Appearance of rash and/or pruritus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Dehydration signs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Blood in the stool,	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• Very liquid diarrhea (like water)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	• or another abnormal phenomenon	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<b>E</b>	<b>IF THE CHILD HAD COUGH OR COLD</b> , Nber of respiratory mvts/minute <input type="checkbox"/> Fast Respiration? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> <b>REFER IF YES</b>																																														
<b>F</b>	<b>VERIFY IF THE CHILD RECEIVED HIS DRUGS AS PRESCRIBED.</b> Did he receive his dose? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>																																														
	• Verify the remaining quantity of drugs in the mother's bag.																																														
<b>G</b>	<b>ADVISE TO CONTINUE CHILD TREATMENT</b>																																														
	<ul style="list-style-type: none"> <li>• Ask the mother to recall how she administered the drugs (review the «3 HOW MANY »)</li> <li>• If the mother administered well the drugs, CONGRATULATE AND ENCOURAGE HER TO CONTINUE THIS WAY</li> <li>• If the mother has administered the drugs inappropriately, make a demonstration on drug dispensation (review the « 3 HOW MANY») then ask her to repeat and administer a dose in your presence. Verify her understanding.</li> </ul>																																														

## SESSION 10: Give advice to the mother

### 7.1. Objectives

At the end of this chapter, the CHW responsible of the site will be able to:  
Give appropriate recommendations to the mother, according to the case (to be referred or treated at the site)

- a) Use visual communication media.
- b) Assess the mother's understanding

### 7.2. How to give appropriate recommendation to the mother?

- a) First explain the mother how each administrated medicine is given to the child :
  1. Show her :
    - the quantity (dosage)
    - Number of times per day
  2. Show her how to mix medicines
  3. Asses her understanding (by means of open questions): ask her to explain how each medicine is used: the quantity taken, the number of times it is taken per day, for how long it has to be used and how to mix those medicines.
  4. Ask the mother to give the child the first dose on site, in the presence of the CHW to make sure she well understood the process.
- b) Give to the mother other recommendations relating to the child's sickness:
  1. Recommend her on :
    - The day of appointment
    - When she needs to come back to the site immediately (and verify her understanding)
    - 3 rules of home base treatment (and verify understanding)
    - Means of disease prevention (KEY HEALTH PRACTICES)
  2. Verify her understanding/comprehension (by asking her open questions)
  3. Congratulate and encourage the mother.

### 7.3. How to use visual media for communication.

- a) The advice chart is used for face to face recommendations both the CHW and mother presence, and the image box is used in educating group animations.
- b) The image must be presented to the interlocutor.
- c) With the help of the animation guide, the CHW will follow the steps to take and/or questions to ask
- d) The following are the steps to follow:
  1. Brief introduction
  2. Ask the interlocutor(s) to interpret the image: ask about what he/she/they see(s) and what he/she/they think (s) of that image.
  3. Briefly give the key message with the help of image illustration.
  4. Wait/ ask for the interlocutor's feedback before you get on clarifying or elaborating on it.
  5. Asses understanding ( *through open questions*)
  6. Make a summary

### 7.4. Verifying the mother's understanding

For this the CHW will:

- a) Will ask the mother open questions, i.e. asking the mother TO EXPLAIN what she understood.  
Short questions answered by YES or NO must be avoided.
- b) In case it concerns medicine administration to the child, the mother has to:
  - Remind the CHW how the medicine is mixed /prepared.
  - Show the quantity ( dosage),
  - Say how many times it is taken per day and for how long.
- c) During the follow-up visit, if the child does not get better the CHW will have to ask the mother, to recall the way she gave her child the medicines (to check if that is due to the treatment failure or to drug misuse by the mother).

## FACILITATOR'S ACTIVITIES

### ADVISING THE MOTHER

#### Guided reading of objectives

- Make the participants read the objectives

#### How to give appropriate advice to the mother?

- Start with brainstorming, ask participants the essential elements that the CHW must tell the mother during treatment of the child, and how to do it.
- Read through the text and Clarify in groups, with a participative approach.

#### How to use visual aids for communication

- Start with reviewing the participants knowledge (through brainstorming). Write their answers on the board.
- Ask the participants to answer the questions for they are knowledgeable about these things.

#### How to verify the understanding of the mother

- Through a Q&A game verify their view on the subjects mentioned in a), b), c)

#### Give a reminder (Q&A game):

1. Advice on reference
2. Advice on the administration of medicines
3. Advice on the prevention of diseases
4. Use the Job-Aid as an example

## MAKE A ROLE PLAYING GAME

Announce the next topic

## SESSION 11 : Site management tools

### 8.1. Objective:

At the end of this chapter, the CHW in charge of the site will be able to:

- Use the patient register for children treated at the site.
- b) Well archive on site the patient forms for treated children.
- c) Make site activity reports...
- d) Make the reference note for children referred to the health center...

### 8.2. Patient register, for children treated at the community site

### FACILITATOR'S ACTIVITIES

#### MANAGEMENT TOOLS

#### Guided reading of the objectives

- Ask the participants to read the objectives

Date	N°	Name	Age	Gender	Weight	Mother's name	Village	Status				Classification	Treatment	Price	Observation	
								Nutri	CPS	Vit A	vaccine					

**Date:** Write a date in a column

#### Order Number:

- ⇒ Assign a new number (N°) as a NEW CASE, in case of a new episode of illness.
- ⇒ If the child comes in for the follow-up visit, use his initial number and encircle it to show that it is a follow-up visit.

