CARING FOR NEWBORNS AND CHILDREN IN THE COMMUNITY

A TRAINING COURSE FOR COMMUNITY HEALTH WORKERS

Caring for the sick child in the community

Adaptation for high HIV or TB settings (July 2014)

FACILITATOR NOTES

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Cover photo J. Lucas

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Bernadette Daelmans and Cathy Wolfheim of the WHO Department of Maternal, Newborn, Child and Adolescent Health led the development of the materials on caring for the sick child, with substantive contributions to the content from Rajiv Bahl and Wilson Were. Other members of the CAH working group on the community, including José Martines, Samira Aboubaker, Olivier Fontaine, Shamim Qazi, and Constanza Vallenas, also provided many valuable inputs throughout the process.

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

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Facilitator Notes

Contents

DAY TWO

DAY THREE

DAY FOUR

DAY FIVE

DAY SIX

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

1. **Manual for the Community Health Worker**
2. **Chart Booklet for the Community Health Worker**
3. **Facilitator Notes**
4. **Sick Child Recording Form—with plastic cover/laminated**
5. **Photo Book: Identify signs of illness**
6. **DVD: Identify signs of illness (demonstrations and exercises)**
7. **DVD: Rapid Diagnostic Test for Malaria**

INTRODUCTION TO THE FACILITATOR NOTES

These *Facilitator Notes* provide instructions for individuals who conduct, or facilitate, the training course titled ***Caring for the Sick Child in the Community***.

This training course was particularly designed to train Community Health Workers how to care for sick children. Participants come to this course to learn the skills to be Community Health Workers (CHWs). When they are trained and provided with the necessary supplies, they will manage children with childhood illness in the community, prevent childhood disease, and support families who are trying to raise healthy, productive, and happy children.

Who is a facilitator?

A facilitator is a person who helps the participants learn the skills presented in the course. In your assignment to teach this course, YOU are a facilitator.

In this course, you will demonstrate what a CHW needs to do, lead discussions, help participants practise skills in the classroom, and give feedback. You will organize and supervise clinical practice in outpatient clinics and may assist with practice in an inpatient ward. You will give participants any help they need to successfully complete the course.

The manual, recording forms, and other materials structure the process of learning the skills that CHWs will need. Your task is to facilitate their use of these materials.

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

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

The facilitator will need to be skilled in demonstrating the tasks of the community health worker and providing practice in each of the skills. The CHW works relatively independently in the community, often with little opportunity for close supervision. Therefore, the CHW needs to learn the tasks very well through a variety of methods and practise the tasks as much as possible. Repetition and practice will enable participants to develop the skills and confidence needed to help families in the community.

What do you do, as a facilitator?

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

To instruct:

- Make sure that each participant understands how to work through the materials and what he or she is expected to do in each exercise.
- Answer questions and explain what seems confusing.
- Lead group discussions, video exercises, demonstrations, and role play practice.
- Assess each participant's work and contributions.
- Ensure that participants have mastered the skills listed in the beginning of each section.
- Help participants identify how to apply the skills taught in the course to their work in the community.
- In the clinical sessions, explain what to do, and model good clinical and communication skills.
- Give guidance and feedback as needed during classroom and clinical sessions.
- Review the "take-home messages" at the end of each section.

To motivate:

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

To manage:

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

What can these *Facilitator Notes* help you to do?

The *Facilitator Notes* guide you through the classroom sessions. They indicate how to use the participant's *Manual for the Community Health Worker* (CHW Manual) and other materials. They describe how to ***prepare*** for exercises and the ***process*** to conduct each exercise with the participants. They provide answer sheets for some exercises. They also list the key competencies that a participant will be expected to have mastered by the end of the course.

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

To prepare yourself for a day:

- Study the schedule for the day in the *Sample Agenda* on pages xv−xx.
- In the *Facilitator Notes*, read the notes provided for the day and the related sections of the CHW Manual, including the skills to be learned and the "take-home messages" for each section.
- Meet with your co-facilitator to identify what the day's sessions require and who will prepare for which activities. Decide how to share the facilitator tasks for the sessions and mark your *Facilitator Notes* accordingly.
- Gather and organize the supplies and other items needed for all the activities scheduled for the day.
- Practise role plays, demonstrations, and other activities which are new for you.
- Identify possible questions participants may ask, and practise how you will answer them.
- Days 1, 2 and 3 include a clinical practice session in an inpatient ward, which will be conducted by a clinical instructor. Plan to support the clinical instructor in the inpatient ward as needed. To prepare for the sessions in the inpatient ward, study the *Guide for Clinical Practice in the Inpatient Ward (Annex F).*
- Days 2 through 6 each include a clinical practice session in an outpatient clinic. You will have a key role in guiding participants in their practice with children and caretakers there and providing feedback to them. To prepare yourself, review the notes about each session in the *Facilitator Notes* and also study the *Guide for Clinical Practice in the Outpatient Clinic (Annex G).*

Important

The schedule for the six days is very tight (see **Sample Agenda**).

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

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

Overview of Agenda

Caring for the Sick Child in the Community

	Morning	Afternoon
Day 1	***Classroom:*** Opening Introduction of participants Introduction: Caring for children in the community ***Classroom:*** Greet the caregiver and child ASK: What are the child's problems?	***Classroom:*** LOOK for signs of illness—Chest indrawing LOOK for signs of illness—Fast breathing, unusually sleepy or unconscious ***Practice in inpatient ward:*** LOOK for signs of illness—chest indrawing, fast breathing, unusually sleepy or unconscious
Day 2	***Classroom:*** Recap and review LOOK for signs of illness—chest indrawing, fast breathing, unusually sleepy or unconscious ***Practice in outpatient and inpatient ward:*** ASK: What are the child's problems? LOOK for signs of illness—chest indrawing, fast breathing, unusually sleepy or unconscious ***Classroom:*** LOOK for signs of severe malnutrition—Red on MUAC strap, swelling of both feet	***Classroom:*** Decide: Refer or treat the child (1) ANY DANGER SIGN: Refer the child ***Classroom:*** Decide: Refer or treat the child (2) Sick but NO DANGER SIGN: Treat the child ***Looking ahead***
Day 3	***Practice in outpatient and inpatient ward:*** ASK and LOOK for signs of illness and severe malnutrition DECIDE: Refer or treat the child DECIDE: Home treatment for diarrhoea, fever, or cough with fast breathing ***Classroom:*** Introduction: Treat children in the community Use good communication skills	***Classroom:*** If no danger sign, treat child at home Give oral medicine and advise the caregiver Check the expiration date of medicine ***Classroom:*** TREAT diarrhoea: Give ORS TREAT diarrhoea: Give zinc supplement *Note: This day runs later.*

	Morning	Afternoon
Day 4	***Classroom:*** TREAT fever: Do a Rapid Diagnostic Test for malaria. If RDT is positive, give oral antimalarial AL TREAT cough with fast breathing: Give oral amoxicillin ***Practice in outpatient clinic:*** ASK and LOOK for signs of illness and severe malnutrition DECIDE: Refer or treat the child DECIDE: Home treatment for diarrhoea, fever, or cough with fast breathing TREAT fever: Do an RDT for malaria Record treatment	***Classroom:*** ADVISE: On home care, on vaccines, and on use of bednet Check the vaccines the child received FOLLOW UP the sick child treated at home Record treatment and advice
Day 5	***Practice in outpatient clinic:*** ASK and LOOK for signs of illness and severe malnutrition DECIDE: Refer or treat the child TREAT fever: Do an RDT for malaria DECIDE: Home treatment for diarrhoea, fever, or cough with fast breathing ADVISE on home care CHECK vaccines the child received Record treatment and advice ***Classroom:*** Review (as needed): DECIDE: Refer or treat DECIDE: Home treatment for diarrhoea, fever, or cough with fast breathing ADVISE on home care and vaccines Record treatment If DANGER SIGN, refer urgently: Begin (pre-referral) treatment	***Classroom:*** (continued from morning) If DANGER SIGN, refer urgently: Begin (pre-referral) treatment and Assist referral Complete recording form and referral note
Day 6	***Practice in outpatient clinic:*** ASK and LOOK for signs of illness and severe malnutrition DECIDE: Refer or treat the child DECIDE (and/or TREAT): Home treatment for diarrhoea, fever (malaria), or fast breathing ADVISE on home care Check vaccines For child referred, DECIDE: Pre-referral treatment Record treatment given ***Classroom:*** Review (as needed): Begin pre-referral treatment and assist referral Putting it all together: Final practice (assess skills)	***Classroom:*** Practise your skills in the community Closing

Sample Agenda

Six-day course

Caring for the Sick Child in the Community

Day 1	Topic	Method	CHW Manual pages	Facilitator Notes	Minutes
8:00 – 9:15	**Opening** Registration Opening remarks Introduction of participants Administrative tasks	Introductions Discussion		1–2	75
9:15 – 10:30	**Introduction: Caring for children in the community**	Reading Discussion	1–5	3–6	75
10:30 – 10:45	**COFFEE BREAK**				15
10:45 – 11:15	**Greet the caregiver and child**	Reading Exercise	7–10	7–10	30
11:15 – 12:30	**Identify problems** **ASK: What are the child's problems?**	Reading Exercise Role play demonstration and practice	11–22	11–26	75
12:30 – 13:30	**LUNCH**				60
13:30 – 14:45	**LOOK for signs of illness** Chest indrawing	Reading Photo book discussion Video exercise	23–26	27–26	75
14:45 – 16:00	**LOOK for signs of illness** Fast breathing Unusually sleepy or unconscious	Reading Exercise (card set 1) Video exercises	27–32	26–33	75
16:00 – 16:15	**COFFEE BREAK**				15
16:15 – 17:30	**Inpatient ward:** **Look for signs of illness** Chest indrawing Fast breathing Unusually sleepy or unconscious	Clinical practice		33–34	75

Day 2	Topic	Method	CHW Manual pages	Facilitator Notes	Minutes
8:00 – 8:15	Recap of Day 1			35	15
8:15 – 8:45	Review **LOOK for signs of illness** Chest indrawing Fast breathing Unusually sleepy or unconscious			35	30
8:45 – 11:15	Outpatient clinic / inpatient ward: **ASK: What are the child's problems?** **LOOK for signs of illness** Chest indrawing Fast breathing Unusually sleepy or unconscious	Clinical practice (OUTPATIENT CLINIC and/or INPATIENT WARD)		35–38	150
11:15 – 11:30	**COFFEE BREAK**				15
11:30 – 13:00	**LOOK for signs of severe malnutrition** Red on MUAC strap Swelling of both feet	Reading Photo book discussion Exercise Video exercise	33–38	39–45	90
13:00 – 14:00	**LUNCH**				60
14:00 – 15:00	**DECIDE: Refer or treat the child** **Decide to refer (1)** **Any DANGER SIGN: Refer the child**	Reading Exercise (card set 2)	39–43	45–49	60
15:00 – 17:00 **(Coffee at 15:30)**	**Decide to refer (2)** **Sick but no DANGER SIGN: Treat the child** **Looking ahead**	Reading Exercise (card set 3) Demonstration and practice	44–53	49–56	120

Day 3	Topic	Method	CHW Manual pages	Facilitator Notes	Minutes
8:00 – 8:30	Recap of Day 2			57	30
8:30 – 11:00	Outpatient clinic / inpatient ward: **ASK and LOOK for signs of illness and severe malnutrition** **DECIDE: Refer or treat the child** **DECIDE: Home treatment for diarrhoea, fever, or fast breathing**	Clinical practice (OUTPATIENT CLINIC and/or INPATIENT WARD)		58–59	150
11:00 – 11:15	**COFFEE BREAK**				15
11:15 – 11:30	**Treat children in the community**	Reading	54–55	59	15
11:30 – 13:00	**Use good communication skills** **If no danger sign, TREAT child at home**	Reading Exercise Demonstration and practice	56–69	60–69	90
13:00 – 14:00	**LUNCH**				60
14:00 – 15:00	**Give oral medicine and advise the caregiver** **Check the expiration date of medicine**	Reading Exercise	70–72	69–71	60
15:00 – 15:15	**COFFEE BREAK**				15
15:15 – 16:30	**TREAT diarrhoea: Give ORS**	Reading Exercise	73–77	71–73	75
16:30 – 18:00	**TREAT diarrhoea: Give zinc supplement**	Reading Role play	78–81	73–74	90

Day 4	Topic	Method	CHW Manual pages	Facilitator Notes	Minutes
8:00 – 8:30	Recap of Day 3			75	30
8:30 – 10:45	**TREAT fever: Do a rapid diagnostic test for malaria** **If RDT is positive: Give oral antimalarial AL**	Reading Demonstration Exercise (RDT) Exercise (RDT results) Reading Exercise (card set 4)	82–94 Annex B	75–83	135
10:45 – 11:00	**COFFEE BREAK**				15
11:00 – 13:00	Outpatient clinic: **ASK and LOOK for signs of illness and severe malnutrition** **DECIDE: Refer or treat the child** **Do an RDT for malaria** **DECIDE: Home treatment for diarrhoea, fever, or cough with fast breathing** **Record treatment**	Clinical practice (OUTPATIENT CLINIC)		84–85	120
13:00 – 14:00	**LUNCH**				60
14:00 – 15:30	**TREAT fast breathing: Give oral amoxicillin** **ADVISE on home care**	Reading Exercise	95–101	86–90	90
15:30 – 15:45	**COFFEE BREAK**				15
15:45 – 17:30	**Check vaccines the child received** **FOLLOW UP the sick child treated at home** **Record treatments given**	Reading Exercises	102–112	90–99	135

Day 5	Topic	Method	CHW Manual pages	Facilitator Notes	Minutes
8:00 – 8:30	Recap of Day 4			100	30
8:30 – 11:00	Outpatient clinic: **ASK and LOOK for signs of illness and severe malnutrition** **DECIDE: Refer or treat the child** **DECIDE: Home treatment for diarrhoea, fever, or fast breathing (use good communication skills)** **ADVISE on home care** **Check vaccines** **Record treatment given**	Clinical practice (OUTPATIENT WARD)		100–102	150
11:00 – 11:15	**COFFEE BREAK**				15
11:15 – 12:00	**Review (as needed)** DECIDE: Refer or treat the child DECIDE: Home treatment for diarrhoea, fever, or fast breathing TREAT: Diarrhoea, fever, or fast breathing ADVISE on home care, vaccines	Discussion and exercises as needed		102	45
12:00 – 13:00	**If DANGER SIGN, refer urgently: Begin (pre-referral) treatment**	Reading Discussion of examples	113–121	102–108	60
13:00 – 14:00	**LUNCH**				60
14:00– 15:15	**(continue pre-referral treatment)** **Assist referral** Complete recording form and referral note	Exercise (card set 5) Reading Exercise	122–131	109–113	75
15:15– 15:30	**COFFEE BREAK**				15
15:30– 17:00	**Role play practice: Give oral amoxicillin to treat child at home**	Exercise	132–135	114–118	90

Day 6	Topic	Method	CHW Manual pages	Facilitator Notes	Minutes
8:00 – 8:30	Recap of Day 5			119	30
8:30 – 11:00	Outpatient clinic (apply all training): **ASK and LOOK for signs of illness and severe malnutrition** **DECIDE: Refer or treat the child** **DECIDE (or TREAT): Diarrhoea, fever, and fast breathing (Use good communication skills)** **ADVISE: On home care, vaccines, use of bednet (Use good communication skills)** **For child referred: Select (pre-referral) treatment to begin, and assist referral**	Clinical practice (OUTPATIENT CLINIC)		119−121	150
11:15 – 11:30	**COFFEE BREAK**				15
11:30 – 13:00	**Review** **Putting it all together—Final practice (assess skills)**	Exercises		121–123	90
13:00 – 14:00	**LUNCH**				60
14:00 – 15:00	**Final practice continued**	Exercises		121–123	60
15:00 – 15:15	**COFFEE BREAK**				15
15:15 – 17:30	**Practise your skills in the community** **Closing**	Reading Discussion Distribute supplies	136	124–125	135

Equipment and supplies to gather prior to the course

Caring for the Sick Child in the Community

Item	Number	Comments
LCD projection system if possible and/or overhead projector (for showing transparencies, optional)	1 per room	Note: If there is access to an LCD projection system for the computer, it would be helpful for showing videos; LCD system also may be used instead of overhead projector and transparencies
Computer	1 per room	To use with LCD projection system (see above item)
Extension cords for computers and projectors (plus adapters if needed)	3	
Transparencies, optional (prepared with forms) Erasable marking pens, optional (if will be writing on transparencies)	1 set for each room	Sample forms are provided in the CHW Manual and the Facilitator Notes and may be photocopied onto transparencies. They may also be printed or projected from the CD of the course materials.
Easel chart, paper	1 set per room	
Tape or plastic tack (for posting paper on wall)	3 tapes or 100 tacks ("blu-tac")	For use in the classroom, clinic, and ward
Marking pens—various colours	6	
Name tags	1 per person	1 for each participant and facilitator
Pens/pencils	2 per person	PLUS some extra pencils for the group
Paper pad (e.g. preferably spiral pad so pages do not separate)	1 per person	
Carrying bag—to fit A4 materials, with 2 or 3 pockets for supplies (pencils, medicines, etc.)	1 per person	
Pencil sharpener, stapler, two-hole punch	1 set per room	
2-hole binders (notebooks)—4 cm depth (1 1/2 inches)	1 per facilitator or observer	
Note cards—3 x 5 or 4 x 6 coloured	50	For clinical instructor

Instructional Materials		
CHW Manual, Chart Booklet, 1 plastic-covered Sick Child Recording Form, 20 Sick Child Recording Forms (paper copies), 5 Referral Note forms	1 set per participant and facilitator	Note: See Annex E for a set of forms for copying (in black and white)
Facilitator Notes, Photo Book, Supply of paper Sick Child Recording Forms, Other teaching materials listed in preparations for sessions	1 set per facilitator	
CD of course materials	1 per room	For projecting or printing pages from the materials as needed, such as forms, answer sheets, boxes from Chart Booklet
DVD on Identify Signs of Illness in a Child Age 2 Months up to 5 Years DVD on RDT for Malaria	1 set for each room	
Cards for card games/exercises: Sets 1—5 (in Annex A) and RDT sample results (in Annex C)	1 set for each room	Is most efficient to prepare all the cards prior to the course, rather than day by day. Print/photocopy cards in Annex A single-sided (black/white) on heavy paper or paste paper on cardboard; cut cards apart. Make a high quality **colour** copy of RDT sample results (Annex C); cut cards apart.
Certificates	1 per person	For participants and facilitators

Medicine and clinical supplies		
Timers	1 per 2 participants	1 for each participant if timers will be given to each participant at the end of training
MUAC straps	2 per participant	Should be given to participants to keep at end of training
ORS packets (low osmolarity)	3 per participant	Provide extra if dispensed at health facility during practice
ORS preparation equipment: 1 litre (or 500 ml) common home measure (e.g. water bottle), bowl or other container to mix ORS (larger than 1 litre), mixing spoon	1 set for each 2 participants	
ORS giving equipment: common cups, spoons	1 set for each 2 participants	Spoons need to be metal to stir ORS and crush tablets, with small spoons to give ORS and oral medicines

ORS carrying containers (common container with a lid, e.g. 500 ml milk or yoghurt drink containers)	1 set for each 2 participants	These can be less than 1 litre. They are for caregivers carrying ORS solution on trip to health facility or home
Zinc tablets	2 blister packs per participant	In 10 per blister pack – Provide extra if dispensed at health facility during practice
Table knife	1 per room	To cut the zinc tablets
Rapid Diagnostic Test (RDT) kits	1 per participant	Have extra kits on hand for the demonstration and to repeat tests that are invalid
RDT supplies: Spirit (alcohol) swabs, lancets, disposable gloves, buffer, timer, sharps box, garbage container	1 per participant	Or, in the case of the garbage container, available to each participant
Antiretroviral post-exposure prophylaxis	2−3 doses per room	For rapid response if someone is pricked by a used lancet
Antimalarial AL tablets	24 tablets per participant	Provide extra if dispensed at health facility during practice
Amoxicillin tablets (or oral suspension)	For 3 children per participant	Provide extra if dispensed at health facility during practice
Rectal artesunate suppositories	1 per participant	Pre-referral treatment for malaria for children with fever who cannot drink (Annex D)
Medicine containers (ORS, zinc, antimalarial AL, artesunate suppository, amoxicillin) and RDT kits with expired and not expired dates	6−12 for each room	Sufficient examples to demonstrate and practice checking the expiration date
Dolls (or substitute)	1−3 for each 3 participants	Simple dolls used in training (if not available, use 3 towels instead for some or all of the dolls)

Follow up in the community (optional)		
Materials for community practice: Supply of Sick Child Recording forms, Referral Note forms, pencils; ORS packets with equipment and containers for mixing and giving, zinc supplements, antimalarial AL tablets, amoxicillin tablets, and rectal artesunate suppositories; RDT kits with supplies	Supply for each participant	If participants will begin practising and dispensing medicine in the community, provide in adequate quantities ORS, zinc supplements, antimalarial AL and amoxicillin tablets, rectal artesunate suppositories, RDT kits with supplies. The amounts depend on the schedule for replacing medicine as it is used.