#### Archiving of patient forms

- ⇒ The assignment of a new N° to a sick child should always follow the chronological order of recording in the register
- ⇒ At the beginning of each month, the numbering should restart to 1 and the CHW should begin to assign a new number to each new case.
- ⇒ Patients' charts should also be filed the same chronological order, and per month to be easily found in case of need.

#### Status :

- ⇒ Nutrition: Indicate if the weight for age is located in the green, yellow or red area. Use the first vowel for each category **G, Y, R**.
- ⇒ CPS: Indicate 'YES' or 'NO' in relation to whether children underwent CPS for five years; which means every month up to 3 years, and every quarter above 3 years of age.
- ⇒ Vitamin A: Choose 'YES' or 'NO' relating to whether children above 6 months have received vitamin A supplementation, over the last 6 months.
- ⇒ Vaccination: Report if the child has received all recommended vaccines for his age. Respond by 'YES' or 'NO'

#### Classification :

Write the classification recorded on the treatment form such as :

- **Warning signs**
- either the classification which has been chosen for fever: **Fever/Malaria**
- or the classification chosen for diarrhea : **Diarrhea**
- or that which was chosen for cough/cold or other respiratory problems (such as **severe pneumonia**, or **pneumonia** or **cold**)
- or **Malnutrition**

#### Treatment:

- Identify the treatment given.
- In case of reference: write **referred**: (we can also write for instance: **referred + paracetamol**, etc...)

**Observation:** Particularly identify counter reference (using the counter-reference form brought back to the site).

#### Patients Register

- Start with a brainstorming session, by asking the participants the key elements that are recorded in the patient register.
- Read through the model, use a participative approach, and clarify in groups the different elements on the register and where to get them, and record them into the register.
- Explain how to fill out the register.
- Ask them during which moment of the day or activity should we fill out the register? (*Expected answer: immediately after treating a child*).

#### Always verify the understanding of learners

#### Make a summary

#### Announce the next topic

**REFERRAL NOTE**

*(Fill in and give to the parents of the child)*

HEALTH CARE SITE .....	Date ...../...../.....
HEALTH AREA..... .. HEALTH ZONE :.....	

**HEALTH CARE SITE SECTION**

CHILD'S NAMES ..... Mother's or substitute's names .....  
 Village .....Age ..... Weight.....kg.....  
 Nutritional Status : Green      Yellow      Red

Reason for referral *(Circle the reason(s))*

DANGER/WARNING SIGNS	
a) Infant from 1week to 2 months brought to the SITE	g) Palmar pallor or anemia
b) Nutritional status of the child - RED	h) Difficult breathing or wheezing
c) Is the child able to drink or breastfeed?	i) Any disease that lasts 15 days or more
d) Does the child vomit all that he consumes?	j) The child is often sick
e) Did the child have convulsions or is convulsing now?	k) The child is very weak
f) The child is unconscious or not responding to external stimuli	l) The child becomes sicker despite adequate home care

<b>FEVER</b> referred for : - Fever which continues after 2 days of home treatment with Artesunate + Amodiaquine and Paracetamol, (or SP + paracetamol) Fever with generalized rash	<b>DIARRHEA</b> referred for - Signs of dehydration (sunken eyes, thirst, skin pinch goes back slowly, agitated child), - Blood in the stool, or Liquid diarrhea (like water)
<b>COUGH OR COLD OR RESPIRATORY PROBLEMS</b> referred for - Difficult breathing (with pulling or wheezing) - Cough or cold for 15 days or more - Respiratory rate: ...../Minutes	<b>SEVERE MALNUTRITION</b> referred for - Visible and severe Thinning or swollen lower limbs
OTHER PROBLEM? .....	
TREATMENT RECEIVED (Medicines, dose, Number of days).....	
Names and Signature of <i>Relais</i>	

**SECTION ON THE RECIPIENT FACILITY : Counter-referral note**

Recipient Facility.....
-------------------------

Signs, Diagnosis.....

Recommendations .....

Names and Signature...  
Date

**REFERRAL AND COUNTER-REFERRAL NOTE**

**Definition of concepts :**

- Through a Q&A session ask them what do reference and counter-reference means?
- Ask the participants to complete the answers themselves because these are things they know.

**Content of the note**

- Start with a guided reading and clarify in groups.
- Ask them: what will be the source of the data in the reference note?
- Have the participants answer the questions themselves.

**SITE MONTHLY REPORT FORM**

MONTH.....YEAR.....

HEALTH ZONE ..... HEALTH AREA.....HA Pop.....

COMMUNITY HEALTH CARE SITE .....Population of Site.....

Village.....