DAY BY DAY FACILITATOR NOTES
FOR CONDUCTING THE CLASSROOM ACTIVITIES

Day One

Overview of topics and activities for Day 1

Classroom:
- Opening
- Introduction of participants
- Introduction: Caring for children in the community
- Greet the caregiver and child
- ASK: What are the child's problems?
- LOOK for signs of illness—
  - Chest indrawing
  - Fast breathing
  - Unusually sleepy or unconscious

Practice in inpatient ward:
- LOOK for signs of illness—chest indrawing, fast breathing, unusually sleepy or unconscious

Opening

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

When you and the participants assigned to your subgroup meet together, begin by introducing yourself and your co-facilitator. Write your names on the easel chart. Indicate how you want participants to call you by underlining the name (e.g. Professor Kandi, or Mary, or Dr Kandi). State minimal information on your position (e.g. District Training Officer, UNICEF Health Officer, MCH Programme Assistant, or Medical Officer). More information about you and other participants will come out during the course.

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

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

Administrative tasks
Make administrative announcements before the course starts. For example:

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

Develop norms and working standards for the course
Use a flip chart and a marker to lead this discussion.

Ask participants what rules they would like to follow and write down their ideas such as:

- Be on time
- Participate actively
- Listen to others
- Come to all sessions
- Switch off mobile phones

Review the points mentioned and decide which ones to follow for this course. Place the final list on the wall for the duration of the course.

Introduce the materials
Give to each participant a copy of the ***Manual for the Community Health Worker***, ***Chart Booklet for the Community Health Worker***, and the **plastic-covered Sick Child Recording Form**.

Ask participants to look first at the manual. The name of this training course is *Caring for the sick child in the community*. The booklet in their hands is the *Manual for the Community Health Worker*, referred to as the CHW Manual. They will work through this manual during the training.

In this course, each section builds on the previous section. The CHWs will have an overview of the entire process on the first day. Then the process will be taught step by step.

They also have a copy of the Sick Child Recording Form. They will learn how to use this form in this training. The recording form summarizes the information and tasks that CHWs learn in this course, and CHWs will be able to care for sick children with its guidance.

There is also the ***Chart Booklet for the Community Health Worker***. It contains diagrams and boxes that summarize the steps to follow in the clinical examination and treatment decisions of caring for sick children, and the Sick Child Recording Form. It is a reference or job aide for the CHW after completing the training.

Introduction:
Caring for children in the community

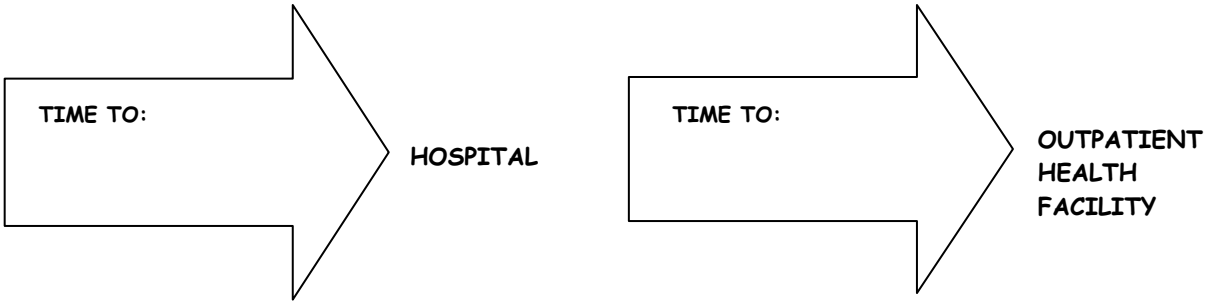
Reading
Ask participants to open their manuals to page 1. Explain that during this course, the group will share the reading task by taking turns reading aloud, a paragraph or so at a time. Select a participant to begin reading aloud, starting with the heading, **Introduction: Caring for children in the community**, and continuing through the first paragraph. Ask the next participant to read the second paragraph, the third to read the third paragraph, and so on continuing around the room. Answer questions, as needed, providing concrete and brief answers.

NTF: If the reading ability of the participants is limited, you may choose to read some of the stories and sections aloud yourself. If you decide to work in this way, be sure to ***repeat the main points of the text after reading****.*

Continue the reading until the participants come to the first exercise.

Discussion:
Care-seeking in the community
(on page 2 of the CHW Manual)

Prepare
Easel chart paper—draw two large arrows pointing to the words **HOSPITAL** and **OUTPATIENT HEALTH FACILITY** (see example below) on two sheets of easel chart paper. Leave space to record the distance for each in **TIME TO (by foot and/or transport).** Put the two charts on the wall where you can write the times participants report during the discussion of questions 6 and 7. (If there is room, the charts can stay up during the course. You can refer to the charts, for example, when you are discussing the importance of assisting referrals to hospital or outpatient health facility.)



Process

1. Introduce the exercise to the participants. In this section, they will:

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

   You will lead them through the discussion of each of the questions in the manual on pages 2 and 3.

2. For each question in the exercise in the CHW Manual, ask the question and give participants time to think about their answers before you discuss them. Write a heading on the easel chart, so that you can record the participants' responses under them. For questions 1 and 2, write the heading **Common childhood illnesses**.

3. To discuss the answers to questions 1 and 2, go around the room to get one response, on at least one question, from each participant. List the responses to question 1 on the easel chart under the heading **Common childhood illnesses.** For duplicate responses, add a tick [✓] to the listed illness. Star [*] the illnesses that children die from.

4. For question 3, write the heading **Where families seek care.** Then ask participants where families in their communities seek care for their sick children. As participants reply, list the places or persons where children seek care on the easel chart.

5. For question 4, ask a participant to indicate where families usually <u>first</u> seek care. Circle or underline the place or person mentioned. Ask 2 or 3 more participants for a response and mark those places.

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

6. For question 5, read the question aloud and ask different participants to answer. (You do not need to write down the responses.)

7. For questions 6 and 7, use the easel charts you prepared. Ask the participants for the times it takes for their community members to reach the nearest hospital and nearest outpatient health facility (by transport and/or foot, whichever is more common). Write the various responses on the arrow.

8. Discuss with the participants where CHWs will refer sick children when they are unable to treat them in the community.

   NTF: This may vary depending on the national policies and local considerations for which children should be treated in which level facility. For example, in some places all children referred from the community should go to a health facility, as a matter of policy. In other places, where a CHW should refer a child might depend on which facility is closer or the severity of the illness.

9. Summarize the discussion
   - Common childhood illnesses and causes of deaths of children under age 5 in the community.
   - Where families take their sick children for care, and why.
   - Where CHWs will refer sick children when they are unable to treat them in the community.

* * * *

What community health workers can do; course objectives; course methods and materials

Reading

Ask participants to resume reading aloud on page 3, taking turns. Explain that this is the way that the reading will be done throughout the course.

Have them continue reading through pages 4 and 5. Point to the various course materials when they are mentioned during the reading.

Course Objectives

At the end of this course, participants will be able:

- To identify signs of common childhood illness, to test children with fever for malaria, and to identify malnutrition.
- To assess whether the sick child has HIV, is at risk of HIV, or is exposed to TB in the household.
- To decide whether to refer children to a health facility, or to help the families treat their children at home.
- For children who can be treated at home, to help their families provide basic home care and to teach them how to give ORS solution and zinc for diarrhoea, an antimalarial medicine for children with fever who test positive for malaria, and an antibiotic for cough with fast breathing.
- For children who are referred to a health facility, to begin treatment and assist their families in taking the children for care.
- To counsel families to bring their children right away if they become sicker, and to return for scheduled follow-up visits.
- On scheduled follow-up visits, to identify the progress of children and ensure good care at home; and, if children do not improve, to refer them to the health facility.
- To advise families on using a bednet.
- To use a Sick Child Recording Form to guide the tasks in caring for a sick child and to record decisions and actions.

Take-home messages for this section:

- Children under 5 years of age die mainly from a few causes: pneumonia, diarrhoea, malaria, malnutrition, HIV and AIDS-related diseases. All of these can easily be treated or prevented.
- There are many reasons that affect why and where families take their children for care.
- You (the CHW) will be able to treat many children in the community, and for those you cannot treat, you will refer them to the nearest health facility.

Greet the caregiver and child

At the end of this session, participants will be able to:

- Greet and welcome a caregiver, and ask questions about her child
- Start to use the Sick Child Recording Form.

Who is the caregiver?

Prepare to show DVD/video

- **Cue up the DVD or video to introductory section**

Prepare for the reading

- **A transparency of the Sick Child Recording Form (or a hand-drawn wall chart of the top part of the sick child recording form)**.
- **Overhead projector** for showing transparencies.
- **Erasable transparency markers.**

NTF: Throughout the course, you may use overhead transparencies which you prepared ahead of time, or you can project sample forms from a computer. Locate the forms you need in the Facilitator Notes on the CD of the course materials so that you are ready to project them. Whether you choose to use overhead transparencies or a computer, make sure that facilitators walk around the room checking the written work of each participant at each step before going on to the next. (The option of preparing transparencies or projecting with a computer is always available, but is not restated for the remaining exercises.)

DVD video

Show the scenario: CHW greeting caregiver and asking questions. This is an introduction to what participants will learn to do in this section.

Reading

Ask a participant to begin reading the section **Greet the caregiver and child, Who is the caregiver?** on page 7.

Process

At the end of this section lead a brief discussion of these questions:

1. Who are the main caregivers of children in your communities?

2. What influences who the caregivers might be? *NTF: Some factors might be: the age of the child; whether a parent is sick, has died, or is working in the city; whether day care is available.*

Ask about the child and caregiver

Reading

Ask a participant to begin reading the section **Ask about the child and caregiver** (bottom of page 7). Continue the reading through the first two paragraphs on page 8.

Process

1. Before the list of bulleted items, stop the reading. Explain that the rest of the page describes only the top section of the recording form. Hold up the Sick Child Recording Form (or project the transparency) and point out the top section.

2. Introduce the TOP of recording form, item by item. Or ask a participant to read the bulleted items in the text while you point them out. Give participants time to find each item on the recording form for Grace.

   Do not overwhelm participants by presenting information about the rest of the form. For now, just focus on the information on the top of the recording form.

3. At the end of the section (page 8), discuss the sample for Grace Owen. Ask for any questions. Clarify the items on the form, as needed.

Exercise: Use the recording form (1)

(on page 9 of CHW Manual)

Prepare (optional)

Blank recording forms—If you will ask participants **not to write** in the CHW Manuals (so that they can be reused), you will need to distribute blank copies of the recording form to use in the exercises, here and for exercises throughout the course.

Process

1. Introduce the exercise. Participants will:
   - Write the basic information on the child and the visit on the top of the recording form.

2. Tell participants you will read the instructions for **Child 1: Jackie,** and they will record the beginning information on the **top of the recording form in the manual on page 9,** including today's date and their own initial initials as the CHW.

   NTF: If you are going to have participants always write their answers on blank recording forms in order to save the CHW Manual for reuse, explain this clearly now. It will not be mentioned again in these Facilitator Notes.

3. Read the information on Jackie from the CHW Manual, one sentence at a time. Give time for participants to record the information.

4. Walk around to look at participants working. Make sure that participants have recorded the information correctly before you go on to read the next sentence. (See the answer sheet below.)

5. **Child 2: Comfort**—Read the information aloud as for Child 1.

6. Then:
   - Ask a participant to read what he or she recorded for Comfort.
   - Ask if anyone wrote something different. If so, resolve the differences.

ANSWER SHEET

Participants should record today's date and their own initials as the CHW.

Child 1: Jackie Marks

Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years)

Date:____ /_____ /20____ **CHW:**_____

(Day / Month / Year)

Child's name: First ***Jackie*** Family ***Marks*** **Age:** ***3*** Years/ __ Months **Boy** / **Girl**

Caregiver's name: ***Joyce Marks*** **Relationship:** Mother Father / Other: _____

Address, Community: ***200 Peachtree Road***

Child 2: Comfort Green

Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years)

Date:____ /_____ /20____ **CHW:**_____

(Day / Month / Year)

Child's name: First ***Comfort*** Family ***Green*** **Age:** __ Years/ ***4*** Months **Boy** / **Girl**

Caregiver's name: ***Paul Green*** **Relationship:** Mother / Father / Other: _____

Address, Community: ***Cape Road, Tygerberg***

Take-home messages for this section:

- The way you (the CHW) greet and talk with a caregiver is very important; she or he must be made to feel comfortable.
- Good relationships will help you improve the lives of children in your community.

Identify problems

ASK: What are the child's problems?

In this section, participants will learn how to gather information about the child's health, and how to use the recording form to guide the visit. They will be able to:

- Identify children with diarrhoea who can be treated at home, or with fever who might need antimalarial treatment.
- Determine if the child with cough has fast breathing (a sign of pneumonia).
- Identify chest indrawing as a danger sign (severe pneumonia).
- Identify children with other danger signs—cough for 14 days or more, diarrhoea for 14 days or more, diarrhoea with blood in stool, fever for last 7 days or more, convulsions, not able to drink or feed anything, vomits everything, has HIV and any other illness, or unusually sleepy or unconscious.
- Identify children with the danger signs for malnutrition—red result using the MUAC strap, yellow on the MUAC strap and has HIV, and swelling of both feet.
- Use the Sick Child Recording Form.

Reading and discussion of signs to ask about

Process

1. Ask participants to begin reading on page 11. When they come to the subheading for Cough, point out that these paragraphs correspond to the problems listed on the Sick Child Recording Form.

   Continue the reading through pages 12−13. After reading the paragraph ☐ HIV, pause to review some background information about HIV.

2. Ensure all participants understand what the acronyms of HIV and TB mean.

   Write on the flip chart the letters H, I and V and then TB and ask trainees if they know what each acronym stands for. As the trainees say the correct answer, write the meaning on the flipchart:

   H - Human

I – Immunodeficiency

V - Virus

TB – Tuberculosis

It may be necessary to explain in a simple way what these terms mean.

3. Determine what the trainees already know about HIV

   Ask the trainees the 4 questions below. Listen to their answers and write them on the flip chart.

   - ***What are 3 ways HIV can be transmitted?***
   - ***What are 3 ways HIV <u>cannot</u> be transmitted?***
   - ***How can HIV transmission be prevented?***
   - ***Is your community a high HIV setting?***

4. Give relevant information about HIV transmission

   Ask a participant to read out loud the box titled About HIV Transmission on page 13. Discuss any questions.

5. Discuss how to prevent HIV transmission.

   Ask a participant to read the box titled Preventing transmission of HIV.

   Clarify if there are any misunderstandings or myths amongst the group.

6. Ask a participant to read the paragraphs under ☐ At risk of HIV on page 14.

   Then check whether trainees understand how to determine risk of HIV. Ask if they have any questions about how to determine risk, and discuss them.

   If they question how recently the parents and child must have tested for HIV, suggest that anytime during or after the pregnancy is OK for the parents, and any test for the child is sufficient. (If the mother has HIV, it is recommended that the child is tested 2 months after finishing breastfeeding.)

   Then ask the participants to try to review some examples.

Ask:

Does this child have risk of HIV?

a) The parents have HIV; the child has not tested. [Yes]

b) The parents' HIV status is unknown, and the child has not tested for HIV. [Yes]

c) The mother has HIV; child was tested and did not have HIV. [No]

d) The aunt said the child's parents are dead. The child has not been tested. [Yes]

e) The mother has HIV and the husband's status is unknown; child has not been tested. [Yes]

f) The mother was tested and did not have HIV. She does not know where the father is. The child was tested and did not have HIV. [No]

7 . Then resume the reading and continue the reading through page 16. When a participant reads the questions about Grace Owen, pause to let the participants study the example form for Grace, and discuss each question one by one.

NTF: If the CHW are provided clinical thermometers and are trained in their use, after reading the section on Fever on page 12, they may be instructed to read Annex A: Using a thermometer, in their CHW Manuals.

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

(on page 17 in the CHW Manual)

Process

1. Introduce the exercise. The participants will:

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

   Using the recording form will help them to understand how it will guide the interview with the caregiver.

2. Ask a participant to begin reading the information about **Juanita Valdéz** (first paragraph)**.**

3. Then ask participants to fill out the top of the recording form. Reread the paragraph if needed.

4. Then ask a participant to read the next paragraph about Juanita sentence by sentence to identify problems that she has. Go item by item so that the group completes the form together. For example, ask:
   - Did Miss Lomos say that Juanita had cough?
   - How should you mark the form for Cough—tick or circle?
   - If yes, for how long?
   - Did she mention diarrhoea?
   - Mark the form to show that.
   - Then continue by listing each problem and asking participants to mark the form.

5. Ask a participant to read the fourth paragraph. Walk around the room to review how participants are completing the form. Give individual help as needed. (See the Answer Sheet on the next page.)

6. Summary:
   - The recording form is like a checklist. It helps you remember everything you need to ask the caregiver.
   - It is also a record of what you learned from the caregiver. With this information, you will be able to plan the treatment for the child.

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

Child: Juanita Valdez

Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years)

Date:____ /_____ /20____ **CHW:**_____
(Day / Month / Year)

Child's name: First *Juanita* Family *Valdez* **Age:** 3 Years/ 6 Months **Boy** / **Girl**

Caregiver's name: *María Lomos* **Relationship:** Mother/Father/Other: *aunt*

Address, Community: *Agua Frío*

1. Identify problems

ASK and LOOK	
ASK: What are the child's problems? If not reported, then ask to be sure. **YES**, sign present → Tick ☑ **NO** sign → Circle ■	
☑	■ Cough? IF YES, for how long? 5 days
☑	■ Diarrhoea (3 or more loose stools in 24 hours)? IF YES, for how long? 3 days.
☐	■ IF DIARRHOEA, blood in stool?
☐	■ Fever (reported or now)? IF YES, started ____ days ago.
☐	■ Convulsions?
☐	■ Difficulty drinking or feeding? IF YES, ☐ not able to drink or feed anything?
☐	■ Vomiting? IF YES, ☐ vomits everything?
☐	■ Has HIV?
☑	■ At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? or ☑ Parents' current HIV status is unknown?
☐	■ Lives in a household with someone who is on TB treatment?

Role play demonstration and practice: Ask the caregiver and record information

(on page 18 of the CHW Manual)

Part 1. Demonstration

Prepare

- **Two chairs**—one for the caregiver and her child, and one for you.
- A **doll** or other object (e.g. a rolled towel) to be the child.
- **Role play script** (next page)—make two copies**.**
- **Caregiver**—select someone to play the role of the caregiver, and give them a copy of the script on the next page (for example, your co-facilitator could play the role). You will play the CHW.
- **A copy of the Sick Child Recording Form**—for you, the CHW, to fill in during the role play.

  NTF: Write the names on an easel chart, if they are difficult for local participants.

Process

1. Introduce the demonstration: This role play will demonstrate how a community health worker **greets** and welcomes the caregiver and child to the home, and **asks questions** to find out the child's problems.

2. Ask a participant(s) to read aloud the paragraphs for Part 1. Role play demonstration, on pages 18–19.

3. Then say to the participants:

   I will be the CHW and my co-facilitator will be Mrs Ita Haji. Mrs Haji has brought her sick young boy Tatu to see the community health worker at home. Observe the interview. As you hear important information, record the information on the form in your CHW Manual.

   Begin now by filling in the top of the form with the date and your initials.

4. With your co-facilitator, read the role play script below. Make your voices lively and interesting.

Role Play Script: Interview and record information for Tatu Haji

CHW: Hello. Welcome. Please come in.

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

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

Mrs Haji: His name is Tatu. Tatu Haji. T-A-T-U H-A J-I.

CHW: How old is Tatu?

Mrs Haji: He is 12 weeks old.

CHW: And what is your name?

Mrs Haji: My name is Ita Haji. I-T-A Haji.

CHW: Mrs Haji, where do you live?

Mrs Haji: We live near Pemba Market Corner.

CHW: Thank you, Mrs Haji. I hope we can help Tatu feel better. Let me ask you some questions to find out how he is feeling. What is Tatu's problem?

Mrs Haji: Tatu has a cough.

CHW: Yes, I can see that Tatu has a cough. How long has he had a cough?

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

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

Mrs Haji: No. He does not have diarrhoea.

CHW: Has he had a hot body—any fever?

Mrs Haji: No. Tatu has not had any fever. *[The CHW feels Tatu's skin on his legs and arms to confirm that Tatu is not hot.]*

CHW: Has he been vomiting?

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

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

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

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

[Feel Tatu's skin on his legs and arms.]

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

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

CHW: Do you know if Tatu has HIV?

Mrs Haji: No. I don't think so.

CHW: Do you or your husband have HIV? I am asking you this question so that I can find out more about Tatu's illness.

Mrs Haji: No, we don't. I tested for HIV during my pregnancy and so did my husband.

CHW: That is very fortunate. So we will not worry that Tatu's illness may be because of HIV.

Mrs Haji: We are blessed.

CHW: I have one more question for you. Is anyone in your household on treatment for TB?

Mrs Haji: No, but I heard that the old woman who lives in the next village had TB.

CHW: OK. That should be no danger to Tatu. We are only concerned about your household.

Mrs Haji: OK

CHW: Do you have any other concern about Tatu that you would like to talk about today?

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

CHW: I can see that you are. It is good that you brought Tatu to see me. I will take a look at Tatu now.

* * * *

3. After the role play demonstration, ask each of the questions in the CHW Manual (also listed below). Lead a discussion using the information that the participants give you.

    1. How did the community health worker greet Mrs Haji?
    2. How welcome did Mrs Haji feel in the home? How do you know?

        NTF: When discussing questions 1 and 2, emphasize the quality of the conversation:

        - *How the CHW approaches Mrs Haji.*
        - *How the CHW sits in relation to Mrs Haji.*
        - *How the CHW looks at Mrs Haji.*
        - *How the CHW does not take the child from Mrs Haji.*
        - *How gently and encouragingly the CHW speaks and listens.*
    3. What information from the visit did you record? How complete was the information?

4. Check the participants' completed recording forms. (See the answer sheet below.)

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

ANSWER SHEET

Role Play: Tatu Haji

Note: Participants should write today's date and their initials for the CHW

Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years)

Date:____ /_____ /20____ **CHW:**_____

(Day / Month / Year)

Child's name: First ***Tatu*** Family ***Haji*** **Age:** __ Years/ ***3*** Months **Boy/Girl**

Caregiver's name: ***Ita Haji*** **Relationship:** Mother/Father/Other: _____

Address, Community: ***Pemba Market Corner***

1. Identify problems

ASK and LOOK	
ASK: What are the child's problems? If not reported, then ask to be sure. **YES**, sign present → Tick ☑ **NO** sign → Circle ■	
☑	■ Cough? IF YES, for how long? ***3*** days
☐	■ Diarrhoea (3 or more loose stools in 24 hours)? IF YES, for how long? ____days.
☐	■ IF DIARRHOEA, blood in stool?
☐	■ Fever (reported or now)? IF YES, started ____ days ago.
☐	■ Convulsions?
☐	■ Difficulty drinking or feeding? IF YES, ☐ not able to drink or feed anything?
☐	■ Vomiting? IF YES, ☐ vomits everything?
☐	■ Has HIV?
☐	■ At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? or ☐ Parents' current HIV status is unknown?
☐	■ Lives in a household with someone who is on TB treatment?

Part 2. Role play practice

Prepare

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

- **Space, chairs**—set up areas within the room with 3 chairs. Leave space so that you can walk around the groups and observe their activities.
- **Doll** or other item to be a child for each group (for example, a rolled towel).
- **Groups**—form groups of 3 participants. Ask the groups to identify who will be the caregiver, the community health worker, and the observer.

Process

1. Introduce the exercise: In this role play practice, participants will:

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

   In addition, participants will learn a process for role play practice that will be used throughout the course for learning and practicing many of the CHWs' tasks.

2. Ask participants to read aloud to the rest of the group **Part 2. Role play practice** (on page 20).

3. Explain that are no scripts for this practice, as participants will play the roles. Read these instructions aloud:

   - The caregiver will come to the community health worker's door with his or her sick child. Hold the "child" (the doll or other item to be the child). Caregivers can use their own name, as the caregiver, and provide information about their own or an imagined sick child. Caregivers should answer the questions that the community health worker asks.
   - Be very cooperative, as this is the first practice for your community health worker. We are now practising the very basic steps for gathering the information by asking questions. Do not make the interview complicated.

- The community health worker should greet and interview the caregiver.
  Both the community health worker and the observer should write information on the recording form.
  Are there any questions?

4. Then, start the role play. Walk around and observe.

5. When a group finishes a role play, help them change roles and start again. Remind them that they can write information about another child on the second recording form on the next page.

6. After the role play, lead a discussion using the questions in the CHW Manual (middle of page 20, also listed below).

    1. How well does the community health worker greet the caregiver?
    2. How welcome does the caregiver feel in the home? How do you know?
    3. What information from the visit did you record? How complete was the information?

       [You may ask trainees to show and explain their completed recording forms to check that they are using them correctly.]

7. Summarize
   - Identify what community health workers did well.
   - Identify any difficulties community health workers had.
   - Answer questions.

8. Emphasize the quality of the conversations:
   - How the CHW approaches the caregiver.
   - How the CHW sits in relation to the caregiver.
   - How the CHW looks at the caregiver.
   - How the CHW does not take the child from the caregiver.
   - How gently and encouragingly the CHW speaks and listens.

9. Finally, as there will be other role plays during the course, review the role play process.
   - Encourage participants to stay in role during the role play.
   - Caregivers should provide the information requested and not make additional difficulties for the community health worker.

- Observers should not interfere with the role play.
- Next time, participants will set up the chairs and space, recording forms, etc. for their role play practice.

* * * *

LOOK for signs of illness

☐ Chest indrawing

Reading

Tell participants that they have learned how to find out about the child by ASKING questions. Now they will learn about LOOKING at the child to find out about problems. The first sign to look for will be chest indrawing. After reading pages 23 and 24 in the CHW Manual, they will see photographs of chest indrawing and then they will watch video to practice identifying children with chest indrawing.

Ask participants to read pages 23–24 aloud now.

Discussion: Chest indrawing

(on page 25 of CHW Manual)

Prepare

- **Photo Book:** ***Identify signs of illness***—Photos 1 and 2 showing chest indrawing.

Process

1. Introduce the exercise: Participants will:
   - Describe where and when to look for chest indrawing in a child.
   - Identify examples of chest indrawing in photos of children.
   - Determine the appropriateness of ways to calm a crying child in order to check for chest indrawing.

2. Bring the participants close to see the photos in the Photo Book. Ask them to bring their CHW Manuals with them.

3. Start with **Photo 1** (the black and white set of two photos). Use the notes to the facilitator in the Photo Booklet to guide the discussion (on the flip page of the cover).

4. Make sure that all participants understand breathing in and breathing out.
   - Ask them first to put their hands in front of their chest to demonstrate breathing in and breathing out.
   - Then ask them to look at the person next to them to see if they can tell when the person is breathing in and out.

5. Show **Photo 2.** Use the notes to the facilitator in the Photo Book to guide the discussion.

6. Ask the participants to open their CHW Manuals to page 25. Then ask them to read **question 1** to themselves and mark Yes or No for each item.

7. When all participants have marked answers to question 1, discuss them. Ask participants to explain their answers. The answers to a, b, c, and d are all "No."

8. Ask participants to read **question 2 to** themselves and put a tick beside all correct answers.

9. When all participants have read and marked their answers, discuss which answers are appropriate or not appropriate for calming a crying child in order to check for chest indrawing. The best answers are (c) or (d).

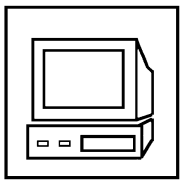
   Answer (a) is not correct. Although a child who is breastfeeding is calm, the child's chest may draw in while suckling (feeding). This is not chest indrawing due to pneumonia.

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

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

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

* * * *



Video exercise: Identify chest indrawing

(on page 26 of CHW Manual)

Prepare

- **DVD: Identify signs of illness**
- **Video machine and monitor, or a computer**—make sure that the equipment for showing the video on DVD is ready, turned on, and set at the point on the DVD for the section **Identify chest indrawing.**

Process

1. Gather participants around the TV monitor or the computer to show the video. Ask them to bring their CHW Manuals with them.

2. Introduce the video: The video will show examples of **chest indrawing.** It will also show examples for practice in identifying chest indrawing.

   Participants will:

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

3. Show the demonstration on chest indrawing. Ask if there are any questions. Repeat the video examples, as needed. If a participant is having difficulty, ask the participant to point to the place on the child's chest where they see or do not see chest indrawing.

4. Ask participants to open their manuals to the **Video exercise: Identify chest indrawing** on page 26. Ask participants to decide whether each child has chest indrawing. Say:

   - We will watch the video on the screen.
   - For each child in the video (Mary, Jenna, Ho, Amma, or Lo), you will decide whether the child has chest indrawing. Then you will mark in your manual whether the child has chest indrawing by circling Yes or No.
   - We will stop after each child to discuss your decision. We can repeat the child's image, as necessary.

   NTF: It is critical that you do not discuss the answers before each participant has written down the answer (without consulting others) and a facilitator has checked them.

Facilitators must know which participants are having difficulty before going on to the next example in the exercise. This is a critical skill for CHWs to identify whether a child must be urgently referred. Everyone must be able to identify chest indrawing.

5. Show the video of the first child, Mary. Ask the participants to record their decisions in their manuals. Repeat the video if participants need to see it again. Walk around to see the participants' answers so that you will know who can see chest indrawing and who cannot.

6. Then discuss the participants' answers. Review the video again if needed so that each participant can see the chest indrawing. If a participant is having difficulty, ask the participant to point to the place on the child's chest where they see or do not see chest indrawing.

7. Repeat this process for the rest of the children listed in the top box on page 26.

8. There are a second set of exercises on the video to provide additional opportunities to practise. Continue showing and discussing the children until participants (and you) are confident that they can recognize chest indrawing.

   NTF: It can also useful to show this exercise as a review, on subsequent days, after going to the clinic or inpatient ward.

ANSWER SHEET
Video exercise: Identify chest indrawing

NTF: The video for this exercise proceeds case by case, with each case followed by the correct answer.

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

ANSWER SHEET
Video exercise: Additional practice and review on chest indrawing

NTF: The video for this exercise continues one case after another, followed by one answer after another.

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

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

* * * *

Look for signs of illness (continued)

☐ Fast breathing

Reading

Ask participants to read pages 27–28 to learn about looking for fast breathing.

Exercise: Identify fast breathing

(on page 29 of the CHW Manual)

Prepare

Choose how you will conduct the exercise. Then follow the appropriate instructions below. This exercise can be conducted in either of two ways:

*A. Conduct a **group discussion** on each of the children listed in the exercise.* This method works well when participants are unsure of the content of the exercise. This method is active. Participants move to the front of the room and work together on the easel.

*B. Ask participants to complete the exercise as **individual work**, as it appears in the CHW Manual.* This method has each individual work alone. If a facilitator checks each participant's work, the facilitator can assess each individual's knowledge.

If you choose a **Group discussion**

Prepare

- **Cards**—copy onto cardboard or heavy paper the cards in **Annex A, Card games, Set 1: Identify fast breathing** including:
  - **Label cards: FAST BREATHING** and **NO FAST BREATHING** and
  - **Children cards.** The cards describe sample children with different breathing rates. Cut the cards apart.
- **Easel chart**— Tape the 2 label cards at the top of the easel paper, or write the labels at the top of two columns: **FAST BREATHING** and **NO FAST BREATHING.**
- **Tape**—or tack or other means to stick the cards on the easel chart. (Note: if you do not have tape or tack, you may place the labels on a table. Ask participants to place their cards under the correct label on the table. Be sure, however, that there is sufficient room that all participants can see the table and follow the exercise.)

Process

1. Introduce the exercise. Participants will:
   - Identify fast breathing, using the breathing rates of sample children.
   - Use the recording form as a resource for deciding which children have fast breathing.

2. Ask participants to come to the easel chart. Bring their recording forms and CHW Manuals with them.

3. One at a time, give each participant a card and ask the participant to read the card aloud. Ask: Does the child have fast breathing? Let the participant answer, looking at the recording form to check the breathing rate, if needed.

4. Determine whether others agree with the decision. Have participants refer to the recording form to answer their own questions.

5. Then ask the participant to stick the card on the easel chart, under the label **FAST BREATHING** or **NO FAST BREATHING.**

6. Repeat the process until all cards have been posted in the correct place on the easel chart.

   Refer to the Answer Sheet below for the correct answers.

If you choose **Individual work**

Process

1. As a group, decide whether Carlos has fast breathing.

2. Then, ask participants to complete the rest of exercise each working alone. They should refer to the recording form to help them decide on fast breathing. Show them the box on fast breathing on the recording form.

3. As participants complete the exercise, ask them to raise their hands. Go to each participant and quickly check their answers against the answer sheet (below). If any participant has made several errors, talk with him or her individually to determine the misunderstanding. Give guidance until the participant understands how to refer to the box and make the decision about fast breathing.

4. Then go around the room asking participants to report their answers—**YES** or **NO,** whether each child has fast breathing.

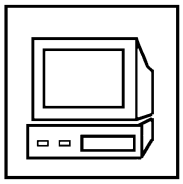
5. Discuss any disagreements. Refer participants to the recording form to help participants make a decision.

ANSWER SHEET

Exercise: Identify fast breathing

	Does the child have fast breathing?	
Carlos Age 2 years, has a breathing rate of 45 breaths per minute	**Yes**	
Ahmed Age 4½ years, has a breathing rate of 38 breaths per minute		**No**
Artimis Age 2 months, has a breathing rate of 55 breaths per minute	**Yes**	
Jan Age 3 months, has a breathing rate of 47 breaths per minute		**No**
James Age 3 years, has a breathing rate of 35 breaths per minute		**No**
Nandi Age 4 months, has a breathing rate of 45 breaths per minutes		**No**
Joseph Age 10 weeks, has a breathing rate of 57 breaths per minute	**Yes**	
Anita Age 4 years, has a breathing rate of 36 breaths per minute		**No**
Becky Age 36 months, has a breathing rate of 47 breaths per minute	**Yes**	
Will Age 8 months, has a breathing rate of 45 breaths per minute		**No**
Maggie Age 3 months, has a breathing rate of 52 breaths per minute	**Yes**	

NTF: When you have completed the discussion of the answers, go directly to the video exercise.



Video exercise: Count the child's breaths

(on page 30 of the CHW Manual)

Prepare

- **DVD: Identify signs of illness**
- **DVD machine or computer, and monitor**—make sure that the equipment is ready, turned on, and set at the point on the DVD for the section on **Cough and difficult breathing—count breathing**.

Process

1. Gather participants around the TV monitor or the computer to show the video. Ask them to bring their CHW Manuals with them.

2. Introduce the exercise. Participants will:
   - Count the breaths of a child.
   - Determine if the child has fast breathing (a sign of pneumonia).

3. Introduce the video: Ask a participant to read aloud the instructions in the CHW Manual on page 29 (through step 3).

4. Start the video and show the first child, Mano. Ask participants to write down the count, and then walk around the room to check answers before discussing results. (Refer to the answer sheet below.) Show the video to let participants count again, and revise their answers if needed.

5. Discuss the count. You may need to demonstrate, and you may need to repeat sections of the tape several times to make sure that participants learn to recognize breathing in, and can count breaths accurately.

6. Show the video for the second child, Wumbi, and repeat as needed so that all participants obtain a good count. If a participant still has difficulty, ask him or her to go to the screen, and point to the place on the child's chest to observe the movement. Make sure that the location is the clearest to make the count. Then, ask the participant to count out loud with the chest movement.

7. Set a goal of everyone in the room reaching the correct count plus or minus 2 breaths per minute. Repeat counts as needed.

8. Show additional children on the videotape, following the same process, to give additional practice.

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

ANSWER SHEET
Video exercise: Count the child's breaths

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

Additional practice: Count the child's breaths

	Age?	Breaths per minute?	Does the child have fast breathing?	
Child 1	7 months	55	**Yes**	
Child 2	6 months	56	**Yes**	
Child 3	4 years	44	**Yes**	
Child 4	15 months	42	**Yes**	

Reading

When the video exercise is completed, ask participants to turn to page 31 in their manuals and read the box. It contains a summary of tips on looking for chest indrawing and counting the child's breaths.

NTF: If the programme you are working with uses timers, this would be an appropriate time to introduce the timers and how to use them.

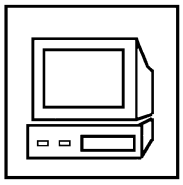
*** * * ***

Look for signs of illness (continued)

☐ Unusually sleepy or unconscious

Reading

Ask participants to read the bottom half of page 31 which describes how to look for *another* sign, unusually sleepy or unconscious.



Video exercise:
Identify an unusually sleepy or unconscious child and other signs of illness

(on page 32 of the CHW Manual)

Prepare

- **DVD: Identify signs of illness**
- **DVD machine or computer, and monitor—**make sure that the equipment for showing the video is ready, turned on, and set at the point on the DVD for the section **Danger signs.** This section demonstrates the signs not able to drink or feed anything, vomits everything, convulsions and unusually sleepy or unconscious.

Process: Demonstration and practice

1. Gather participants around the TV monitor or the computer for showing the video. Ask them to bring their CHW Manuals with them.

2. Introduce the exercise. Participants will:
   - Identify children with general danger signs—not able to drink or feed anything, vomiting everything, convulsions, and unusually sleepy or unconscious.

3. Introduce the video:
   - The video starts with not able to drink or feed anything, showing children who are unable to breastfeed.
   - Then it shows the health worker asking the caregiver if the child vomits everything, and if the child has convulsions.
   - Then it shows children who are unusually sleepy or unconscious. You will notice that a child who is unusually sleepy is not necessarily sound asleep. But the child is not alert and does not notice sounds and movements around him.

4. Start the video. Stop it at the end of the demonstration section before going on to the exercise. Ask if there are any questions.

5. Then, go on to the next section of the video, the **Exercise to assess the general danger sign unusually sleepy or unconscious.** Ask participants to record their answers in their CHW Manuals on page 32. (See the answer sheet below.)

6. Make sure that participants can recognize the sign. Repeat the images as necessary.

7. Discuss the question: How are the children who are unusually sleepy or unconscious different from those who are just sleepy?

ANSWER SHEET
Video exercise: Unusually sleepy or unconscious

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

* * * *

Clinical practice: Inpatient ward

Preparing the participants for clinical practice (Day 1 afternoon)

1. Tell participants where the group will go to practise checking for danger signs. They will be going to a hospital ward where they will see very sick children. They are going there because they are more likely to find the danger signs in children in the inpatient ward than in an outpatient setting.
2. Specifically, they will, if possible, see children who exhibit the signs chest indrawing, fast breathing, and/or unusually sleepy or unconscious.

3. Introduce their clinical instructor who will meet them at the hospital and will give them more information.

During the inpatient practice
Refer to Annex F: *Guide for Clinical Practice in the Inpatient Ward*. The inpatient instructor will lead the session. You may be asked to assist.

At the end of the day's work
If you will see participants in the morning prior to the transport to the clinic, plan to speak to them in the morning to prepare them for the next clinical sessions (inpatient and outpatient). If it will not be feasible to speak with them in the morning prior to the sessions, use the notes about preparing them for the clinical practice on page 36 (of Facilitator Notes) to explain this afternoon what will happen in the morning***.***

Assign tasks to the participants for the next day's work.

Summarize what was done today

Day Two

Overview of topics and activities for Day 2

Recap of Day 1

Review:
LOOK for signs of illness—chest indrawing, fast breathing, unusually sleepy or unconscious

Practice in outpatient clinic and inpatient ward:
ASK: What are the child's problems?

LOOK for signs of illness—chest indrawing, fast breathing, unusually sleepy or unconscious

Classroom:
LOOK for signs of severe malnutrition—Red on MUAC strap, swelling of both feet

Decide: Refer or treat the child

Give a recap of Day 1

Describe the topics covered, activities and the take-home messages from the sections in Day 1:

- Introduction to the course
- Greet the caregiver and child
- Identify problems by asking questions
- Look for signs of illness: chest indrawing, fast breathing, unusually sleepy or unconscious
- Visit to inpatient ward to see signs

Review

If you feel that there are gaps in the participants' understanding, you may use 30 minutes or so to review *Look for signs of illness* before going to the outpatient clinic and inpatient ward.

Clinical practice: Outpatient clinic/inpatient ward

NTF: Each morning on days 2 through 6 you should begin by reviewing the main points and take-home messages from the sessions of the previous day.