**MONTHLY REPORT OF SITE ACTIVITIES**

Activities	Number/ month
<b>Population around the Site</b>	
<b>Total NC of children 0-5 years old</b>	
NC from Health Area	
NC from outside health area	
NC from outside health zone	
<b>Total NC of ADULTS treated ( Malaria and Simple Diarrhea)</b>	
<b>Number of children less than 5 years dead in Health Area</b>	
<b>Number of referred children</b>	
<b>Number of counter-referred children</b>	
<b>Status of children</b>	
<b>Weight</b> Green (V)	
Yellow (Y)	
Red (R)	
..... <b>CPS</b> (correct, YES)	
..... <b>Vit A</b> (correct, YES)	
..... <b>PEV/EPI</b> (correct, YES)	
<b>Number of supervisions done by the Head Nurse of the HC</b>	
<b>Number of supervisions done by the Head Office of the HZ</b>	
<b>Number of meetings held with the site local committee</b>	

Classification of children's diseases :	Number/ month
1. Danger/Warning signs	
2. Fever/Malaria	
3. Diarrhea	
NC of diarrhea treated with ZINC	
4. Cough/Cold or difficult breathing	
<b>TOTAL</b>	

Management of drugs and revenues.					
N°	Drugs	AMC	Opening inventory	Quantity consumed	Quantity at the end of the month
1	SP (480mg tabs)				
2	Artesunate+ amodiaquine				
3	Quinine syrup (2 %)				
4	Paracetamol (500 mg tablets)				
5	ORS (Sachets)				
6	Zinc 10 mg Tablets				
7	Zinc 20 mg Tablets				
8	Mebendazole100 mg tablets				
	Cotrimoxazole 480mg tablets				
	<b>Monthly revenue</b> =.....FC	<b>Monthly expenses</b> =.....FC	<b>Monthly balance</b> =.....FC		

Date:

Nom and signature of the CHW

Signature of Member of the site management committee

**FACILITATOR'S ACTIVITIES****Site monthly report form**

- Proceed with a guided reading and make clarifications in groups.
- Ask them: what will be the source of the data to fill in the monthly report from?
- Ask the participants to answer the questions themselves. (Expected answer: from the patients register)

**EXERCISES**

- Solve the exercises individually (case studies) from the practice manual; which range from the management of cases to the use of site management tools.
- After having helped each participant to solve the exercises, and ensured that they understood; the responses will be shared in plenary to get group feedback.

**ANNOUNCE THE SESSION ON DRUG MANAGEMENT**

(See the manual on drug management)

**POST-TEST and FINAL EVALUATION**

- At the end of the training, give the same pre-test to the participants.
- Give them a small questionnaire to assess the training as with regards to their expectations, facilitation, logistics etc.
- **Formative assessment** of participants will be done by the facilitators in review of the following:
  - The pre-test and post-test results
  - The results of the exercises solved during the training.
  - The notes of the facilitators during the CLINICAL sessions with the participants.

## SITE ACTIVITY MONTHLY REPORT

MONTH.....YEAR.....		
HEALTH ZONE: ..... HEALTH AREA: .....		
HEALTH CARE SITE..... Villages covered by Site.....		
Total Population of the Site:..... Inhabitants.		
Activities	Number/ month	Death at Site
<b>TOTAL NC</b>		
NC from Health Area		
NC from outside health area		
NC from outside health zone		
<b>Nber of referred cases</b>		
<b>Nber of cases counter-referred</b>		
<b>Status</b>		
Weight Green (G)		
Yellow (Y)		
Red (R)		
..... <b>CPS</b> (YES)		
..... <b>Vit A</b> (YES)		
..... <b>PEV</b> (YES)		
<b>Nber of supervision visits by the nurse in charge of HC</b>		
<b>Nber of supervision visits by the central office of the health zone</b>		
<b>Nber of meetings held with the local committee.</b>		
<b>Nber of death cases of children aged between 0-5 years declared by the community in the site's catchment area.</b>		

Disease classifications:	Number/ month
1. Danger signs	
2. Fever / Malaria	
3. Diarrhea	
NC of diarrhea treated with ZINC	
4. Cough or Cold	
5. Pneumonia	
6. Malnutrition	
<b>TOTAL</b>	

Drugs and Revenue Management					
N°	Drugs	Nber of days of stock out	Opening inventory plus incoming stock of the month	Consumed quantity	Closing stock of the month
1	Artesunate+ amodiaquine				
2	Quinine syrup (20 %)				
3	SP (480 mg Tab)				
4	Paracetamol (500 mg Tab)				
5	ORS (Bags)				
6	Zinc 10 mg Tab				
7	Zinc 20 mg Tab				
8	Mebendazole (100 mg Tab)				
9	Cotrimoxazole (480 mg Tab)				
10	Iron 10 mg				
11	Condom				
	<b>Monthly revenue</b> =.....CF		<b>Monthly expenditure</b> =.....CF		<b>Monthly balance</b> =.....CF

Signature of the COGESITE member

Date.

Name and signature of the CHW



## SESSION 11: Drugs management at the community health care site

### I. INTRODUCTION :

The present training manual is designed to complement the existing training materials on the general management of drugs; and more specifically on drugs management at the community based health care sites

***It aims to improve the quality of medicines management and insure medicines availability. This emphasizes the necessity of filling out properly the drugs' management tools, the essential steps in placing a medicine order, and the administration of those medicines.***

However there are a number of management tools at community health care sites. It is important to know 5 of them (The RUMER, the consultation register, Supply/order form, site report book, and the checklist) in order to better monitor and manage the stock of medicine, thus avoiding overstocking or stock outs.

#### **LEARNING OBJECTIVE:**

General purpose :

Reinforce the community health worker (CHW) competency in medicine stock management.

Specific purpose :

At the end of the training, the CHW will be able to:

- a. Correctly deliver medicine to patients.
- b. Fill out properly the drugs' management tools Keep used at the site.
- c. Well preserve the medicines in appropriate conditioning
- d. Quantify the needs in drugs.
- e. Correctly make a supply order for drugs in order to refill the stock
- f. Periodically make physical stock count.

#### **METHODOLOGICAL NOTE FOR THE TRAINER**

This part concerns the management of drugs at community health site level and is intended to help the CHW to organize, and properly manage the drugs at his disposal.

During this session, the CHW should get used to using the management tools at his level. He should also get accustomed to different inventory and medicine dispensing procedures.

At the end of the training, the CHW must well understand his tasks and those of his supervisor (Nurse in charge of health center and the community *animateur*).

In theory, the methodology will be based on the experience of the participants.

It will proceed as follows:

1. A review of the knowledge of CHWs (Q&A, brainstorming)
2. Writing the correct answers on the board (flip chart)
3. Clarification by the participants themselves.
4. Guided reading of the tools. Take time to clarify the elements not mentioned by the participants.
5. Verification of their understanding

30 min

#### **FACILITATOR'S ACTIVITIES**

##### **Guide the reading of the objectives**

- Write the objectives in a big format (preferably have them already written on a flipchart or a board)
- Ask participants one by one to read the objective.
- Ask each time a volunteer to EXPLAIN (not translate) the objective in simple terms so that the others may well understand. (retain the explanation if it is correct or ask another participant to clarify)

At this stage, do not explain anything in depth. Reassure the participants that they will gain better understanding as the training continues.

**TABLE DEFINING THE DIFFERENT THEMES AND THEIR CONTENT**

<b>N°</b>	<b>THEME</b>	<b>CONTENT</b>
<b>1</b>	Correct reception of drugs	<ul style="list-style-type: none"> <li>• Important instructions for drugs reception</li> </ul>
<b>2</b>	Conservation of drugs	<ul style="list-style-type: none"> <li>• Storage conditions</li> </ul>
<b>3</b>	Drug dispensing	<ul style="list-style-type: none"> <li>• Adequate packaging of drugs</li> <li>• Correct labeling</li> <li>• Interpersonal communication</li> </ul>
<b>4</b>	Stock management tools	<ul style="list-style-type: none"> <li>• Filling in of management tools</li> </ul>
<b>5</b>	Physical inventory	<ul style="list-style-type: none"> <li>• Process and frequency of physical inventory of drugs</li> </ul>
<b>6</b>	Knowing the quantity in stock for each drug	<ul style="list-style-type: none"> <li>• RED notion</li> <li>• Stock estimation formula</li> <li>• Calculation of the AMC</li> <li>• Quantity to order</li> </ul>

15 min

**FACILITATOR'S ACTIVITIES**

Post the previously shown table on a flipchart or blackboard.

Ask each participant to read the different themes and contents of each line by line.

Clarification by the participants themselves

## I. RECEPTION OF DRUGS :

Once the CHW has received the drugs at the health site, he will have the following tasks:

- Count the quantity of the drugs received
- Verify the expiry date of the drugs
- Verify the external aspect of each drug (color, odor...)
- Verify if the drugs ordered are those received.

## II. CONSERVATION OF DRUGS

To ensure a good conservation of drugs, the CHW must avoid any contact of the drugs with the ground, the wall or sunlight, and should keep them in closed metallic closets and in a space that is:

- a) **Clean and well maintained:** regularly sweep and dust the storage area.
- b) **Ventilated:** the storage area must be well aerated so as not to expose the drugs to high temperatures.
- c) **Dry:** the area where the drugs are stored must be dry because humidity alters the quality of drugs.
- d) **Secure:** the drug closet must always be locked with a padlock so as to avoid theft or any other kind of loss.
- e) **Well organized:** i.e. an orderly arrangement of the drugs so as to find them easily during dispensing.

## III. DISPENSING OF DRUGS

***When dispensing a drug, it is important that the patient receives :***

- The appropriate and efficient drug with its name written on the packaging
- Correct information on how to take the drug, i.e. :
  - Exact quantity of medicine (quantity per dose)
  - Number of times per day (number of doses per day)
  - For how many days (duration of treatment)

**Process of dispensing medicines:** Dispensing medicine to a patient involves the following:

15 min

### **FACILITATOR'S ACTIVITIES**

**Help the participants to understand the steps involved in the reception of drugs and the conditions of their storage.**

Review of the knowledge of participants  
Write the answers on a flipchart or a blackboard

Clarifications by the participants themselves

Give precisions on what was not understood

Verify their understanding.

1h 15 min

### **FACILITATOR'S ACTIVITIES**

**Help the participants to properly dispense the drugs at the level of the community health site.**

i) Make a review of their knowledge on the process of dispensing.

ii) Clarification by the participants themselves.

iii) Guide the reading of the text

- Ask participants one after another
- Ask each time, a volunteer among them to EXPLAIN (not translate) the paragraphs in simple terms.
- Give clarifications in case of confusion.
- Emphasize to the participants the importance of effective interaction with the mother during the dispensing of drugs.