NTF: Each morning on days 2 and 3, there will be clinical practice sessions in an Outpatient clinic and an Inpatient ward. On days 4, 5 and 6 the clinical practice will be only in an Outpatient clinic. However, if necessary to see or review certain signs, some sessions

may also be added in an Inpatient ward. You may decide to divide the participants in two groups for this.

The Clinical instructor will lead the sessions. You should support the Clinical instructor and serve as a facilitator during each session.

Refer to Annex F: Guide for Clinical Practice in the Inpatient Ward and Annex G: Guide for Clinical Practice in the Outpatient Clinic for instructions on preparations and conducting the sessions. For the group of participants that will go to the Inpatient ward, follow the same instructions as for the visit yesterday (on pages 33–34).

Preparing the participants for clinical practice (morning of Day 2)

1. Tell participants where the group will go to practise interviewing caregivers, asking about the child's problems and looking for chest indrawing, fast breathing and unusually sleepy or unconscious.
2. At the outpatient clinic, a clinical instructor and the facilitators will guide the practice there.
3. Each participant will be assigned to a child and caregiver. They will practice greeting and interviewing the mother about the child's problems, and looking for signs of illness including chest indrawing, fast breathing, and unusually sleepy or unconscious. They will use the Sick Child Recording Form as a guide and will record the information that they gather on the form as they have learned so far.

During the outpatient and inpatient practice (morning of Day 2)

Refer to the *Annex F: Guide for Clinical Practice in the Inpatient Ward and Annex G: Guide for Clinical Practice in the Outpatient Clinic.*

On return from clinical practice in the outpatient clinic and inpatient ward:

Prepare

A large copy of the Group Checklist of Clinical Signs (from *Annex F: Guide for Clinical Practice in the Outpatient Clinic* and shown on page 38 of the Facilitator Notes). Obtain a very enlarged photocopy or make a handwritten copy on a piece of easel chart paper.

Process

1. Tell participants that the group will keep track of the signs of illness that they have seen in the inpatient ward and in the outpatient clinic, as a record of their experience.
2. Show the participants the Group Checklist and ask if anyone saw the first sign, Cough for 14 days or more. If yes, write the names of all the participants who saw this sign yesterday or this morning in that box.

   Note: The objective is that by the end of the training all the participants will have seen all of the signs. Therefore, write small and use a one word name or abbreviation for each person, so that all of the participants' names could be written in each box.
3. Then go to the next box, Diarrhoea for 14 days or more, and ask whether any participants saw this sign. Write the names of all the participants who saw this sign yesterday or this morning. (An alternative approach is to have each participant come to the chart and write his or her name in the box.)
4. Continue in this way through all the boxes.
5. Explain that after subsequent visits to the inpatient ward or outpatient clinic, you will repeat this process. However, when a participant has seen a particular sign again, just add a tick in that box beside the participant's name.
6. Then ask participants to discuss their impressions of the clinical practice. Since they have now attended two clinical practice sessions, discuss first the clinical practice in the inpatient ward and then the clinical practice in the outpatient clinic.

   NTF: Use these comments to improve the clinical sessions if possible.

   Discuss:

   - Did you have difficulties seeing the clinical signs pointed out to you, or difficulties doing the assessment of the children assigned to you?
   - If yes, describe the difficulty.
   - What do you think went well during the clinical practice?
   - What could be improved?

GROUP CHECKLIST OF CLINICAL SIGNS
Sick Child Age 2 Months Up To 5 Years

Cough for 14 days or more	Diarrhoea (loose stools) for 14 days or more	Diarrhoea with blood in stool	Convulsions
Fever (reported or now) for last 7 days or more	Any fever in a malaria area	Not able to drink or feed anything	Vomits everything
Chest indrawing	Fast breathing	Unusually sleepy or unconscious	In child 6 months up to 5 years: Red on the MUAC strap
In child 6 months up to 5 years: **Yellow on the MUAC strap and has HIV**	Swelling of both feet	Cough less than 14 days	Diarrhoea (less than 14 days and no blood in stool)
Has HIV	**At risk of HIV**	Exposed to TB	

LOOK for signs of severe malnutrition

Reading

Ask participants to read page 33 in the CHW Manual.

Discussion: Severe malnutrition

(on page 34 of the CHW Manual)

Prepare

Photo Book—pictures 3, 4, 5, 6, 7, 8 and 9 of severely malnourished children and how to identify them, with notes to the facilitator.

Process

1. Ask participants to come close to you and the **Photo Book** for the discussion.

2. Introduce the exercise. Participants will look at photographs of severely malnourished children and how to identify them by measuring arm circumference with a MUAC strap and checking for swelling of both feet.

3. In the **Photo Book**, use the notes to the facilitator to guide the discussion of each photo 3 to 9.

4. After the discussion of the photos, continue with the reading in the CHW Manual. The manual and exercises will review the methods for identifying severe malnutrition.

Look for signs of severe malnutrition (continued)

☐ **Red on MUAC strap**

Reading

Ask participants to resume reading about identifying severe malnutrition in the middle of page 34 in the CHW Manual and to continue reading through page 35.

Exercise: Use the MUAC strap

(on page 36 of the CHW Manual)

Prepare

1. Sample **arm tubes**—prepare 10 cardboard rolls to represent the arms of the children in the exercise (**Anna, Dan, Njeri, Siew, Marvin, Chris, Lily, Lee, Sami, and Victoria**).
    a. Roll a cardboard and tape the ends together (see instructions on the next page). The tighter you roll the cardboard, the smaller is the "arm circumference".
    b. Roll some tubes smaller than the <115 mm mark and others larger than the mark. (If the group is large, make more than 10 sample tubes.)
    c. Write a name of one of the children on each tube.
    d. Prepare your own **answer sheet** for the sample children (see page 42). Measure each tube. Then circle Yes or No for each sample child in the chart to make your answer sheet.
    e. Set the rolls on the table with enough space between them so that participants can work with them.

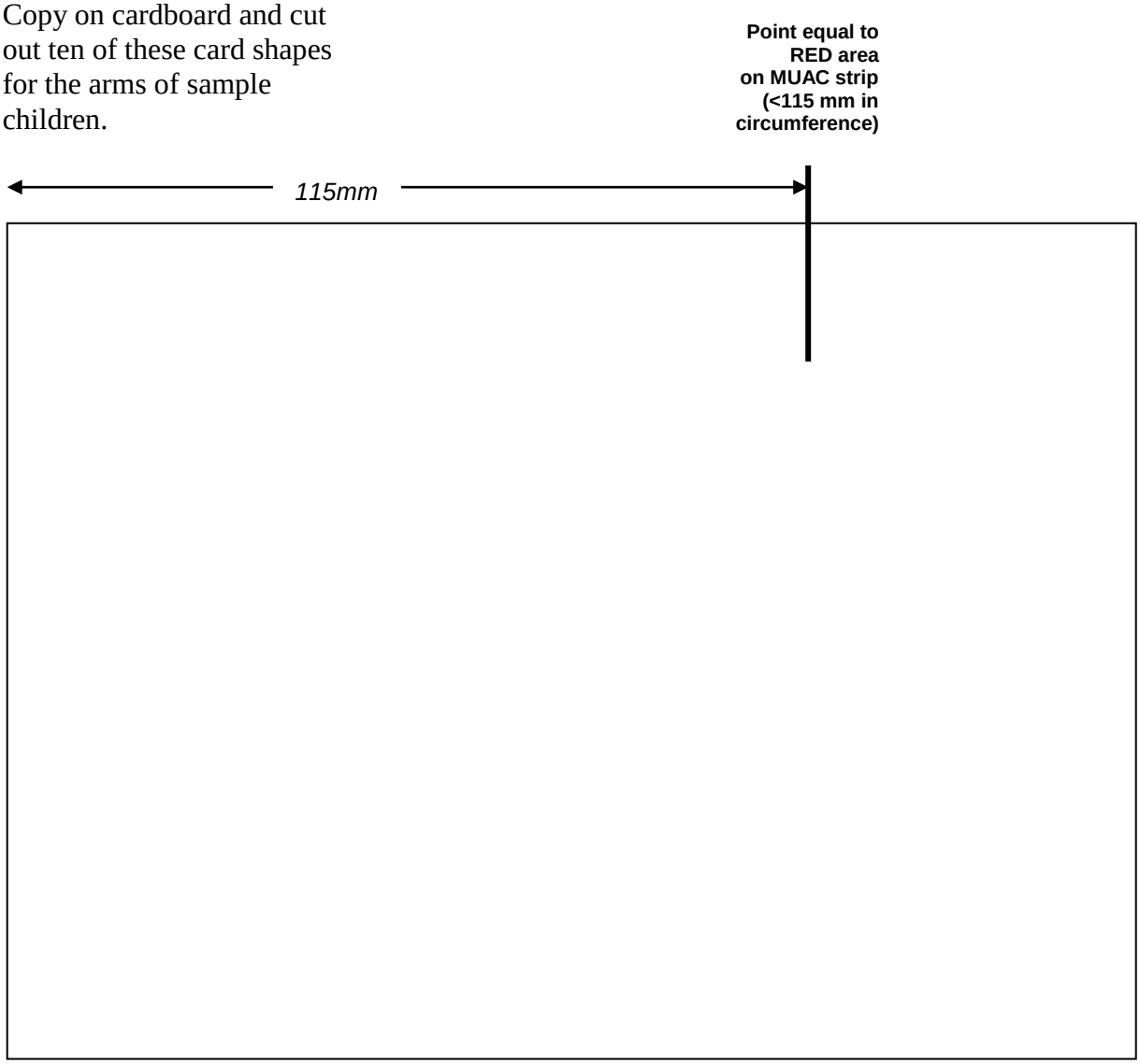
2. **MUAC straps**—one for each participant**.**

3. **Tape or coloured yarn or ribbon** — to tape or tie the MUAC straps into the participants' CHW Manuals.

NTF: The process to conduct the exercise is described after the preparations, starting on page 42.

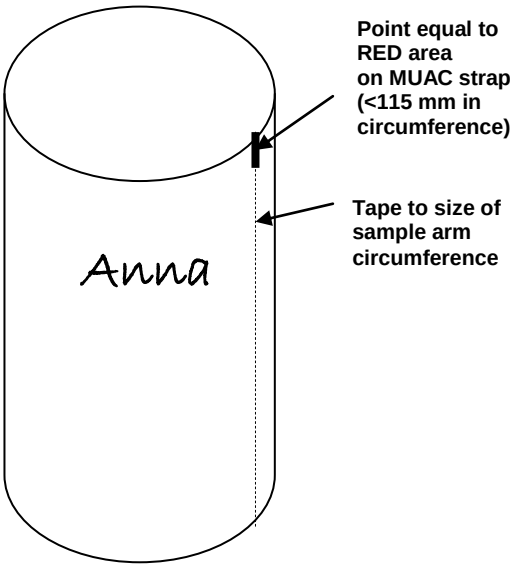
How to make arm tubes to represent arms of sample children

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



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

Write the name of a child on each: **Anna, Dan, Njeri, Siew, Marvin, Chris, Lily, Lee, Sami, and Victoria.**



ANSWER SHEET
Exercise: Use the MUAC strap

(Prepare the answer sheet according to the samples you make)

Is the child severely malnourished (severely wasted)?		
Child 1. Anna	**Yes**	**No**
Child 2. Dan	**Yes**	**No**
Child 3. Njeri	**Yes**	**No**
Child 4. Siew	**Yes**	**No**
Child 5. Marvin	**Yes**	**No**
Child 6. Chris	**Yes**	**No**
Child 7. Lily	**Yes**	**No**
Child 8. Lee	**Yes**	**No**
Child 9. Sami	**Yes**	**No**
Child 10. Victoria	**Yes**	**No**

Process to conduct the exercise

1. Introduce the exercise. Participants will:
    - Use a banded MUAC strap to measure the upper mid-arm circumference, to identify severely malnourished children.
2. Pass out a **MUAC strap**, one to each participant. Demonstrate where to put the green end of the strap, in order to make a circle. Let participants briefly practise using the strap, putting the green end into the second slit on the strap.
3. Demonstrate how to measure the mid-upper arm circumference on one of the arm tubes.
    - Locate the "mid-upper arm" on the tube. You can do this by using a string to measure from one end to the other, then fold the string in half to find the mid-point.

- Use the MUAC strap to measure the child's arm circumference. Ask a participant to identify whether the "child" is severely malnourished.

4. Form pairs of participants to work together at an arm tube on the table.
5. Ask participants to:
   - Measure an arm tube, using a MUAC strap.
   - Mark in their CHW Manuals on page 36 whether the child is severely malnourished–**Yes** or **No**.
   - Then move around the table to measure each of the other arm tubes and mark the results.
6. If you have made more than 10 sample arm tubes, ask participants to write the name of the child in their CHW Manual with the results of the MUAC reading.
7. When the pairs have finished, discuss the results. Resolve differences, if any, by having a participant measure the arm tube again.
8. Ask the participants whether any of the arm tubes had a yellow reading on the MUAC strap. Discuss what a yellow reading could indicate.

   [ANSWER: A child with a yellow reading and HIV has a danger sign.]
9. Let the participants know that they will have a chance to practise measuring the arm circumference of real children in the clinic.
10. Give participants tape to tape the end of the MUAC strap onto the plastic cover of their CHW Manuals. (Or provide a piece of coloured yarn or ribbon to tie the strap into the manual.)

* * * *

Look for signs of severe malnutrition (continued)

☐ Swelling of both feet

Prepare

Photo book − pictures 8 and 9, of swelling of both feet, with notes to the facilitator.

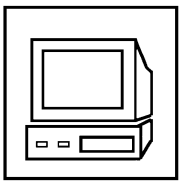
Photo on page 37 of the CHW Manual − If the CHW Manual was not printed in color or is poor quality, the photographs of the dents in both feet will not be clear. Make a good quality colour print of this page from the CD of the course materials to show to participants.

Reading

Ask participants to read page 37 in the CHW Manual.

Process

Review the pictures of swelling of both feet.



Video demonstration: Look for severe malnutrition

(on page 38 of the CHW Manual)

Prepare

- **DVD: Identify signs of illness**
- **DVD machine or computer, and monitor**—make sure that the equipment is ready at the point on the DVD with the demonstrations of looking for severe malnutrition.

Process

1. Gather participants around the monitor or the computer for showing the video. Ask them to bring their CHW Manuals.

   Introduce the video. Participants will view a demonstration of how to identify children with the danger signs for severe malnutrition:

   - Red result using the MUAC strap
   - Swelling of both feet.

3. First the video will show how to use the MUAC strap to identify severe wasting (marasmus).

   Then it will show how to look for swelling of both feet (kwashiorkor).

4. At the end of the videotape, answer questions. Show the images again, if necessary.

Take-home messages for this section:

- The recording form is like a checklist. It helps you (the CHW) remember everything you need to ask the caregiver.
- It is also a record of what you learned from the caregiver. With this information, you will be able to plan the treatment for the child.
- You learn some information about the child's problems by asking questions (about cough, diarrhoea, fever,

convulsions, difficult drinking or feeding, vomiting, HIV, risk of HIV, TB in the household, and any other problems).

- You learn other information by examining the child for chest indrawing, fast breathing, unusually sleepy or unconscious, colour of the MUAC strap and swelling of both feet.
- This section, *Identify Problems*, is summarized on page 5 of the Chart Booklet.

Decide: Refer or treat the child

Any DANGER SIGN: Refer the child

Reading

Ask participants to read pages 39–40 in the CHW Manual.

Exercise: Decide to refer (part 1)

(on page 41 of the CHW Manual)

Prepare

As in an earlier exercise, you may choose how you will conduct the exercise. Then follow the appropriate instructions below. This exercise can be conducted in either of two ways:

A. *Conduct a **group discussion** on each of the children listed in the exercise.* This method is active. Participants move to the front of the room and work together on the easel.

B. *Ask participants to complete the exercise as **individual work**, as it appears in the CHW Manual.* This method has each individual work alone. If a facilitator checks each participant's work, the facilitator can assess each individual's knowledge.

If you choose a **Group discussion**

Prepare

- **Cards**—copy onto cardboard or heavy paper the cards in **Annex A, Card games, Set 2: Decide to refer (part 1)** including:
  - **Label cards: DANGER SIGN—REFER** and **NO DANGER SIGN** and
  - **Set 2: Decide to refer (part 1) Children cards.** The cards describe sample children with different signs of illness from the caregiver's report. Cut the cards apart.
- **Easel chart**—Tape the 2 label cards at the top of the easel paper, or write the labels at the top of two columns: **DANGER SIGN—REFER** and **NO DANGER SIGN.**
- **Tape**—or other means to stick the cards on the easel chart.

Process

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

If you choose **Individual work**

Process

1. Ask a participant to read the instructions for the exercise.
2. Then, work as a group to decide whether the first child, Sam, has a danger sign and should be referred. Continue with several more children until the participants are clear on the

task. Help them refer to the Danger Signs listed on the recording form, if necessary.

3. Then, ask participants to complete the rest of the exercise on their own.
4. As participants complete the exercise, ask them to raise their hands. Go to each participant and quickly check their answers against the answer sheet (below). If any participant has made several errors, talk with him or her individually to determine the misunderstanding. Give guidance until the participant understands how to refer to the recording form and make the decision about referral.
5. Finally, go around the room asking participants to report their answers—**Yes,** the child has a danger sign and should be referred, or **No danger sign.**
6. Refer to the Answer Sheet below, with comments to add to the discussion.

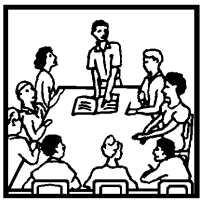
ANSWER SHEET
Exercise: Decide to refer (part 1)

Does the child have a danger sign?			Refer child? Tick (✓)	Comment
1. Sam – cough for 2 weeks	Yes		✓	*Cough for 14 days or more may be a sign of TB or another illness, which needs to be assessed and treated at the health facility.*
2. Murat – cough for 2 months	Yes		✓	
3. Beauty – diarrhoea with blood in stool	Yes		✓	
4. Marco – diarrhoea for 10 days and HIV	Yes			*This child has <u>HIV and</u> diarrhoea (danger sign) and needs to be assessed and treated at the health facility.*
5. Amina – fever for 3 days in a malaria area		No		
6. Nilgun – low fever for 8 days, not in a malaria area	Yes		✓	*A low fever for last 7 days or more may mean that there is an unknown cause, which must be assessed and treated at health facility.*
7. Ida – diarrhoea for 2 weeks	Yes		✓	*What might be a reason for diarrhoea lasting for 2 weeks? It could be diarrhoea caused by a food reaction or an indication that the child has a more serious problem, including HIV. The health facility will try to determine the cause.*
8. Carmen – cough for 1 month	Yes		✓	*Cough for 14 days or more may be a sign of TB or another illness, which needs to be assessed and treated at the health facility.*
9. Tika – convulsion yesterday	Yes		✓	*Discuss how you might clarify that it is a convulsion.*
10. Nonu – very hot body since last night		No		*Discuss differences if the child is in a malaria area or not. This is a high fever. What can the community health worker do in a non malaria area? (observe and advise)* *Introduce the idea of testing for malaria in a malaria area. They will learn how to test for malaria later.*
11. Maria – vomiting food but drinking water		No		*When child cannot hold down any food or water, it is a danger sign. Maria can still drink.*
12. Thomas – not eating or drinking anything because of mouth sores	Yes		✓	*Child could become sicker soon and is losing weight. He needs to be assessed for other illness.*

* * * *

Reading

Ask participants to read page 42, about identifying the need to REFER based on LOOKING for danger signs. (The previous section was about identifying the need to REFER based on danger signs that the CHW ASKS about.)



Exercise: Decide to refer (part 2)

(on page 44 of CHW Manual)

As in the previous exercise, you may choose how you will conduct the exercise. Then follow the appropriate instructions below. This exercise can be conducted in either of two ways:

*A. Conduct a **group discussion** on each of the children listed in the exercise.* Participants move to the front of the room and work together.

*B. Ask participants to complete the exercise as **individual work**, as it appears in the CHW Manual.*

If you choose a **Group discussion**

Prepare

- **Cards**—copy onto cardboard or heavy paper the cards in **Annex A, Card games, Set 3: Decide to refer (part 2).** The cards describe sample children with different signs of illness from the caregiver's report and from the CHW's examination of the child. Cut the cards apart. Use again the **Label cards: DANGER SIGN—REFER** and **NO DANGER SIGN** from the previous exercise.
- **Easel chart**—Tape the 2 label cards at the top of the easel paper, or write the labels at the top of two columns: **DANGER SIGN—REFER** and **NO DANGER SIGN.**
- **Tape**—or other means to stick the cards on the easel chart.