### **Conditioning of drugs**

Make a review of knowledge on the packaging of drugs.

Correct errors in counting tablets, packing and labeling with the name, the dose and the duration of treatment.

### **Show the drug**

Ask a participant to do this exercise

Correct the errors and insist on this step

### **Explain the way of taking medicines**

Make a review of knowledge

Insist on the 3 HOW MANY :

**How many tablets (dose),**

**How many times per day,**

**How many days of treatment**

### **Verify the understanding of the mother**

Make the review of their knowledge

Asks 2 participants to do a demonstration.

**Conditioning the drug means:**

1. Identifying the drug
2. Count the quantity necessary for the complete treatment with a clean spoon,
3. Pack each medicine in a clean plastic bag with a closing grip
4. Label the packaging with the name of the drug, the dose and the duration of treatment.

**A. Presenting the medicine**

Show the name, the form and use of the drug to the mother.

Show the mother how to prepare the drug.

**B. Explain how to take drugs, it means ("3 how many"):**

1. How many drugs, the dose of drug taken in terms of tablets.
2. How many times per day
3. How many days of treatment; duration of treatment

**C. Check the understanding of the mother**

The CHW has to REPEAT to the mother the 3 « HOW MANY »

**D. DEMONSTRATION:**

Ask the mother to crush the drug and administer the first dose in your presence (to the site)

**NOTE:** at the end of the dispensing, do not forget to tell the mother WHEN TO COME BACK IMMEDIATELY and the next appointment.

**a. MANAGEMENT TOOLS**

The management tools that have to be available at the level of the community health care site are :

- RUMER
- Order/Request form
- Consultations register at the site.
- Site monthly report.
- Checklist.

❖ **INSTRUCTIONS FOR FILLING OUT THE TOOLS :**

- **Consultation register for the community site** (ANNEX 1)

It is filled in according to instructions stated in the manual on CHW's tools.

**DEMONSTRATION.**

Ask participants to clarify.

- iv) Check the participants' knowledge.
- v) Make a summary.
- vi) Announce the following topic.

2 hours

**FACILITATOR'S ACTIVITIES**

- **Explaining the consultation register, the RUMER, the order/request form, the report on drugs management, the checklist.**
- **Prove instructions on filling in different presented tools.**

Each tool is preferably presented in a wide format; review with participants the different parts of each tool.

**Consultation Register to the community site**

Show the register in a large format

Ask participants to read one by one each line

Spend much time clarifying things that are not understood.

**Le RUMER**

Show the RUMER in a large format or drawn on a flip chart.

Ask the CHW to read one by one each column and line.

The participants make clarifications themselves.

Give more specifications as the training progresses.

Each column needs to be studied enough.

Check the participants' knowledge.

This document is regularly completed once a patient is treated.

**The RUMER** (Register for recording essential drugs use and returns) : (Annex 2)

It is to be completed at the end of each day. Thus; it should proceed as follows:

- Initial Stock: Write in the column of « initial stock » the remaining drugs quantity from last month.
- Incoming stock of the month: The column « incoming stock per month» will help in recording all the incoming drugs within a month.
- The total available stock: It is the amount of stock calculated from the initial stock and all incoming stock of the month.
- Daily consumption: This is the total quantity of any distributed product at each end of the day. Calculate the amount of the total quantity distributed of each product and mentioned in the consultation register for the day and write it in the column of « daily consumption»
- Daily revenues from selling drugs are mentioned every day at end of the day.
- Monthly consumption: It is the total of the distributed drugs from the stock, up to the end of the month. At the end of the month, totalize the monthly consumption and indicate it in the column of « monthly consumption». Calculate the total income generated within a month.
- The closing stock or « stock at the end of the month» is calculated in subtracting between the general total and the monthly consumption (=general total – monthly consumption).
- At the end of the physical inventory, write down the total calculated quantity in the « physical inventory» column
- The stock value: mention the current stock value for each drug at the end of the inventory.

**The supply order/requisition form** (Annex 3):

It will be filled out each time that the CHW will have to make a new drugs request to the Head Nurse of the HC. For this, the following areas need to be filled in :

- The Title.
- The order number.
- The drug name/description.
- Different AMC (Average Monthly Consumption)
- The quantity requested.
- The unit price requested.
- The total price requested.

#### **Requisition form**

Show the request form in a big format.  
Ask participants to read one by one each column and line

Clarify the areas that are not well understood.

Check for their knowledge

#### **Daily checklist**

Show the checklist in a big format. Ask participants to read and comment.

Make a demonstration on how to use the checklist according to the model shown below.