Process

1. Ask participants to come to the easel chart and bring their recording forms with them.
2. Introduce the exercise. Participants will:
    - Identify danger signs based on information from the caregiver and signs found by looking at the child.

- Use the recording form as a resource for answering questions.

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

If you choose **individual work**

Process

1. Ask a participant to read the instructions for the exercise aloud.
2. Then, work as a group to decide whether the first child, age 11 months, has a danger sign. Continue with several more children until the participants are clear on the task. Help them to refer to the Danger Signs listed on the recording form, if necessary.
3. Then, ask participants to complete the rest of the exercise on their own.
4. As participants complete the exercise, ask them to raise their hands. Go to each participant and quickly check their answers against the answer sheet (below). If any participant has made several errors, talk with him or her individually to determine the misunderstanding. Give guidance until the participant understands how to refer to the recording form to identify danger signs and make a decision about referral.
5. Finally, go around the room asking participants to report their answers–**DANGER SIGN–Yes** or **No**

   Refer child? Tick or no tick.
6. Refer to the Answer Sheet below, with comments to add to the discussion.

ANSWER SHEET

Exercise: Decide to refer (part 2)

Does the child have a danger sign?			Refer child? Tick(✓)	Comment
1. Child age 11 months has cough; he is not interested in eating but will breastfeed		**No**		*For danger sign, child cannot do either: eat nor breastfeed.*
2. Child age 4 months is breathing 48 breaths per minute.		**No**		
3. Child age 2 years vomits all liquid and food her mother gives her	**Yes**		✓	*Child will not be able to keep down liquids or medicine and will become dehydrated.*
4. Child age 3 months frequently holds his breath while moving his arms and legs		**No**		*This is normal and does not describe a convulsion*
5. Child age 12 months is too weak to drink or eat anything	**Yes**		✓	
6. Child age 3 years with cough cannot swallow	**Yes**		✓	
7. Child age 10 months vomits ground food but continues to breastfeed for short periods of time		**No**		
8. Arms and legs of child, age 4 months, stiffen and shudder for 2 or 3 minutes at a time	**Yes**		✓	*This is probably a convulsion. To confirm, you might ask whether child was alert or could not be wakened during the shudder.*
9. Child age 4 years has swelling of both feet	**Yes**		✓	
10. Child age 6 months has chest indrawing	**Yes**		✓	
11. Child age 2 years has a YELLOW reading on the MUAC strap and does not have HIV		**No**		
12. Child age 10 months has HIV and diarrhoea with 4 loose stools since yesterday morning	**Yes**		✓	*HIV and any illness is a danger sign and the child should be referred urgently.*
13. Child age 8 months, has a RED reading on the MUAC strap	**Yes**		✓	
14. Child age 36 months has had a very hot body since last night in a malaria area		**No**		*Fever in a malaria area is a danger sign only if CHW does not have antimalarials. CHW should do a Rapid Diagnostic Test. If not positive for malaria, discuss whether to refer the child or wait and observe.*
15. Child age 4 years has loose and smelly stools with white mucus		**No**		*Discuss difference in appearance of blood and mucus in stools.*
16. Child age 4 months has chest indrawing while breastfeeding		**No**		*Wait until child stops breastfeeding, and then look for chest indrawing again.*
17. Child age 4 and a half years has been coughing for 2 months	**Yes**		✓	*Refer child for further assessment. It could be TB.*
18. Child age 2 years has diarrhoea with blood in her stools	**Yes**		✓	

Does the child have a danger sign?			Refer child? Tick(✓)	Comment
19. Child age 2 years has had diarrhoea for 1 week with no blood in her stools		**No**		*Do not refer if there is no danger sign.*
20. Child age 18 months has had a low fever (not very hot) for 2 weeks	**Yes**		✓	
21. Child in a malaria area has had fever and vomiting (not everything) for 3 days		**No**		*Fever in a malaria area is a danger sign only if CHW does not have antimalarials. Otherwise, CHW can do a rapid test for malaria to determine whether the child has malaria and needs treatment with an antimalarial.*
22. Child age 19 months has had diarrhoea for 14 days; his mother has HIV; child has not tested for HIV	**Yes**		✓	
23. Child age 9 months has coughed for 10 days; she is breastfed; her parents have HIV; child has not tested for HIV		**No**		*The child should go for HIV testing, but this is not a danger sign.*

* * * *

SICK but NO DANGER SIGN: Treat the child

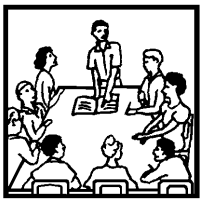
Reading

Ask participants to read pages 45–47.

Briefly discuss (when they reach the question in bold type on page 46):

What is a safe, soothing remedy for a sore throat that is used in your community?

Complete the reading on page 47 and then begin the next exercise.



Demonstration and practice: Use the recording form to decide to refer or treat

(on page 48–52 of the CHW Manual)

Process

1. Introduce the exercise. Say:
   - You have already seen how the use of the Sick Child Recording Form helps you systematically interview the caregiver and look for signs of illness.
   - It can also guide you in identifying a danger sign, and deciding whether you should refer the child to the health facility or treat the child.

   In this exercise, you will:
   - Identify danger signs based on information from the caregiver and signs found by looking at the child.
   - Use the **Sick Child Recording Form** as a resource for deciding to refer or treat the child.

Part 1: Demonstration

2. Guide participants in getting started on the form: Look at Grace Owen's recording form on page 49. Note that the date is 16 May 2014. The community health worker is JB.
3. Ask a participant to tell us the rest of the information on the top of the form (age, caregiver's name, address, etc.).
4. Let's now identify Grace's problems. Start with information we learned by asking her mother.
5. Did Grace have cough? For how long?
6. Did she have diarrhoea?
7. Then, ask: Did she have fever? For how long?
8. Now let's look to the column to the right. The column heading is "Danger Sign". She did not have fever that lasted 7 days or more. But it is a malaria area. So the community health worker ticked the next column "Fever (less than 7 days) in a malaria area."
9. (Ask other participants by name, or by going around the table). Did Grace have convulsions?
10. Did Grace have any difficulty drinking or feeding? If yes, was she not able to drink or feed anything?
11. Go the column to the right. Is anything ticked? What?

12. So, Grace has a Danger Sign.
13. Was Grace vomiting? Vomiting everything?
14. Does Grace have any other signs of illness?
15. Continue with the items under LOOK at the child, until all items are discussed.
16. At the bottom of the page, step 2 on the form asks you to Decide: Refer or treat child. If there is any Danger Sign, what do you do?
17. Ask participants to Tick [✓] the appropriate box. Ask someone to explain the decision.

    NTF: Check whether participants are following and have checked the correct box.
18. Summarize:
    - The recording form guides you in deciding whether the sign is a danger sign and the child must be referred, or the sign indicates the child is sick but does not have a danger sign.
    - If there is any tick in the Danger Sign column—even one, then the child must be referred to the health facility.
19. Any questions?
20. When there are no more questions, continue to the recording form of the next child, Siew Chin.

Part 2: Practice

21. Ask participants if they want to complete the next recording form for Siew Chin by themselves (page 50). If they are unsure, then walk through the items on the form together as a group.
22. If the participants are ready to complete the form individually, then ask them to continue. Walk around the room to check the recording forms.
23. Participants can continue with Comfort Green's recording form and then Karen Shah's form, when they are ready.
24. Refer to the Answer Sheets, below, as needed.

ANSWER SHEET

Practice: Decide to refer or treat

Child 1: Siew Chin

Answers:

1. Tick [✓] DANGER SIGN Blood in Stool. *(Do NOT tick Diarrhoea (less than 14 days AND no blood in stool.)*
2. Note that the CHW did not check for fast breathing. Why?

   Because the child has no cough.
3. Note that the CHW did not measure the mid-upper arm circumference with the MUAC strap. Why?

   Because the child is less than 6 months.
4. Decide to refer child: Tick [✓] IF ANY Danger Sign or other problem, refer to health facility.

Child 2. Comfort Green

Answers:

1. Tick [✓] Fever (less than 7 days) in a malaria area.
2. Tick [✓] Parents' current HIV status is unknown.
3. Tick [✓] Fast breathing.
4. Note that the CHW did not measure the mid-upper arm circumference with the MUAC strap. Why?

   Because the child is less than 6 months.
5. Decide to treat the child at home: Tick [✓] If NO Danger Sign, treat at home and advise caregiver.

Child 3. Karen Shah

Answers:

1. There will be no ticks in the Danger Sign column.
2. There will be no ticks in the Sick but Not a Danger Sign column.
3. Note that Karen is older than 6 months, so the CHW measured the mid-upper arm circumference with the MUAC strap. What was the result?
4. Decide to treat the child at home: Tick [✓] If NO Danger Sign and NO sign for home treatment, only advise caregiver. A soothing remedy for cough can be recommended.

* * * *

Looking ahead

Reading

Ask participants to read this section on page 53.

Congratulate the participants on accomplishing all the work so far. They have learned to interview the caretaker and look at the child in order to identify signs of illness, including any danger signs. They have learned how to decide whether they will refer the child to a health facility, or whether they can treat the child at home.

In the next section, they will learn how to give the treatments that the child needs.

Take-home messages for this section:

- **There are thirteen danger signs for which a child must be referred to a health facility:** cough for 14 days or more, diarrhoea for 14 days or more, diarrhoea with blood in the stool, fever for last 7 days or more, convulsions, not able to drink or feed anything, vomits everything, has HIV and any other illness, chest indrawing, unusually sleepy or unconscious, red on the MUAC strap, yellow on the MUAC strap and has HIV, or swelling of both feet.
- A child who has convulsions, has fever for last 7 days or more, is unable to drink or feed anything, vomits everything, or who is unusually sleepy or unconscious, is in danger of dying quickly and must be referred immediately.
- Other signs of illness (diarrhoea less than 14 days, fever less than 7 days in a malaria area, cough with fast breathing, and yellow on the MUAC strap) can be treated in the community, by you and the caregiver.
- A child who is at risk of HIV or exposed to TB in the household should be referred to a health facility for HIV testing or TB screening. Advise the caregiver to take the child to the health facility soon.
- This section, *Any Danger Sign?*, is summarized on page 6 of the Chart Booklet.

At the end of the day's work

If you will not meet with participants prior to the clinical practice in the outpatient clinic in the morning, use the notes on the next

page to prepare the participants this afternoon for what they will do in the morning.

Assign tasks to the participants for the next day's work.

Summarize what was done today

Day Three

Overview of topics and activities for Day 3

Recap of Day 2

Practice in outpatient clinic and inpatient ward:
ASK: What are the child's problems?
LOOK for signs of illness
LOOK for severe malnutrition
DECIDE: Refer or treat the child
DECIDE: Treat the child at home for diarrhoea, malaria, or cough with fast breathing

Refer child with yellow on the MUAC strap if there is a community feeding centre

Classroom:

Use good communication skills
Treating children in the community
If no danger sign, treat child at home
TREAT diarrhoea

Note: This day runs later than other days.

Give a recap of Day 2

Describe the topics covered, activities and the take-home messages from the sections in Day 2:

- LOOK for signs of illness
- Visit to Outpatient clinic and Inpatient ward
- LOOK for signs of severe malnutrition
- DECIDE: Refer or treat the child

Clinical practice: Outpatient clinic/Inpatient ward

NTF: On day 3, there will be clinical practice sessions in an Outpatient clinic and an Inpatient ward. The clinical instructors will lead the sessions. You should support the instructors serving as a facilitator during each session. (There will be no more regular sessions in the inpatient ward after Day 3.)

Refer to Annex F: Guide for Clinical Practice in the Inpatient Ward and Annex G: Guide for Clinical Practice in the Outpatient Clinic for instructions on preparations and conducting the sessions.

Preparing the participants for clinical practice (morning of Day 3)

1. Tell participants that the group will go to the outpatient clinic and an inpatient ward to practise:
    - ASK: What are the child's problems?
    - LOOK for signs of illness
    - LOOK for severe malnutrition
    - DECIDE: Refer or treat the child
    - DECIDE: Treat the child at home for diarrhoea, malaria, or cough with fast breathing (this is deciding about treatment, not giving it)

2. At the clinics, a clinical instructor and the facilitators will guide the practice there.

3. Participants will be assigned to a child and caregiver. They will practice greeting and interviewing the mother about the child's problems, and looking for signs of illness including chest indrawing, fast breathing, and unusually sleepy or unconscious and for signs of severe malnutrition. They will use the Sick Child Recording Form as a guide and will record the information that they gather on the form as they have learned so far. Finally, they will decide whether to refer or treat the child, and the treatments to give at home.

During the clinical practice (morning of Day 3)

Refer to *Annex F: Guide for Clinical Practice in the Inpatient Ward* and *Annex G: Guide for Clinical Practice in the Outpatient Clinic* for instructions on conducting this session.

On return from clinical practice:

Process

1. Tell participants that the group will now update the **Group Checklist of Clinical Signs** to keep track of the signs of illness that they have seen in the inpatient ward and in the outpatient clinic, as a record of their experience.

2. Standing at the Group Checklist, ask if anyone saw the first sign, Cough for 14 days or more. If yes, write the names of all the participants who saw this sign in the inpatient ward or the outpatient clinic in that box. **If a participant's name already appears in the box, make a tick beside the name.**

3. Then go to the next box, Diarrhoea for 14 days or more, and ask whether any participants saw this sign. Write the names or add ticks to show all of the participants who saw this sign. (An alternative approach is to have each participant come to the chart and write his or her name or tick in the box.)

4. Continue in this way through all the boxes.

5. Then ask participants to discuss their impressions of the clinical practice. Discuss first the clinical practice in the inpatient ward and then the clinical practice in the outpatient clinic. *NTF: You should use these comments to find ways to improve the sessions if possible.*

   Discuss:

   - Did you have difficulties seeing the clinical signs pointed out to you, or difficulties doing the assessment of the children assigned to you?
   - If yes, describe the difficulty.
   - What do you think went well during the clinical practice?
   - What could be improved?

* * * *

Treating children in the community

Review the skills acquired and the main messages from days one and two of the course.

Reading

Ask participants to read pages 54 and 55.

Use good communication skills

Advise the caregiver on how to treat the child at home
Check the caregiver's understanding

In this session, participants will learn to:

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

Reading

Ask participants to read pages 56−59.

Exercise: Use good communication skills

(on page 60 of the CHW Manual)

Process

1. Introduce the exercise. Participants will:
   - Review good communication skills.
   - Identify ways to communicate more effectively with caregivers.
   - Phrase questions for checking the caregiver's understanding of treatment and other tasks.

2. **Child 1. Sasha**

   Ask a participant to read the paragraph about Sasha. Discuss each of the questions.

3. **Child 2. Morris**

   Ask another participant to read the paragraph about Morris and the questions below it.

4. Discuss: If a mother tells you that she already knows how to give a treatment, what should you do? Ask for ideas for how to respond.

- It is not necessary to instruct the caregiver again or even to demonstrate again. A caregiver who knows how to prepare and give ORS solution or give an amoxicillin tablet will not want to hear the instructions again.
- If the community health worker asks the caregiver to do the task—for example, to give the first dose or mix the ORS solution—the community health worker will find out whether the caregiver knows how to give the medicine.
- Never assume that the caregiver remembers how much medicine to give, when, or for how long. Zinc, antimalarial, and amoxicillin tablets, for example, can be easily confused. Always remind the caregiver on the dose, when to give it, and for how many days. Then, check the caregiver's understanding.

5. **Child 3. Nic**

   Ask another participant to read the paragraphs about Nic on page 61 and the questions below it. Discuss each of the questions.

6. **Checking questions**

   Read aloud the instructions under Checking questions.

7. Then ask a participant to rephrase the first checking question to improve its ability to check the caregiver's understanding of the task.

8. Ask for other examples from the group. Make sure that participants understand the difference between a yes/no question and good checking questions. The Answer Sheet below provides some examples.

9. Then ask another participant to rephrase the second question. Ask for another way to rephrase it.

10. Continue with the remaining questions.

11. If participants have difficulty, give more examples of poor checking questions. Ask participants to rephrase them.

ANSWER SHEET

Exercise: Checking questions

Poor questions	Good checking questions or demonstration
1. Do you remember how to give the antibiotic and the antimalarial?	a. Show me how you will give your child the antibiotic. Give the first dose now. b. Show me with these tablets how much of the antimalarial you will give at home.

	c. When will you give the next dose? d. Tomorrow, when will you give your child the antimalarial? e. For how many days will you give the antimalarial?
2. Do you know how to get to the health facility?	a. How will you go to the health facility? b. Which bus do you take to the health facility? Where do you get off the bus? c. Who could go with you to help you find the health facility?
3. Do you know how much water to mix with the ORS packet?	a. Show me how much water you will mix with the ORS. b. How many of these cups (250 ml) would you use to measure 1 litre of water?
4. Do you have a 1 litre container at home?	a. What container do you have at home to measure 1 litre of water?
5. Will you continue to give your child food and drink when you get home?	a. What will you give your child to eat and drink when you get home? b. How often will you give him food?
6. Did you understand when you should bring your child back?	a. When will you bring your child back to see me? b. What signs will show you that your child needs to go to the health facility?
7. Do you know how much ORS to give your child?	a. How much ORS will you give to your child? b. Please show me with this cup how much ORS you will give to your child. c. When will you give ORS to your child? d. When will you stop giving ORS to your child?
8. Will you keep the child warm?	a. How will you keep the child warm? b. What do you have at home to wrap the child in?
9. Do you understand what you should do at home now?	a. Please tell me what you will do for your child when you get home.
10. You do know for how many days to give the medicine, don't you?	a. For how many days will you give this medicine? b. How many times a day will you give the medicine? c. How much medicine will you give each time?

Take-home messages for this section:

- Good communication between you and the caregiver is essential.
- To help a caregiver understand treatment, you should give information, show an example, and let her practise.
- Use good checking questions to make sure the caregiver understands and feels capable of carrying out the treatment at home.
- Keep confidential all information that the mother has told you.

If NO danger sign:
Treat the child at home

At the end of this session, participants will be able to:

- Decide on treatment based on a child's signs of illness.
- Decide when a child should come back for a follow-up visit.
- Use the Sick Child Recording Form as a resource for determining the correct treatment and home care.

Reading

Ask participants to read page 63−65.

Demonstration and practice: Decide on treatment for the child

(page 66 in the CHW Manual)

Prepare

- **Samples of medicine for demonstration**—ORS packet, zinc supplement, oral antimalarial AL (Artemether-Lumefantrine), and oral antibiotics (amoxicillin) in their original containers.
- **Medicine for practice, for each participant**—ORS packets (3), zinc supplement (20 tablets), oral antimalarial AL (20 tablets), oral amoxicillin (20 tablets or a bottle of oral suspension).

Overall Process

1. Introduce the exercise. Participants will:
   - Read the signs described for each child.
   - Use the **Sick Child Recording Form** as a resource for answering questions on treatment.
   - Decide on the treatment to give each child at home and the advice to give.
   - Identify (and sort) the medicines to give the child at home. *NTF: Participants select the correct medicine, but do not yet select the correct dose.*

Part 1. Demonstration

2. Show participants each of the medicines, one at a time. Walk around the room so that participants can see each medicine,

in the containers and packages used locally. For each, describe the purpose of the medicine.

- ORS: For diarrhoea (prevention and treatment of dehydration). Note: The new low osmolarity ORS also reduces the severity and duration of diarrhoea.
- Zinc supplement: For diarrhoea to reduce the frequency and severity of diarrhoea.
- Oral antimalarial AL: In a malaria area, for fever when a Rapid Diagnostic Test is positive for malaria.
- Oral antibiotic amoxicillin: For cough with fast breathing (pneumonia).

3. Let participants handle the medicines to see the differences in packaging, and differences in the size and colour of the tablets.
4. Explain that they will first learn to recognize the medicine and decide on treatment before learning how to give each medicine.
5. Hold up one medicine at a time. Ask individual participants to say the name and the purpose of the medicine in treating sick children. Continue doing this until all participants can identify each medicine correctly.

Part 2. Practice

1. Ask one participant to read the instructions for **Part 2. Practice** on page 66 in the CHW Manual. *NTF: Remind the participants that the children live in a malaria area.* ***No child has a danger sign. Each child has ONLY the signs mentioned in the box. All children will be treated at home. No child will be referred.***
2. As a group, discuss the first child (child age 3 years has cough and fever for 5 days).
3. Show participants the yellow box titled **Treat at home and advise on home care** on page 2 of the recording form. Show them how the box lists the treatments for diarrhoea, fever, and cough with fast breathing. For fever for less than 7 days, the CHW will do a Rapid Diagnostic Test. If the test is positive, then the CHW will treat the child for malaria.

   The box also lists advice to give the caregiver to take the child for HIV testing, or TB screening.

   The last row of the box lists the advice on home care for all children treated at home. Make sure that all participants see this before moving on.
4. On page 66 in the CHW Manual, ask participants to tick [✓] all the treatments and advice they would give the first child,

Medicine for practice, for each participant
- ORS packets (3)
- zinc supplement (20 tablets)
- oral antimalarial AL (20 tablets)
- oral antibiotic (20 tablets or a bottle of oral suspension).

age 3 years, at home. Use the **Treat at home** box on the recording form to help make decisions.

5. Then ask one participant to report what he or she ticked. Go item by item, starting with "Give ORS". If a participant disagrees, discuss the answer. Refer to the Sick Child Recording Form, as needed.

   Answer: Do a Rapid Diagnostic Test for malaria (Tick the box). Note that the result was NEGATIVE, so do not give the oral antimalarial AL for malaria. Tick the box "For ALL children treated at home, advise on home care." Then tick all the advice boxes. Discuss importance of follow up in 3 days to see whether the child is improving.

6. Decide on treatment for the second child as a group, item by item, and then continue to the next child. When participants can work independently, ask them to continue to decide the treatment for the remaining children.
7. Walk around the room checking the answers. (See the Answer Sheet below.)
8. When all have finished, discuss the decisions with a particular focus on difficulties selecting the correct treatment.
9. Then, pass the medicines for practice out among the participants.
10. Assign each participant to a child in the list and ask the participant to select the medicine for that child (only which medicine to give, not how much or how many times).
11. Walk around the room to check the decisions.
12. When everyone is done, summarize the decisions.
13. If participants are still having difficulty, describe additional children and their signs. Ask individual participants to select the appropriate treatment for each, and hold up the medicine. Some additional sample children:

    - Child age 2 years with fast breathing and fever for 2 days, and negative RDT result for malaria.
    - Child age 6 months with fever for 4 days, and positive RDT result for malaria.
    - Child age 4 years with diarrhoea and fever for 5 days, and negative RDT for malaria.
    - Child age 8 months with vomiting and diarrhoea for 3 days.
    - Child age 3 months with fever for 4 days, and positive RDT result for malaria and fast breathing. *NTF: In some places, the malaria programme may recommend only giving an antimalarial to children over age 5 months.*

Then this child would not get an antimalarial. Use this child to clarify the recommended action for your area.

- Child age 3 years with diarrhoea and fast breathing for 6 days.

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

ANSWER SHEET:
Decide on treatment for the child

1. Child age 3 years has cough and fever for 5 days	☐ Give ORS ☐ Give zinc supplement ☑ Do a rapid diagnostic test (RDT) for malaria: __POSITIVE _✓_NEGATIVE ☐ If RDT is positive, give oral antimalarial AL ☐ Give oral antibiotic ☐ Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also. ☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine ☐ Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available ☑ Advise caregiver to give more fluids and continue feeding ☑ Advise on when to return ☑ Advise caregiver on sleeping under a bednet (ITN) ☑ Follow up child in 3 days
2. Child age 6 months has fever for 2 days and is breathing 55 breaths per minute. His mother has HIV. The child has not been tested for HIV.	☐ Give ORS ☐ Give zinc supplement ☑ Do a rapid diagnostic test (RDT) for malaria: _✓_POSITIVE __NEGATIVE ☑ If RDT is positive, give oral antimalarial AL ☑ Give oral antibiotic ☑ Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also. ☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine ☐ Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available ☑ Advise caregiver to give more fluids and continue feeding ☑ Advise on when to return ☑ Advise caregiver on sleeping under a bednet (ITN) ☑ Follow up child in 3 days

3. Child age 11 months has diarrhoea for 2 days; he is not interested in eating but will breastfeed	☑ Give ORS ☑ Give zinc supplement ☐ Do a rapid diagnostic test (RDT) for malaria: __POSITIVE __NEGATIVE ☐ If RDT is positive, give oral antimalarial AL ☐ Give oral antibiotic ☐ Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also. ☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine ☐ Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available ☑ Advise caregiver to give more fluids and continue feeding ☑ Advise on when to return ☑Advise caregiver on sleeping under a bednet (ITN) ☑ Follow up child in 3 days
4. Child age 2 years has a fever for 1 day and a YELLOW reading on the MUAC strap and no HIV	☐ Give ORS ☐ Give zinc supplement ☑ Do a rapid diagnostic test (RDT) for malaria: _✓_POSITIVE __NEGATIVE ☑ If RDT is positive, give oral antimalarial AL ☐ Give oral antibiotic ☐ Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also. ☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine ☑ Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available ☑ Advise caregiver to give more fluids and continue feeding ☑Advise on when to return ☑Advise caregiver on sleeping under a bednet (ITN) ☑Follow up child in 3 days
5. Child age 1 year has had fever, diarrhoea, and vomiting (not everything) for 3 days	☑Give ORS ☑ Give zinc supplement ☑ Do a rapid diagnostic test (RDT) for malaria: _✓_POSITIVE __NEGATIVE ☑ If RDT is positive, give oral antimalarial AL ☐ Give oral antibiotic ☐ Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also. ☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine ☐ Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available ☑ Advise caregiver to give more fluids and continue feeding ☑ Advise on when to return ☑ Advise caregiver on sleeping under a bednet (ITN) ☑ Follow up child in 3 days

6. Child age 10 months has cough for 4 days. He vomits ground food but continues to breastfeed for short periods of time. His HIV status and the HIV status of his parents are unknown.	☐ Give ORS ☐ Give zinc supplement ☐ Do a rapid diagnostic test (RDT) for malaria: __POSITIVE __NEGATIVE ☐ If RDT is positive, give oral antimalarial AL ☐ Give oral antibiotic ☑ Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also. ☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine ☐ Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available ☑ Advise caregiver to give more fluids and continue feeding ☑ Advise on when to return ☑ Advise caregiver on sleeping under a bednet (ITN) ☑ Follow up child in 3 days
7. Child age 4 years has diarrhoea for 3 days and is weak. His father is on TB treatment.	☑ Give ORS ☑ Give zinc supplement ☐ Do a rapid diagnostic test (RDT) for malaria: __POSITIVE __NEGATIVE ☐ If RDT is positive, give oral antimalarial AL ☐ Give oral antibiotic ☐ Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also. ☑ Advise caregiver to take the child soon for TB screening and TB preventive medicine ☐ Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available ☑ Advise caregiver to give more fluids and continue feeding ☑ Advise on when to return ☑ Advise caregiver on sleeping under a bednet (ITN) ☑ Follow up child in 3 days
8. Child age 6 months has fever and cough for 2 days	☐ Give ORS ☐ Give zinc supplement ☑ Do a rapid diagnostic test (RDT) for malaria: _✓_POSITIVE __NEGATIVE ☑ If RDT is positive, give oral antimalarial AL ☐ Give oral antibiotic ☐ Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also. ☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine ☐ Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available ☑ Advise caregiver to give more fluids and continue feeding ☑ Advise on when to return ☑ Advise caregiver on sleeping under a bednet (ITN) ☑ Follow up child in 3 days

* * * *

Take-home messages for this section:

- Each illness that can be treated at home has its own treatment:
  - ORS and zinc for diarrhoea for less than 14 days
  - Amoxicillin for cough (for less than 14 days) with fast breathing (pneumonia)
  - Antimalarial AL for fever for less than 7 days and confirmed malaria
- If a child is at risk of HIV, the caregiver should be advised to take the child for HIV testing soon. If the parents' HIV status is unknown, advise the mother and father to test for HIV also.
- If a child lives in a household where someone is on treatment for TB, advise the caregiver to take the child for TB screening and TB preventive medicine.
- Caregivers of all sick children should be advised on home care.
- This section, *If Sick but No Danger Sign, Treat the Child and Advise Caregiver*, is summarized on page 8 of the Chart Booklet.

Give oral medicine and advise the caregiver

At the end of this section, participants will be able to:

- Select the dose of antimalarial, amoxicillin, and/or zinc to give a child, based on the child's age, including the amount, how many times a day, and for how many days.
- Demonstrate with ORS, zinc, antimalarial and amoxicillin, how to give the child one dose, and help the mother to do this.
- Follow correct procedures to do the Rapid Diagnostic Test (RDT) for malaria.
- Read and interpret the results of the RDT.
- Identify, by the expiration date, the medicines and RDT kits that have expired.
- Advise caregivers of all sick children on home care: more fluids, continued feeding, when to return, and use of a bednet.
- Identify and record the vaccines a child has had.

- Identify where the caregiver should take a child for the next vaccination (e.g. health facility, village health day, mobile clinic).

Check the expiration date

Reading

Ask participants to read page 71.

Briefly discuss the questions in bold on that page.

Exercise: Check the expiration date of medicine

(on page 72 of the CHW Manual)

Prepare

- **Sample medicine containers or empty containers (6−12)** Locate the expiration dates on the packages and select ones with different expiration dates, including some that have expired. If possible, use containers of locally available ORS, zinc, antimalarials, amoxicillin, RDT kits for malaria, and rectal artesunate suppositories. (If expired examples of these medicines are not available, use any expired medicine you are able to find.)

Process

1. Introduce the exercise. Participants will:
   - Find the expiration dates on different medicine containers, blister packs, and RDT kits.
   - Identify by the expiration date the medicines and RDT kits that have expired.
   - Decide whether to use or return a medicine or a test kit based on the expiration date.
2. Ask participants to check the expiration dates on the medicines and RDT kits that they still have from previous exercises.
3. Ask participants to decide whether the medicine or RDT kit has or has not expired. Write their findings in the CHW Manual on page 72.
4. Then, ask participants to decide whether to return the medicine or RDT kit to the dispensary of the health facility or use it with a child.

5. Give an additional container to each pair of participants. Ask them to find the expiration date. Then ask participants to decide whether the medicine or RDT kit has or has not expired, and whether to use it.
6. When participants finish with one container, redistribute the containers. Give participants a chance to check the expiration date on 5 or 6 containers or packages.
7. Summarize the exercise. Note the difficulties reading the expiration dates. For example, participants may not be able to read the date on an individual ORS packet or a blister packet of tablets. The expiration date may be clearer on the box or on another packet.
8. Then, identify the process for returning the expired medicine and RDT kits to the dispensary of the health facility. The procedure should be established by the national programme or the local district.
9. Finally, emphasize that the expired medicine may not be effective. If the community health worker gives an antibiotic that is no longer effective to a child with pneumonia, for example, the child will not improve. The child may become sicker and may die.

* * * *

☐ *If diarrhoea*

☐ Give ORS

Reading

Ask participants to read pages 73 through 76 about ORS solution, including preparing ORS solution, giving it, and storing it.

Discussion: How to prepare and give ORS solution

(on page 77 of the CHW Manual)

Process

1. Introduce the exercise. Participants will:
   - Describe how to prepare and give ORS solution to a child.
2. Go around the room asking participants to each read a sentence filling in the blank.

3. If someone has difficulty filling in the blank, ask the next person in the circle. (See the answer sheet below.)

4. Discuss the last question. Participants should mention several possible ways to check the mother's understanding.

ANSWER SHEET

Exercise: How to prepare and give ORS solution and zinc supplement

Marianna is 2 years old. She has diarrhoea. The community health worker will give Marianna ORS for her diarrhoea.

1. Why will he give ORS solution?

   She will give Oral Rehydration Salts (ORS) solution, to replace the fluids lost in the diarrhoea.

2. How will he prepare this?

   Ingredients: *ORS packet, water*

   Amounts of each: *One ORS packet, one litre of water*

   Process: *Put the contents of one packet of ORS into a bowl. Measure one litre of water and add it to the ORS. Mix until the ORS is dissolved*

3. How much ORS solution should the mother give to Marianna, and how?

   Give about ½ cup after each loose stool. Give small sips from a cup, or with a spoon.

   What if Marianna vomits?

   Wait 10 minutes and then give again slowly, by spoon.

4. Marianna no longer breastfeeds. What should Marianna drink more of?

   Marianna should drink clean water. She should not drink juices and sweet drinks.

5. How does the community health worker know that Marianna is ready to go home?

   If Marianna is no longer thirsty, she is ready to go home.

6. For how long can Marianna's mother keep unused ORS solution in a covered container?

   For 24 hours.

7. What can the community health worker do to check the mother's understanding of how to give Marianna ORS solution at home?

   He can ask:

-- Please show me how you will prepare the ORS solution and give it to Marianna.

-- What kind of container do you use at home to measure 1 litre?

-- What will you do if your child spits up the ORS solution?

* * * *

☐ Give zinc supplement

Reading

Ask participants to read pages 78 and 79.

When you come to the questions on page 79, ask participants to answer one question each, in turn.

Continue reading—Help the caregiver give the first dose now, page 80.

Then conduct the role play.

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

(page 81 in the CHW Manual)

Prepare

- **ORS packets, mixing supplies** (1 litre measure or container, bowl or other container that can hold more than 1 litre, and spoon), and **spoons** for giving ORS.
- **Zinc tablets**
- **A table knife**
- **Water**
- **Dolls** or other objects such as a rolled towel to serve as small children

Process

1. Introduce the exercise. Participants will:

- Teach a caregiver to prepare and give ORS solution and zinc supplement, by showing and coaching him or her to do these tasks correctly in front of you.

2. Ask a participant to read the instructions for the exercise in the CHW Manual on page 81.

NTF: If this is the first time that community health workers will prepare ORS solution or a zinc supplement, begin by demonstrating the unfamiliar tasks before asking the participants to do the role play.

3. Assign partners to practice treating diarrhoea, including teaching the caregiver how to prepare and give ORS and zinc supplement. One participant will be the CHW and one will be the caregiver in the first role play.

4. Remind participants to teach the caregiver to prepare and give both the ORS solution and the zinc tablet. If the child is age 2 months up to 6 months, the caregiver should cut the zinc tablet in half for the correct dose.

   NTF: At the beginning of the role play you might need to remind the CHWs not to prepare the ORS solution or zinc tablet themselves. Rather, they should help the caregiver do the steps.

5. When the first role play is completed, ask the participants to switch roles and repeat the role play.

6. When both participants have completed the role play as the CHW, discuss what was difficult and what went well.

7. Identify good examples of how participants engaged the caregiver and taught him or her how to prepare and give ORS and zinc supplement at home.

Day Four

Overview of topics and activities for Day 4

Recap of Day 3

Classroom:
TREAT fever: do a rapid diagnostic test for malaria
TREAT fever: If RDT is positive, give oral antimalarial AL
TREAT cough with fast breathing: Give oral antibiotic

Practice in outpatient clinic:
ASK and LOOK for signs of illness and severe malnutrition
DECIDE: Refer or treat the child
DECIDE: Home treatment for diarrhoea, malaria, or cough with fast breathing
TREAT fever: Do an RDT for malaria
Record treatment

Classroom:
ADVISE: If child is at risk of HIV or exposed to TB, advise caregiver to take child to facility for HIV testing or TB screening
ADVISE: On home care—fluids and feeding, when to return, and sleeping under a bednet
CHECK the vaccines the child received
FOLLOW UP child in 3 days: Set appointment
Record treatment and advice
Follow up the sick child treated at home

Give a recap of Day 3

Describe the topics covered, activities and the take-home messages from the sections in Day 3:

- ASK and LOOK for signs of illness and severe malnutrition
- DECIDE: refer or treat the child
- DECIDE: home treatment
- TREAT children in the community
- Use good communication skills
- TREAT diarrhoea: Give ORS and zinc supplement

☐ *If Fever (less than 7 days) in a malaria area*

Reading

Ask participants to read page 82 in the CHW Manual.

☐ Do a rapid diagnostic test (RDT) for malaria

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

(on pages 82–85 in the CHW Manual)

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

Prepare

Detailed instructions on using the locally available rapid diagnostic test

If you are using the RDT kit illustrated in the CHW Manual (and in **Annex C. Rapid Diagnostic Test for Malaria** in these Facilitator Notes), carefully review these instructions before the demonstration.

ADAPTATION: *If you are teaching participants to use a different RDT kit, then substitute the instructions provided by your National Malaria Programme for the ones in the CHW Manual and below. If no instructions were provided by the National Malaria Programme, use the instructions that the manufacturer provided with the kit. During the demonstration, a participant can read the steps from the substitute instructions, rather than from the CHW Manual. Remind the CHWs that the types of RDTs in their country may change, depending on the current supplier. It is very important to read the instructions each time a new set of RDTs is obtained.*

Organize all supplies ready for use*:*

1. Locally used **rapid diagnostic test (RDT) packet/strip**
2. **Spirit (alcohol) swabs**
3. **Lancet**
4. **Disposable gloves**
5. **Buffer**
6. **Timer**
7. **Sharps box**
8. **Waste container** (non-sharps container)
9. **If available and recommended by the national guidelines, antiretroviral post-exposure prophylaxis (PEP) kit**
10. **DVD,** if one is available to demonstrate how to use a locally available RDT

Process

1. Ask participants to come close to form a circle around the demonstration table, and to bring their CHW Manuals.

2. Introduce the demonstration. Participants will see:
   - the materials used in doing a RDT for malaria.
   - the steps in doing a RDT for malaria.

3. Ask one participant to read the section Organize the supplies, on page 83 of the CHW Manual. As each item in the list of supplies is named, raise the object to show where it is on the demonstration table. Then, show the item to all participants. Note that CHWs will be unfamiliar with most items (e.g. lancet, disposable gloves, buffer, sharps box), although health workers would be familiar with them.

4. Ask participants to each read one step under **Perform the test** on pages 83−85 of the manual (or the substitute instructions), going around the circle. After each step is read, stop to demonstrate the step.

5. In step 4, ask for a volunteer. Write the volunteer's name on the test and continue testing the volunteer's blood.

6. Make sure that participants can see well, including the holes on the test strip. Also be sure that you record the time you add the buffer.

7. At the end of the demonstration, ask if there are any questions.

8. Then, show participants where they can find **How to Do the Rapid Test for Malaria** in Annex B of the CHW Manual.

9. The next step will be for participants to practise doing the RDT for malaria.

10. Save the test strip. Later, you will demonstrate how to read the results of the test.

Exercise: Do an RDT

(on page 85 of the CHW Manual)

Prepare

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

*NTF: Have **extra kits and materials** available in case results are invalid and a test needs to be redone. Also have **two to three initial doses of antiretroviral post-exposure prophylaxis** (PEP) to reduce the risk of HIV/AIDS, if someone accidently pricks his or her skin with a blood-contaminated lancet or other object.*

Process

1. Introduce the exercise. Participants will:
   - Organize supplies for doing an RDT for malaria, using a locally available kit.
   - Follow correct procedures to do the RDT on one person.
2. Divide the participants into small groups of two or three to practice doing an RDT.
3. Ask participants to review again the instructions in the CHW Manual on pages 83−85 including Organize the Supplies and Perform the Test (or other instructions for the locally used RDT from the National Malaria Programme or the manufacturer of the RDT). Answer any questions.
4. Observe and guide participants as needed while they set up and organize the test materials and perform the test. Every participant should perform a test on a partner. Remind them, as needed, to write down the time after they add the buffer.
5. After participants have completed the test, they will be eager to learn how to read the results.

Read the test results

Reading
Ask participants to read page 86 in the CHW Manual.

Exercise: Read the RDT results

(on page 87 of the CHW Manual)

Preparation

- The **RDT test strip** that you used in the demonstration and the **test strips** that the participants used in the previous exercise.
- Decide whether you will do Part 3 and/or Part 4 to provide practice reading RDT results, and prepare the necessary items.
- For Part 3, copy the **sample RDT results** in Annex C in Facilitator Notes, page 155. ***It is necessary to colour copy page 155 on WHITE cards or paper so that the test results, that is the red lines, will be visible.*** (*If they are not, do not use the cards as the experience will only result in frustration*.) Cut apart to make 10 cards.

  If a different RDT kit is being used, make sample result cards appropriate for the RDT kits used locally.

  Locate the Answer Sheet for Part 3, which is in Annex C, page 156.
- For Part 4, prepare equipment to show the video and practice showing the video, stopping at the appropriate places. Locate the answer sheets for the exercises in Annex C, pages 157−158.

Process

1. Introduce the exercise. Participants will:
   - Read the RDT results to determine whether the result is positive, negative, or invalid.
   - Decide whether to treat a person for malaria or not, or if the test is invalid, to repeat the RDT.