Ask participants to repeat the checking  
Ask participants at what exact time is the checking done (through brainstorming)

Summarize  
Verify their knowledge

### The daily checklist for drugs consumption. (Annex 4)

The checklist is a sheet on which the columns are divided according to days to enable the checking of the distributed drugs quantity. A model of the checklist is presented in the table below :

N°	Medicine	1/11	2/11	3/11	4/11	5/11
1	S P500/25 mg	<del>////</del> <del>////</del> ////	15			
2	Artesunate-amodiaquine	<del>////</del> <del>////</del> //	12			
3	Quinine drops 2 %	<del>////</del> <del>////</del>	10			
4	Paracetamol 500 mg	<del>////</del>	5			
5	ORS	<del>////</del>	5			
6	Zinc 10 mg Tab	<del>////</del>	5			
7	Zinc 20 mg Tab	<del>////</del>	5			
8	Mebendazole 100 mg	<del>////</del>	5			
9	Cotrimoxazole 400/80mg	<del>////</del>	5			
10	Condom	<del>////</del>	5			

Drug checking is done **immediately** after providing care to the mother, despite the fact that the RUMER will be filled in at end of the day.

**Note:** The management tools must be kept in a safe place for three to four years after being filled out.

The management tools are important for a good management of stock.

#### PHYSICAL INVENTORY

Before requesting drugs, the CHW has to make a full inventory of the stock and mention the physically counted amount on the RUMER. The stock should be counted regularly (full inventory) so as to ensure that the recorded quantities corresponds to those counted.

##### *Importance of the inventory.*

Assure permanent checking of the stock.

Identifying the difference between the theoretical stock and the physical one.

Identifying the expired and damaged products.

##### **How to make an inventory :**

Counting items one by one.

Identify expired and/or damaged products, and take them out of the stock.

Write on the RUMER the remaining counted amount in the column of «Physical inventory».

Expired drugs are products which are well kept but for which the validity date fixed by the producer has passed. The expiry date is always indicated on the packaging.

The damaged drugs are drugs of which the external aspect have changed (color, smell, taste, ...)

**Note:** The expired and damaged products, taken out of the stock have to be brought back to the health center (HC) so that the HC may in turn send them to the health zone central office for destruction. These drugs are considered as recorded loss.

1H 30'

#### **FACILITATOR'S ACTIVITIES**

**Help the participants in making a good physical inventory of available drugs.**

##### **Importance of the inventory**

Make a review of their knowledge  
Clarifications by the participants themselves.

Provide specifications on topics that are not known.

Check their knowledge.

##### **How to make an inventory**

Review their knowledge.

Clarifications by the participants themselves

Provide clarifications in case they are confused or they don't know.

Make a demonstration of inventory in class  
Check their knowledge and potentiality.

##### **Expired and damaged drugs**

Make a review of their knowledge on the notion of expired and damaged drugs.

Explain in simple terms.

Check the knowledge

##### **The right time for the inventory.**

Ask participants to tell the right time to make stock count.

Emphasize that the inventory is always done at the end of each month.

**Frequency of the inventory:** Monthly basis

#### IV. THE STOCK OF DRUGS

During the training session for the site CHW, trainers and supervisors will ensure calculations in advance for the CHWs and give them a written document (table) including :

- The monthly needs for each drug, as well as the number of patient forms. These needs will be estimated taking into account the population in the catchment area of each individual site.
- The RED level for each drug (and patient forms). The red level or the RED STOCK is the level of stock below which the CHW should not go; when the CHW reaches that level, he has to make an order/request immediately to avoid a stock out.

Note: the CHW will hang this table on the wall at his/her site, so as to always remember.

HERE IS THE MODEL OF THE TABLE

Drug description	RED Stock	MONTHLY NEEDS
Artesunate-amodiaquine		
Quinine drops 2 %		
S P 500/25 mg		
Paracetamol 500 mg		
ORS		
Zinc 10 mg tablets		
Zinc 20 mg tablets		
Mebendazole 100 mg		
Cotrimoxazole 400/80mg		
Condom		
Patient forms		

<p>The point is to place an order on time so as to avoid stocking out of drugs. The drugs order must be placed in a specific time of the month (for example between the 1<sup>st</sup> and 5<sup>th</sup> of each month).</p> <p><b>a) Calculation of the average monthly consumption (AMC)</b></p> <p>THE CALCULATION WILL BE DONE BY THE HEAD NURSE OF THE HC AND THE HEALTH ZONE CENTRAL OFFICE AS THE SITES CONTINUE TO OPERATE</p> <p>The average monthly average consumption (AMC) is calculated for each product using the RUMER.</p> <p>Definition: The average monthly consumption of a product is the average quantity that product distributed (used) by the site each month.</p>	<div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 100px; margin: 0 auto; padding: 5px;">1H 45'</div> <p><b>FACILITATOR'S ACTIVITIES</b>  <b>Help participants quantify the drugs to be ordered by calculating the average monthly consumption and quantity to order.</b></p> <p><b>Average Monthly Consumption</b>  Make a review of participants' knowledge,  Note the responses on the board,  Give specifications on the definition of the average monthly consumption  Give the formula for calculating the average monthly consumption with an example.</p> <p>Verify the knowledge before passing to the next to exercises.  Write the exercises on the board or on the papers distributed to participants.  Ask the participants to do the exercise individually under the supervision of the co-facilitators.  The exercise is done within 30 to 45 minutes.  Ask a volunteer to solve exercise 1 on the board and another one to solve the second exercise.</p> <p>Insister en cas de problème de compréhension.  Do not insist when everyone understands well, and go to the next topic.  Insist in case of misunderstanding.</p>
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<p><b>Calculation :</b></p> <ul style="list-style-type: none"> <li>- Calculate the total quantity consumed for each month.</li> <li>- Divide the total of the consumed quantity by the number of considered months for the monthly average consumption.</li> </ul> <p>The period to consider when calculating the average will be 6 months.</p> <p><b>Example :</b></p> <p>For the Paracetamol 500 mg tablets, there have been following consumption on the RUMER of the Tshikapa II site :</p> <p>Month of November : 200 tablets;  Month of December : 160 tablets;  Month of January : 240 tablets;  Month of February : 190 tablets;  Month of March : 260 tablets  Month of April : 277 tablets</p> <p>The total consumption for the 6 months is of: <math>200 + 160 + 240 + 190 + 260 + 277 = 1327</math> tablets.</p> <p>The average monthly consumption (CMM) is of: <math>1327/6 = \mathbf{221}</math> tablets.</p> <p><b>Exercise 1 :</b></p> <p>The community health care site of Mwana-Katuwa has consumed Artesunate + Amodiaquine co-blister :</p> <ul style="list-style-type: none"> <li>- Month of January : 50 co-blister of 12 over 12</li> <li>- Month of february : 70 co-blister of 12 over 12</li> <li>- Month of March : 30 co-blister of 12 over 12</li> <li>- Month of April : 45 co-blisters of 12 over 12</li> <li>- Month of May : 67 co-blisters of 12 over 12</li> <li>- Month of June : 72 co-blisters of 12 over 12</li> </ul> <p>Calculate the AMC of Artesunate + Amodiaquine of this community health care site.</p> <p>The calculation of the monthly average consumption will be of a great importance after 6 months of drug consumption at the site level. From this consumption, the health center head nurse will help the CHW in adjusting the total amount to be ordered.</p> <p>At the beginning of activities of community health care site, the head nurse and the community <i>animateur</i> will help the CHW to recognize the stock warning level and determine the quantity to order for each drug.</p>	<p><b>Correction of exercise 1 :</b></p> <p>Consumption in ART/AQ for 3 months :  <math>50 + 70 + 30 + 45 + 67 + 72 = 334</math> co-blisters</p> <p><math>AMC = 334/ 6 = 56</math> co-blisters of artesunate + amodiaquine</p> <p><b>Quantity to order</b></p> <p>Make a review of participants' knowledge  Show the formulas of the quantity to order.</p> <p><math>QTO = GREEN - RED</math></p> <p>Explain the formula and give an example of the calculation.  Verify the knowledge before moving to the exercise.</p> <p>Show the exercise on the board or on papers distributed to participants.  Ask participants to do the exercises individually under the supervision of co-facilitators.  The exercise is done within 30 to 45 minutes.  Ask a volunteer among participants to solve exercise 1 on the board and another one to solve the second.  Do not insist when everyone understands well. Move to the next topic.  Insist in case of understanding difficulty.</p> <p><b>Correction of exercise 1</b></p> <p><u>Monthly needs</u>  <math>B = P \times C \times N</math>  <math>= 1400 \times 0,03 \times 3</math>  <math>= 126</math> tablets of paracetamol</p> <p><u>Red</u>  <math>R = 126 \times 0,25 = 32</math> tablets</p> <p><u>To be ordered</u>  <math>QTO = 126 - 32</math>  <math>= 94</math> tablets of paracetamol</p> <p><b>Correction of exercise 2</b></p> <p><u>Monthly needs</u>  <math>B = P \times C \times N</math>  <math>= 943 \times 0,05 \times 10</math>  <math>= 472</math> tablets of Zn</p> <p><u>Red</u>  <math>R = 472 \times 0,25 = 118</math> tablets of Zn</p> <p><u>To be ordered</u>  <math>QTO = 472 - 118 = 354</math> tablets of Zn.</p>
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### b) Quantity to order per month

The CHW only has to know his stock warning level from which he will order drugs that we call "the RED".

The determination of monthly needs of drugs will be done by the head nurse in taking into account the following elements:

- The site population (P)
- The proportion of children below 5 years at the site level.(E)
- The usage rate of the community health care site (T)
- The number of episodes of each disease for the age group of less than 5 years (EP)

- a. P is calculated by the head nurse according to the number of villages for which the community health care is made.
- b. E for children less than 5 years is estimated to be 19%.
- c. T for the community health care sites is about 50%.
- d. EP is presented as follows :
  - For malaria : 4 episodes per year
  - For diarrhea : 6 episodes per year
  - For pneumonia : 5 episodes per year

The monthly drugs needs are calculated as follows :

$$B = P \times C$$

$$C = (E \times T \times EP)/12$$

B : Monthly drugs needs

C: coefficient for determining the drug needs.

Thus,

**For malaria, the coefficient for determining needs will be of :**

$$C = (0,2 \times 0,5 \times 4)/12 = 0,03$$

**For diarrhea, the coefficient for determining needs will be of:**

$$C = (0,2 \times 0,5 \times 6)/12 = 0,05$$

**For the pneumonia, it will be of: C = (0,2 x 0,5 x 5)/12 =0,04**

**The monthly drug needs will be given by :**

- **Malaria : B = P x 0,03 x N**
- **Diarrhea : B = P x 0,05 x N**
- **Pneumonia : B = P x 0,04 x N**

30 min

### Exercise 4 : Role playing game

Ask two appointed participants to prepare the role play.