Part 1. Read the result of the demonstration test

2. Ask participants to look at the demonstration test strip and read the result. Then, tick [✓] the decision—invalid, positive, or negative on page 87 of the CHW Manual. Make sure that each participant first looks to see whether the test is valid. If

it is valid, check each participant's decision on the results—positive or negative.

3. Ask the participants what the results mean.

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

4. Ask participants to check the time they recorded indicating when they put the buffer in the test strip. When 15 minutes have passed, they should then
   a) determine whether the test was valid and, if valid,
   b) determine what was the result—positive or negative, and
   c) tick the result (on page 87).
5. Walk around the room to check the results of each participant.
6. If a test is invalid, give the participant materials to repeat the test.
7. Ask participants to show the test results first to their partners, then to others in the room, to check the results. Provide this opportunity for people to see as many test results as possible.

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

Part 3. More practice on reading RDT results (cards)

8. For more practice, pass out the cards (copied from Annex C) showing sample RDT results, one to each participant.
9. Ask participants to record the test number and the results of the test in the space provided (on page 87).
10. As you check the results, exchange the card for another card until each participant has checked the results for 5 tests. Try to make sure that the participants each have seen examples of invalid, positive, and negative results. (See the Answer Sheet in Annex C.)
11. In the large group, discuss and summarize any difficulties that participants had.

Part 4. Practice reading RDT results shown on video

12. You may also use a video to replace the exercise using the cards, or to provide additional practice. Space is provided to write answers for three video exercises on pages 88−90 of the CHW manual. The Answer Sheet for the video exercises is in Annex C, pages 157−158.

*** * * ***

☐ If RDT is positive, give oral antimalarial AL

Reading

Ask participants to read pages 91 and 92.

Help the caregiver give the first dose now

Reading

Continue reading page 92 and 93.

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

(on page 94 of the CHW Manual)

Prepare

- **Antimalarial AL tablets**—the participants should have 20 tablets from previous exercises. If not, give them each 20 tablets.
- **Children cards**—copy onto cardboard or heavy paper the cards in **Annex A, Card games, Set 4: Decide dose**. Cut the cards apart.

Process

1. Introduce the exercise. Participants will:
   - Select the dose of antimalarial to give a child, based on the child's age, including the amount, how many times a day, and for how many days.
   - Identify the total number of tablets the child should take for the full treatment.
   - Determine the time to give the next dose (8 hours after first dose).
   - Use the Sick Child Recording Form as a resource for determining the antimalarial dose.
2. Ask a participant to read the instructions for the exercise on page 94 of the CHW Manual. Note that the table is there to be used as a worksheet.
3. Give each participant a card. The participant should read the card and then fill out the appropriate row for that child in the table at the bottom of the page.
4. When participants filling the row, they will raise their hands. A facilitator will come to check the answer. Refer the participant to the treatment box for fever on the recording form to correct the answer, if necessary. (See the Answer Sheet below, at the end.)

5. For Question 3: If the caregiver gives the first dose now, **what time should the caregiver give the child the next dose?** For example, if it is now 11:00 in the morning, the caregiver should give the next dose at 19:00 (8 hours after the first dose).
6. Then, ask the participant to show you the total number of tablets of AL that they would give the child for the full treatment.
7. After you have checked that the participant has written the correct treatment for the first card, give the participant a second card, if possible from a different age group (age 2 months up to 3 years or age 3 years up to age 5 years). Take back the first card to give to another participant.
8. Repeat the exercise until participants can decide on correct treatment or as time permits.
9. Summarize the exercise, drawing attention to the difficulties participants had. Some difficulties might be:

    - **Not understanding the cut off ages, for example, <u>up to</u> 3 years old.**

      A child who has celebrated his third birthday is age 3 years old and receives the dose of the children in the older age group (age 3 years up to 5 years). A child age 5 months receives 1 tablet. (Less than 2 months old, no AL is recommended.)

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

      This is the number in the parentheses, for example: for the child age 3 years up to 5 years (total 12 tablets) means the full treatment is 12 tablets.

      When the total number of tablets for the full treatment is clear to all participants, ask: **The caregiver gives the first dose now for a child age 4 years—2 tablets. How many tablets will you send home with the caregiver for the rest of the treatment?**

      Recommend to participants that they count out the total number of tablets for the child first. Then they take the first dose from the total supply of tablets for the child.

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

      They may have difficulty adding 8 hours to the current time. Also, where clocks are not common, discuss: **How could you help the caregiver know when it is 8 hours later, and time to give the next dose?**

Use common time markers during the day. For example, ask the caregiver to give the next dose before the night meal, before the child goes to bed, when the sun goes down, or another time marker that is 8 hours from when the first dose was given. Review the reason it is necessary to tell the caregiver when to give the next dose. (If the second dose is given too soon, the dose will be too strong. Waiting until next day, the dose will not be strong enough to begin working against the malaria.)

10. If necessary, provide more practice to address the difficulties the participants had. Do not go on until all understand.
11. Gather all the children cards. (They will be used again in an exercise on treating fast breathing.)

ANSWER SHEET

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

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

*** * * ***

Clinical practice: Outpatient clinic

Refer to Annex G: Guide for Clinical Practice in the Outpatient Clinic for instructions on preparations and conducting the session.

Preparing the participants for clinical practice (second half of morning of Day 4)

1. Tell participants that the group will go to the outpatient clinic to:
   - ASK and LOOK for signs of illness and severe malnutrition
   - DECIDE: Refer or treat the child
   - DECIDE: Home treatment for diarrhoea, malaria, or cough with fast breathing
   - TREAT fever: Do an RDT for malaria
   - Record treatment

2. At the outpatient clinic, a clinical instructor and the facilitators will guide the practice there.

3. Participants will be assigned to a child and caregiver. They will practice interviewing the mother about the child's problems, and looking for signs of illness or severe malnutrition. They will decide whether to refer or treat the child, and the treatments to give at home. **The new task that is added to the practice today is that, if a child has fever, they will do an RDT for malaria.** They will use the Sick Child Recording Form as a guide and will record on the form the information that they gather and decisions that they make.

On return from clinical practice in the outpatient clinic:

Process

1. Tell participants that the group will now update the **Group Checklist of Clinical Signs** (copy of page 38 in Facilitator Notes) to keep track of the signs of illness that they have seen in the outpatient clinic, as a record of their experience.

2. Standing at the Group Checklist, ask if anyone saw the first sign, Cough for 14 days or more. If yes, write the names of all the participants who saw this sign in the outpatient clinic this morning in that box. If a participant's name already appears in the box, make a tick beside the name.

3. Then go to the next box, Diarrhoea for 14 days or more, and ask whether any participants saw this sign. Write the names or add ticks to show all of the participants who saw this sign. (An alternative approach is to have each participant come to the chart and write his or her name or tick in the box.)

4. Continue in this way through all the boxes.

5. Then ask participants to discuss their impressions of the clinical practice in the outpatient clinic this morning.

   NTF: You should use these comments to find ways to improve the sessions if possible.

   Discuss:

   - Did you have difficulties seeing the clinical signs or assessing the children assigned to you?
   - If yes, describe the difficulty.
   - Did you have any difficulties deciding whether to refer or treat, or deciding on home treatment?
   - If yes, describe the difficulty.
   - What do you think went well during the clinical practice?
   - What could be improved?

6. Then, in the remaining time, conduct a review as needed. Note the objectives of the session were:

   – ASK and LOOK for signs of illness and severe malnutrition
   – DECIDE: Refer or treat the child
   – DECIDE: Home treatment for diarrhoea, malaria, or cough with fast breathing
   – TREAT fever: Do an RDT for malaria
   – Record treatment

   Based on what the participants have mentioned about difficulties and what you have observed during the clinical practice, focus on areas of weakness. For example, you may decide to:

   – Repeat video exercises if participants are having trouble recognizing chest indrawing or fast breathing.

   – Repeat the appropriate card games if participants are having difficulty recalling the fast breathing cut-offs, or remembering that any danger sign requires referral.

   – Review the cases seen in the outpatient clinic this morning if participants need more practice deciding on treatments for diarrhoea, fever, or cough with fast breathing.

   – Repeat the practice of doing and reading an RDT for malaria if participants were not confident in the clinic today.

* * * *

☐ *If fast breathing*

☐ Give oral amoxicillin

Reading

Ask participants to read pages 95 and 96.

Exercise: Decide on the dose of amoxicillin to give a child

(on page 97 of the CHW Manual)

Prepare

1. **Oral amoxicillin tablets**—the participants should have 20 amoxicillin tablets from previous exercises. If not, give them each 20 tablets. (Substitute another formulation, if different in your area.)
2. **Children cards**—**Set 4: Decide dose** (these are the same cards from Annex A used for treating children with fever in the previous exercise)
3. Answer sheet—If this country's policy is for a different antibiotic or formulation than 250 mg tablets of amoxicillin, re-do the answer sheet and substitute correct answers.

Process

1. Introduce the exercise. Participants will:
   - Select the dose of amoxicillin to give a child, based on the child's age, including the amount, how many times a day, and for how many days.
   - Identify the total number of tablets the child should take for the full treatment.
   - Use the Sick Child Recording Form as a resource for determining the antimalarial dose.
2. Ask a participant to read aloud the instructions for the exercise on page 97 of the CHW Manual. Note that the table is to be used as a worksheet.
3. Explain that this exercise is similar to the previous one on deciding the dose of the antimalarial AL. Explain that you will give each participant a card with a child's name and age on it. Each child has cough with fast breathing (and no other problem) and will be treated at home with oral amoxicillin.

4. Ask a participant to tell you about amoxicillin for the first child, Carlos, age 2 years: How much is a single dose? How many times a day? For how many days? How many tablets in total?
5. Give each participant a card. Each participant should read the card and then fill out the appropriate row for that child in the table at the bottom of the page.
6. When participants finish the first card, they will raise their hands. A facilitator will come to check the answer. Refer the participant to the treatment box for fast breathing on the recording form to correct the answer, if necessary. (See the Answer Sheet below.)
7. Ask the participant to show you how many amoxicillin tablets (or other formulation) the CHW should give to the child.
8. When the participant has the correct treatment for the first card, give the participant a second card, if possible from a different age group.
9. Repeat the exercise until participants can decide on correct treatment or as time permits.
10. Summarize the exercise, drawing attention to the difficulties participants had. If necessary, provide more practice to address the difficulties. Do not go on until all participants demonstrate that they understand.

ANSWER SHEET

Exercise: Decide on the dose of amoxicillin to give a child

Note: Below are the answers if using amoxicillin 250 mg tablets.

For treatment with oral amoxicillin (250 mg tablets)

Child with fast breathing	Age	How many tablets are in a single dose?	How many times a day?	For how many days?	How many tablets in total?
1. Carlos	2 years	2 tabs	2 times	5 days	20 tabs
2. Ahmed	4 and a half years	2 tabs	2 times	5 days	20 tabs
3. Jan	3 months	1 tab	2 times	5 days	10 tabs
4. Anita	8 months	1 tab	2 times	5 days	10 tabs
5. Nandi	6 months	1 tab	2 times	5 days	10 tabs
6. Becky	36 months	2 tabs	2 times	5 days	20 tabs
7. Maggie	4 years	2 tabs	2 times	5 days	20 tabs

Child with fast breathing	Age	How many tablets are in a single dose?	How many times a day?	For how many days?	How many tablets in total?
8. William	3 and a half years	2 tabs	2 times	5 days	20 tabs
9. Yussef	12 months	2 tabs	2 times	5 days	20 tabs
10. Andrew	4 years	2 tabs	2 times	5 days	20 tabs
11. Ellie	Almost 5 years	2 tabs	2 times	5 days	20 tabs
12. Peter	5 months	1 tab	2 times	5 days	10 tabs

NTF: Some countries use dispersible tablets that dissolve in breast milk or water.

Remind the participants that in an earlier section, they learned to cut zinc tablets, and to teach caregivers to do this. The same process must be followed if it is necessary to cut antibiotic tablets.

* * * *

☐ *If at risk of HIV*

☐ Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also.

Reading

Ask participants to read the section on risk of HIV on page 98.

Ask participants if there are any questions about advising to go for HIV testing; discuss them.

☐ *If living in household with someone on TB treatment*

☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine

Reading

Ask participants to read pages 98–99 about TB.

Ask participants if there are any questions about advising to go for TB screening, or about IPT. Discuss them.

☐ *For ALL children treated at home, advise on home care*

Reading

Ask participants to read pages 99 through 101.

Ask participants if there are any questions about advising on home care; discuss them.

Ask participants to summarize the emphasis of the recommendations for feeding the sick child less than 6 months of age, and the emphasis of the recommendations for feeding the sick child age 6 months through 23 months. Then ask them to summarize any important differences.

Notes on use of a bednet (ITN)

1. With the national or district malaria programme, identify what will be the **role of the CHW in promoting the use of bednets**.

2. The CHW Manual provides basic information on the importance of sleeping under a bednet. It provides questions to stimulate a discussion on how families can get a bednet, and learn to use it correctly and maintain it. If the role of the CHW requires participants to learn more about how to use the net and/or treat it with insecticide, invite someone from the national malaria programme to demonstrate these tasks for the class.

   Discuss the importance of promoting sleeping under bednets in families where children are getting sick from malaria.

NTF: You may wish to inform participants that there is a complementary set of CHW training materials titled Caring for the Child's Healthy Growth and Development. It includes more information on preventive interventions including the use of insecticide-treated bednets.

Discussion

Discuss the two questions in bold print on page 101 when they are read aloud:

How do families get a bednet in your community?

Where do families learn how to use and maintain a bednet?

NTF: The protection of sleeping under an insecticide-treated bednet can reduce child deaths in malaria areas by from 20% to 60%. For this reason, national malaria programmes enlist the help of community health workers to promote the proper use of bednets.

The role of the community health worker will vary by area. Community health workers may be involved in any of the following tasks:

- *Educating families on the importance of having children and pregnant women sleep under an insecticide-treated bednet.*
- *Referring families to the health centre or community dispensary to get a bednet and the insecticide for re-treating bednets, if necessary.*
- *Showing families how to correctly tuck in the bednet and, if necessary, treat it.*
- *Checking bednets during home visits to make sure that they are in good condition.*

*** * * ***

Check the vaccines the child received

Reading

Ask participants to read pages 102–104.

When a participant reads a question (in bold type on page 104), ask another participant to answer that question.

Answers to questions on page 104:

A. Mary Ellen received BCG +HepB Birth, OPV0

DTP-Hib1/HepB1, OPV1, RTV1 and PCV1

She is not up-to-date on her vaccines. She is 12 weeks old and received her last vaccines at age 6 weeks.

She should go to the next vaccination session in the area.

B. Beauty has received no vaccines. Take Beauty to the next vaccination session in the area.

Exercise: Advise on the next vaccines for the child

(on pages 105–106 of the CHW Manual)

Process

1. Introduce the exercise. Participants will:
   - Identify and record the vaccines a child has had, according to the vaccine schedule.
   - Identify where and when to send children in their community who need to be vaccinated (e.g. health facility, village health day, mobile clinic).
2. Ask a participant to read aloud the instructions for the exercise on page 105 of the CHW Manual.
3. Then ask a participant to read aloud the information given about **Child 1. Sam Cato, age 6 months.**
4. Tell the participants to look at the vaccine section of the recording form for Sam. Based on the information given about Sam's vaccinations, they should mark his recording form.
5. Ask each question, one at a time, to walk them through the sample:
   - What vaccines did the child receive? (tick these)
   - When and where would you advise the caregiver to take Sam for the next vaccines?
   - Ask participants to write the answer to WHEN and WHERE to advise the caregiver to take the child for the next vaccine (see the Answer Sheet).
6. Ask a participant to read aloud the information about vaccines given to **Child 2. Wilson Man, age 5 months**.
   - Ask participants to complete the form. Tick [✓] the box of the vaccines given.
   - When finished, ask participants when and where should Wilson go for his next vaccines?

- Check the completed records. Discuss any disagreements until there is agreement. (See Answer Sheet below.)

7. For **Child 3. Jocelyn Tan, age 12 weeks.**
   - Continue the process as for Child 2. (See Answer Sheet below.)
8. Summarize the important role of the community health worker in helping children receive vaccines on time.

ANSWER SHEET

Exercise: Advise on the next vaccines for the child

Child 1. Sam Cato, age 6 months

Sam has not had any vaccinations. The CHW has written on the form when and where the next vaccine should be given—Tuesday at the boat dock.

4. CHECK VACCINES RECEIVED (tick ☑ vaccines completed)
Advise caregiver, if needed: WHEN and WHERE is the next vaccine to be given?

Age	Vaccine				Date given
Birth	☐ ■ BCG + HepB Birth	☐ ■ OPV0			
6 weeks	☐ ■ DTP-Hib1 + HepB1	☐ ■ OPV1	☐ ■ RTV1	☐ ■ PCV1	
10 weeks	☐ ■ DTP-Hib2 + HepB2	☐ ■ OPV2	☐ ■ RTV2	☐ ■ PCV2	
14 weeks	☐ ■ DTP-Hib3 + HepB3	☐ ■ OPV3	☐ ■ RTV3	☐ ■ PCV3	
9 months	☐ ■ MCV1				
18 months	☐ ■ DTP + MCV2				

Tuesday, boat dock

(Sam should first receive the BCG + HepB Birth vaccine and OPV0.)

Child 2. Wilson Man, age 5 months

Wilson received only BCG and HepB Birth at birth (ticked), and he missed the Oral Polio Vaccine (circled). He received all other vaccines according to schedule up to age 14 weeks, as indicated by the ticks [✓] on the form.

Age	Vaccine				Date given
Birth	☑ ■ BCG + HepB Birth	☐ ■ OPV0			*1/3/14*
6 weeks	☑ ■ DTP-Hib1 + HepB1	☑ ■ OPV1	☑ ■ RTV1	☑ ■ PCV1	*12/4/14*
10 weeks	☑ ■ DTP-Hib2 + HepB2	☑ ■ OPV2	☑ ■ RTV2	☑ ■ PCV2	*10/5/14*
14 weeks	☑ ■ DTP-Hib3 + HepB3	☑ ■ OPV3	☑ ■ RTV3	☑ ■ PCV3	*7/6/14*
9 months	☐ ■ MCV1				
18 months	☐ ■ DTP + MCV2				

*He should go for his next vaccines at age 9 months (in about 4 months from now). Participants should decide **WHEN** and **WHERE** they would send Wilson to receive his next vaccines, if he lived in their community.*

(At that time the health worker will determine the vaccines to give. The CHW's task is not to decide the vaccines needed, but to realize that the child is due for vaccines, inform the caregiver when and where to take the child for immunization, and to encourage the caregiver to take the child.)

Child 3. Jocelyn Tan, age 12 weeks

Jocelyn Tan received BCG + HepB Birth and OPV0 at birth (ticked). Since then, she has received no other vaccines.

4. CHECK VACCINES RECEIVED (tick ☑ vaccines completed)
Advise caregiver, if needed: WHEN and WHERE is the next vaccine to be given?

Age	Vaccine				Date given
Birth	☑ ■ BCG + HepB Birth	☑ ■ OPV0			*10/7/13*
6 weeks	☐ ■ DTP-Hib1 + HepB1	☐ ■ OPV1	☐ ■ RTV1	☐ ■ PCV1	
10 weeks	☐ ■ DTP-Hib2 + HepB2	☐ ■ OPV2	☐ ■ RTV2	☐ ■ PCV2	
14 weeks	☐ ■ DTP-Hib3 + HepB3	☐ ■ OPV3	☐ ■ RTV3	☐ ■ PCV3	
9 months	☐ ■ MCV1				
18 months	☐ ■ DTP + MCV2				

Next she should receive her 6-week set, as soon as possible.

Discuss where the caregiver should take Jocelyn for her vaccines.

* * * *

Follow up the sick child treated at home

☐ *Follow up child in 3 days*

Reading

Tell participants that every sick child should have a follow-up visit in 3 days—so that you can find out whether the child is better or needs additional attention. Setting a date and time for the follow-up visit is the last step of the visit.

Ask participants to read this section on pages 107 and 108 in the CHW Manual.

Record the treatments given and other actions

Reading

Ask participants to read this section on page 108 in the CHW Manual.

At the end of the page, tell participants that this section is really just a reminder or summary of what they have learned so far. As they decide on treatments needed, determine the doses needed, teach the caregiver how to give the medicines, and give the caregiver advice, they should tick all the treatments given and other actions taken. The form is then a good record of the visit.

The next exercise will ask the participants to do this—make a complete and correct record of the child's visit on the recording form.