Each participant should note the observations during the role play i.e. the strengths and weaknesses in the behavior of the site CHW and the mother.

Ask other participants to appreciate the level of knowledge, skills and attitude of the CHW in action, in writing

Guide the discussion of participants on knowledge, attitude and skills of the CHW.

End the discussion on improvements to be made in terms of knowledge, skills and attitude of the site CHW.

N is the number of simple units of drugs per episodes (these units can be tablets or co-blisters for Artesunate-Amodiaquine)

Having considered the need for medication, the head nurse determines for the CHW the RED warning which will be an equivalent of 25% of the monthly needs.

The quantity of drugs ordered by the CHW will be determined by the monthly needs minus the RED warning stock.

$$QTO = B - RED$$

The quantity of drugs necessary for each community health care site will be readjusted as the CHW performs his/her works by assessing the real needs of each site according to monthly consumption.

**Example:** How much of Artesunate-Amodiaquine (3+3) must be ordered per month given that the KASONGA-MUBAMBA site is 8,905 people?

**Monthly needs**

$$\begin{aligned} B &= P \times C \times N \\ &= 8905 \times 0,03 \times 1 \\ &= 267 \text{ co-blisters of AS/AQ (3+3)} \end{aligned}$$

**Red**

$$\begin{aligned} R &= 267 \times 0,25 \\ &= 67 \text{ co-blisters of AS/AQ (3+3)} \end{aligned}$$

**To be ordered**

$$QTO = 267 - 67 = 200 \text{ co-blisters of AS/AQ (3+3)}$$

**Exercise 1:**

The MONIMAMBU site CHW (HZ of KENGE) wants to order paracetamol tablets for his site. For an episode of fever, children less than 5 years of age take an average of 3 tablets. How much paracetamol tablets will the CHW order to avoid a stock out given that he places an order only once a month? The population of the MONIMAMBU site is 1,400 inhabitants.

**Exercise 2 :**

**The CHW of KAKESA site (HW of KOLOKOSO) wants to order 20 mg tablets of zinc. How much zinc tablets should he order knowing that he gives zinc for 10 days when there is an episode of diarrhea? His population is of 943 people.**

<p><b>Remarks</b></p> <p>In this process of quantification, the head nurse is required to calculate for the CHW the monthly needs and the red stock level for each drug. This would enable him to better understand the method of calculating the quantity of drugs to be ordered taking into account these two parameters.</p> <p>Once the quantity to order is calculated for each product, complete the order/request form by correctly mentioning the calculated quantities. Then, present the form to the Health Center to confirm the order. Thus, the order will be served at the Health Center.</p> <hr/> <p><b>Exercise n°4 : Role playing game</b></p> <p>The CHW receives a mother whose child has a fever for 2 days. After collecting the complaints, he assesses the child and completes the patient form. He administers the correct drug and correct dosage, and properly advises the mother. At the end he fills out the site management forms and the RUMER. He concludes by preparing the monthly report with only this one patient received.</p>	
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ANNEX 1  
Democratic Republic of Congo  
Ministry of Health

Site consultation register

Date:													
N°	Full Name	Age	Gender	Mother's name	Village	Status				Classification	Treatment	Price	Observation
						Weight	CPS	Vit. A	Vaccine				

*(Draw on a double page in a notebook, during training)*



ANNEX 3  
Democratic Republic of Congo  
Ministry of Health

### SUPPLY ORDER/REQUISITION FORM

**Health Zone:** .....

Order N°: .....

Date: .....

Community health care site: .....

Order placed at: .....

By: .....

Order approved by: .....

Signature: .....

N°	Drugs description	AMC	Quantity		Unit Price		Total Price	
			Ordered	Delivered	Ordered	Delivered	Ordered	Delivered
1	Artesunate-amodiaquine							
2	Quinine drops 20 %							
3	Paracetamol 500 mg							
4	ORS							
5	Zinc 10 mg Tab							
6	Zinc 20 mg Tab							
7	Mebendazole 100 mg							
8	Cotrimoxazole 400/80mg							
9	Iron 10 mg							
10	Condom							
<b>TOTAL PRICE</b>								

Amount Received in CF: (in letters).....

Delivery date: .....

Names and signature of the stock manager: .....

Names and signature of the nurse in charge of health center.....

ANNEX 4  
Democratic Republic of Congo  
Ministry of Health

DAILY CHECKLIST MODEL

N°	Medicines	1/11		2/11	3/11	4/11	5/11
1	S P 500/25 mg	<del>###</del>	15				
2	Artesunate- amodiaquine	<del>###</del> III II	12				
3	Quinine drops 2 %	<del>###</del> III	10				
4	Paracetamol 500 mg	###	5				
5	ORS	<del>###</del>	5				
6	Zinc 10 mg Tabs	<del>###</del>	5				
7	Zinc 20 mg Tabs	<del>###</del>	5				
8	Mebendazole 100 mg	<del>###</del>	5				
9	Cotrimoxazole 400/80mg	###	5				
10	Condom	<del>###</del>	5				