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

(on page 109 of CHW Manual)

Prepare

- **Medicine for practice, for each participant**
  - ORS packets (3)
  - zinc supplement (20 tablets)
  - oral antimalarial AL (20 tablets)
  - amoxicillin (20 tablets or a bottle of oral suspension)

  (Participants may have medicine left over from previous exercises.)
- **Recording forms** that participants have used during clinical practice **(2 per participant).** ***They completed only page 1 (the front) of the recording form during the clinical practice session. These forms can now be used to practise making and recording treatment decisions.***

Process

1. Introduce the exercise. Participants will:
   - Decide on treatment based on a child's signs of illness.
   - Identify correct treatment for a child at home, including the correct dose of ORS solution, zinc, antimalarial AL, and/or amoxicillin.
   - Show which medicines the child should receive.
   - Identify vaccines received and where and when the child should receive the next vaccines.

- Decide when a child should come back for a follow-up visit.
- Use the **Sick Child Recording Form** as a resource for determining the correct treatment and home care and to make a complete record of the visit.

2. Distribute ORS, zinc, antimalarial AL, amoxicillin to each participant, as needed, to replace any medicine that is missing or was used in previous exercises.

Exercise for Jenna

NTF: This exercise can be done individually, or it can be done in small groups, with 2−3 participants and one facilitator to see how each participant is working.

3. First, ask participants to complete the first part of the recording form for Jenna, with today's date and their own name for the CHW.
4. Ask a participant to read the instructions on page 109 aloud. Go slowly, section by section, so that each participant can complete the recording form for Jenna Odon. Give participants time to complete each step before going to the next instructions.
5. Check the work to make sure that participants remember how to correctly complete the first page of the recording form.
6. When each participant has finished, ask one person to read what he or she has decided (item 1 in the instructions): Does Jenna have fast breathing? (b) Any Danger Sign? Any other signs of Sick but No Danger Sign?
7. What did he or she decide (item 2): Refer or Treat the child? Discuss any disagreements. (Jenna will be treated at home.)
8. Then, turn to page 2 of the recording form for Jenna Odon. Ask participants to tick treatments and other actions they would give this child (item 3). Jenna has fever. (See the Answer Sheet below.)
9. Ask participants to select a single dose of each medicine to give Jenna.
10. Then, ask participants to show the total treatment for Jenna.
11. Again, check the work. Ask one participant to report the answers (items ticked).
12. Then, ask participants to complete the vaccine box (item 4).
13. Ask one participant to report the answers (items ticked) and when Jenna should go for the next vaccines.

14. Ask participants to indicate if there was any other problem (item 5).

15. Finally, ask participants when the child should return for a follow-up visit, and circle the day. (Three days from today.) Leave item 7 blank (the follow-up note).

> *NTF: Providing correct treatment is a difficult and very important task. Before the end of the course, make sure that participants can identify correct doses and select the correct medicine for the signs of illness. Help them to depend on the recording forms and other materials to guide their decisions and reduce errors.*

Continued practice using recording forms completed during the clinical practice sessions

1. When you are confident that participants understand the task, ask participants to complete page 2 of the recording forms they wrote during the clinical session. Ask them to complete the form alone (no talking with other participants). For item 4, ask them to act as if the child has completed the vaccines up to their current age, according to schedule.

2. When participants have finished, ask them to raise their hands or bring their forms to you, individually, to check their answers.

3. Give each participant individual feedback. Correct the recording form with a coloured pen so that later you will be able to evaluate the performance of individuals.

4. Also, ask them to show you the single dose for each medicine and the total dose for the full treatment.

5. Make a note on the form to indicate whether the participant was able to demonstrate the correct single dose and full treatment of the medicine.

6. Then ask the participant to complete another recording form from the clinic session. Continue until each participant has completed 3 sample forms, working alone, and has received feedback on them.

7. Summarize the exercise. Identify what participants did well, and any difficulties they may have had.

8. Collect the forms to review them with the other facilitators. Identify common difficulties. Also, identify any participants who, in general, are making errors in deciding on correct treatment and other tasks for the child being treated at home.

ANSWER SHEET

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

Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years in high HIV or TB setting)

Date: / /20____ **CHW:**_____

Child's name: First *Jenna* Family *Odon* **Age:** *0* Years/ *6* Months **Boy** / **(Girl)**

Caregiver's name: *Peter Odon* **Relationship:** Mother / **(Father)** / Other: _____

Address, Community *Bird Creek Road*

ASK and LOOK	Any DANGER SIGN	SICK but NO Danger Sign?
ASK: What are the child's problems? If not reported, then ask to be sure. **YES**, sign present → Tick ☑ **NO** sign → Circle ■		
☑ ■ Cough? If yes, for how long? *3* days	☐ Cough for 14 days or more	
☐ ■ Diarrhoea (3 or more loose stools in 24 hrs)? IF YES, for how long? ____days.	☐ Diarrhoea for 14 days or more	☐ Diarrhoea (less than 14 days AND no blood in stool)
☐ ■ IF DIARRHOEA, blood in stool?	☐ Blood in stool	
☑ ■ Fever (reported or now)? If yes, started *2* days ago.	☐ Fever for last 7 days or more	☑ Fever (less than 7 days) in a malaria area
☐ ■ Convulsions?	☐ Convulsions	
☐ ■ Difficulty drinking or feeding? IF YES, ☐ not able to drink or feed anything?	☐ Not able to drink or feed anything	
☑ ■ Vomiting? If yes, ☐ vomits everything?	☐ Vomits everything	
☐ ■ Has HIV?	☐ Has HIV and any other illness	
☐ ■ At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? or ☐ Parents' current HIV status is unknown?		☐ One or both parents have HIV and child has not tested for HIV ☐ Parents' current HIV status is unknown
☑ ■ Lives in a household with someone who is on TB treatment?		☑ Lives with someone on TB treatment
LOOK:		
☐ ■ Chest indrawing? (FOR ALL CHILDREN)	☐ Chest indrawing	
IF COUGH, count breaths in 1 minute: *45* breaths per minute (bpm) ☐ ■ Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		☐ Fast breathing
☐ ■ Unusually sleepy or unconscious?	☐ Unusually sleepy or unconscious	
For child 6 months up to 5 years, MUAC strap colour: red__ yellow__ green ✓	☐ Red on MUAC strap ☐ Yellow on MUAC strap and has HIV	☐ Yellow on MUAC strap (does not have HIV)
☐ ■ Swelling of both feet?	☐ Swelling of both feet	

1. **Decide: Refer or treat child** (tick decision)

☐ **If ANY Danger Sign, REFER URGENTLY to health facility**	☑ **If NO Danger Sign, treat at home and advise caregiver**

GO TO PAGE 2 →

Child's name: *Jenna Odon* Age: *6 months*

3. Refer or treat child (tick treatments given and other actions)

If any danger sign, REFER URGENTLY to health facility:	
ASSIST REFERRAL to health facility: ☐ **Explain why child needs to go to health facility. GIVE FIRST DOSE OF TREATMENT:**	
☐ If **Diarrhoea**	☐ If child can drink, **begin giving ORS solution** right away, as much as the child will take until departure. Give caregiver extra ORS solution to continue giving on the way.
☐ If **Fever AND** ☐ **Convulsions** or ☐ **Unusually sleepy or unconscious** or ☐ **Not able to drink or feed anything or** ☐ **Vomits everything** --- ☐ If **Fever AND danger sign other than the 4 above**	☐ **Give rectal artesunate suppository** (100 mg) ☐ Age 2 months up to 3 years — 1 suppository ☐ Age 3 years up to 5 years — 2 suppositories --- ☐ **Give first dose of oral antimalarial AL.** ☐ Age 2 months up to 3 years—1 tablet ☐ Age 3 years up to 5 years—2 tablets
☐ If **Chest indrawing**, or ☐ **Fast breathing**	☐ If child can drink, **give first dose of oral antibiotic** (amoxicillin tablet—250 mg) ☐ Age 2 months up to 12 months—1 tablet ☐ Age 12 months up to 5 years —2 tablets
☐ **For any sick child who can drink, advise to give fluids and continue feeding.** ☐ **Advise to keep child warm, if child is NOT hot with fever.** ☐ **Write a referral note.** ☐ **Arrange transportation, and help solve other difficulties in referral.** ☐ **FOLLOW UP child on return at least once a week until child is well.**	

	If no danger sign, TREAT at home and ADVISE caregiver:
☐ If **Diarrhoea** (less than 14 days AND no blood in stool)	☐ **Give ORS.** Help caregiver give child ORS solution in front of you until child is no longer thirsty. ☐ **Give caregiver 2 ORS packets to take home.** Advise to give as much as child wants, but **at least** 1/2 cup ORS solution after each loose stool. ☐ **Give zinc supplement.** Give 1 dose daily for 10 days: ☐ Age 2 months up to 6 months—1/2 tablet (total 5 tabs) ☐ Age 6 months up to 5 years—1 tablet (total 10 tabs) **Help caregiver to give first dose now.**
☑ If **Fever** (less than 7 days) in a malaria area	☑ **Do a rapid diagnostic test (RDT).** ☑ Positive __Negative ☐ **If RDT is positive, give oral antimalarial AL** (Artemether-Lumefantrine). **Give twice daily for 3 days:** ☑ Age 2 months up to 3 years—1 tablet (total 6 tabs) ☐ Age 3 years up to 5 years—2 tablets (total 12 tabs) **Help caregiver give first dose now.** Advise to give 2nd dose after 8 hours, and to give dose twice daily for 2 more days.
☐ If **Fast breathing**	☐ **Give oral antibiotic** (amoxicillin tablet—250 mg). Give twice daily for 5 days: ☐ Age 2 months up to 12 months—1 tablet (total 10 tabs) ☐ Age 12 months up to 5 years—2 tablets (total 20 tabs) **Help caregiver give first dose now.**
☐ If at **risk of HIV**	☐ **Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also.**
☑ If living in household with **someone on TB treatment**	☑ **Advise caregiver to take the child soon for TB screening and TB preventive medicine.**
☐ If **Yellow on MUAC strap** (no HIV)	☐ **Counsel caregiver on feeding** or refer the child to a supplementary feeding programme, if available.
☑ For **ALL children treated at home, advise on home care**	☑ **Advise caregiver to give more fluids and continue feeding.** ☑ **Advise on when to return. Go to nearest health facility immediately** or if not possible return if child ☐ Cannot drink or feed ☐ Becomes sicker ☐ Has blood in the stool ☑ **Advise caregiver on use of a bednet (ITN).** ☑ **Follow up child in 3 days** (schedule appointment in item 6 below)

4. CHECK VACCINES RECEIVED
(tick ☐ vaccines completed)
Advise caregiver, if needed: WHEN and WHERE is the next vaccine to be given?

Age	Vaccine				Date given
Birth	☑ ■ BCG + HepB Birth	☑ ■ OPV0			
6 weeks	☑ ■ DTP/Hib1/HepB1	☑ ■ OPV1	☑ ■ Rota1	☑ ■ PCV1	
10 weeks	☑ ■ DTP/Hib2/HepB2	☑ ■ OPV2	☑ ■ Rota2	☑ ■ PCV2	
14 weeks	☐ ■ DTP/Hib3/HepB3	☐ ■ OPV3	☐ ■ Rota3	☐ ■ PCV3	
9 months	☐ ■ MCV1				
18 months	☐ ■ DTP + MCV2				

5. If any OTHER PROBLEM or

Write when and where you would advise to go for the next vaccines

Circle the day that is 3 days after today

Describe problem: _____

6. When to return for FOLLOW UP (circle): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

7. Note on follow up:
☐ Child is better—continue to treat at home. Day of next follow up:_____.
☐ Child is not better—refer URGENTLY to health facility.
☐ Child has danger sign—refer URGENTLY to health facility.

Take-home messages for this section:

- In case of fever for less than 7 days, malaria should be confirmed using an RDT.
- Each medicine has its own dose. The dose depends on the child's age and size.
- All medicines have an expiration date, after which they may not be effective or could be harmful.
- The caregiver should give the first dose of treatment in your presence, and take home the correct amount of medicine to complete the child's treatment.
- Caregivers of all sick children should receive advice on home care and on when to return.
- All children should be vaccinated according to the national schedule.
- This section, *Treat at Home and Advise Caregiver*, is summarized on pages 8−11 of the Chart Booklet.

Review of the Chart Booklet

Once participants have looked over pages 8−11 of the Chart Booklet, ask them to look back at the list of contents on the cover. They now know enough about the steps of caring for a sick child in the community that they will understand all the pages of the booklet.

- Review the overview chart on page 3 with them.
- Ask them to review pages 5, 6 and 8. Point out that these pages reflect the steps on page 1 of the Sick Child Recording Form.
- Ask them to review pages 7 and 9. These pages reflect the actions, referring or treating the child, described on page 2 of the Recording Form.
- Ask them to find the page in the Chart Booklet that reflects step 4 on the recording form, Check Vaccines Received. *(Answer: Page 12*)

At the end of the day's work

If you will not meet with participants prior to the clinical practice in the morning, use the notes on the next page to prepare the participants for what they will do in the morning.

Day Five

Overview of topics and activities for Day 5

Recap of Day 4

Practice in outpatient clinic:
ASK and LOOK for signs of illness and severe malnutrition
DECIDE: Refer or treat the child
TREAT fever: Do an RDT for malaria
DECIDE: Home treatment for diarrhoea, malaria, or cough with fast breathing
ADVISE: On home care and vaccines
Record treatment and advice

Classroom:
Review (as needed):
DECIDE: Refer or treat
DECIDE: Home treatment for diarrhoea, malaria, or cough with fast breathing
ADVISE: On home care: fluids and feeding, when to return, sleeping under a bednet
Check vaccines received

If danger sign, refer urgently: BEGIN (pre-referral) TREATMENT and ASSIST REFERRAL

Give a recap of Day 4

Describe the topics covered, activities and the take-home messages from the sections in Day 4:

- TREAT fever: do a Rapid Diagnostic Test
- TREAT fever: give oral antimalarial
- TREAT cough with fast breathing: give oral antibiotic
- ADVISE on home care
- Check the vaccines the child received
- FOLLOW UP child

Clinical practice: Outpatient clinic

Refer to the Guide for Clinical Practice in the Outpatient Clinic for instructions on preparations and conducting the session.

Preparing the participants for clinical practice (morning of Day 5)

1. Tell participants that the group will go to the outpatient clinic to:
   - ASK and LOOK for signs of illness and severe malnutrition
   - DECIDE: Refer or treat the child

- TREAT fever: Do an RDT for malaria
- DECIDE: Home treatment for diarrhoea, malaria, or fast breathing
- ADVISE: On home care
- Check the vaccines received
- Record treatment and advice

2. At the outpatient clinic, a clinical instructor and the facilitators will guide the practice.

3. Participants will be assigned to a child and caregiver. As they have done on previous days, they will ask and look to determine the child's problems, decide whether to refer or treat the child, do an RDT if needed, and decide the treatments to give at home. The new task that they will add to the practice today is to **advise the caregiver on home care, vaccines and use of bednets**. They will use the Sick Child Recording Form as a guide and will record on the form the information that they gather and decisions that they make.

On return from the clinical practice in the outpatient clinic:

Process

1. Ask participants to update the **Group Checklist of Clinical Signs** to reflect the signs of illness that they saw in the outpatient clinic today, as a record of their experience.
2. Box by box, ask whether participants saw the sign today and record the name or add a tick. Alternatively, ask participants to come to the chart and write his or her name or tick in the box.
4. Continue in this way through all the boxes.
5. Then ask participants to discuss their impressions of the clinical practice in the outpatient clinic this morning. *NTF: You should use these comments to find ways to improve the sessions if possible.*

   Discuss:

   - Did you have difficulties doing the assessment of the children assigned to you or deciding on treatment?
   - If yes, describe the difficulty.
   - Did you have difficulties advising the caregivers?
   - If yes, describe the difficulty.
   - What do you think went well during the clinical practice?
   - Is there any task that you feel unsure that you could do when you see a sick child in your community?

6. Then, in the remaining time, conduct a review as needed. Note the objectives of the session were:

- ASK and LOOK for signs of illness and severe malnutrition
- DECIDE: Refer or treat the child
- DECIDE: Home treatment for diarrhoea, malaria, or fast breathing
- TREAT fever: Do an RDT for malaria
- ADVISE: On home care—fluids and food, when to return, sleeping under a bednet
- Check the vaccines received
- Record treatment and advise

Based on what the participants have mentioned about difficulties and what you have observed during the clinical practice, focus on areas of weakness. Focus particularly on any task that participants tell you that they feel unsure that they could do in their communities. For example, you may decide to:

- Review the cases seen in the outpatient clinic this morning if participants need more practice deciding on treatments for diarrhoea, fever, or fast breathing, or on vaccines needed.
- Repeat the practice of doing and reading an RDT for malaria if participants were not confident in the clinic today (or if they have not had an opportunity to perform one in the clinic).
- Perform some role plays using information from children seen this morning to let participants practice giving advice on home care and vaccines.

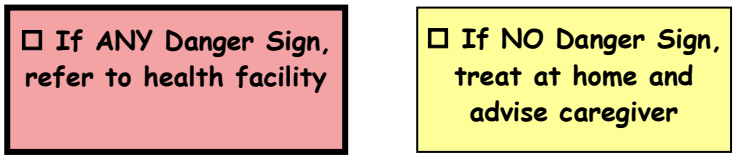
If DANGER SIGN, refer urgently: Begin treatment and assist referral

Introduction to the Reading

1. Introduce the next section by explaining that the section describes what to do when you have a child with a danger sign, instead of a child who can be treated at home.
2. [*Point to the sections of the front of the recording form while speaking*] Review that when the CHW sees a sick child, he or she will:

1. **Identify problems** by asking the caregiver about signs of illness, looking for signs, and deciding if there are Danger signs or not.

2. **Decide: Refer or treat child**. There are two choices shown at the bottom of the recording form:



GO TO PAGE 2 ⟶

3. The CHW Manual, pages 55 through 112, has described how to do what is in the **yellow box**—treat at home and advise caregiver.

   Starting on the next page of the CHW Manual, page 113, a new section begins. It describes how to do what is in the **pink box**—refer a child to a health facility.

4. [*Turn over the recording form and point to the yellow and pink boxes on the back*] Like the yellow box showed you the treatments needed at home, the **pink box shows the pre-referral treatments needed**.

Reading

5. Ask participants to resume reading on page 113 in the CHW Manual and continue on page 114.
6. When a participant reads each of the questions (in bold type) on page 114, ask another participant to answer the question.
7. Discuss when a CHW (the participants) might refer a sick child directly to the hospital, instead of to an outpatient health facility. The referral should be to a hospital when the child has a sign of very severe illness: convulsions, unusually sleepy or unconscious, not able to drink or feed anything, vomiting everything or chest indrawing.

Begin treatment

Reading

Ask participants to read the section titled Begin treatment on pages 114−116. Discuss the examples on pages 117−120 as they are read. Walk around the room and check that trainees are marking the recording form for each child correctly.

Answers to examples in CHW manual:

EXAMPLE 1

Minnie is 6 months old with cough and chest indrawing for 3 days.

She should be referred for chest indrawing.

See the ticks in the box below. She will get amoxicillin, one tablet, as pre-referral treatment.

<table>
<tr><td colspan="2">If any danger sign,
REFER URGENTLY to health facility:</td></tr>
<tr><td colspan="2">ASSIST REFERRAL to health facility:
☑ Explain why child needs to go to health facility.
GIVE FIRST DOSE OF TREATMENT:</td></tr>
<tr><td>☐ If
Diarrhoea</td><td>☐ If child can drink, begin giving ORS solution right away, as much as the child will take until departure. Give caregiver extra ORS solution to continue giving on the way.</td></tr>
<tr><td>☐ If Fever AND
☐ Convulsions or
☐ Unusually sleepy or unconscious or
☐ Not able to drink or feed anything or
☐ Vomits everything

☐ If Fever AND danger sign other than the 4 above</td><td>☐ Give rectal artesunate suppository (100 mg)
☐ Age 2 months up to 3 years—1 suppository
☐ Age 3 years up to 5 years—2 suppositories

☐ Give first dose of oral antimalarial AL
☐ Age 2 months up to 3 years—1 tab
☐ Age 3 years up to 5 years—2 tabs</td></tr>
<tr><td>☑ If Chest indrawing, or
☐ Fast breathing</td><td>☑ If child can drink, give first dose of oral antibiotic (amoxicillin tablet—250 mg)
☑ Age 2 months up to 12 months—1 tablet
☐ Age 12 months up to 5 years—2 tablets</td></tr>
<tr><td colspan="2">☑ For any sick child who can drink, advise to give fluids and continue feeding.
☑ Advise to keep child warm, if child is NOT hot with fever.
☑ Write a referral note.
☑ Arrange transportation, and help solve other difficulties in referral.
→ FOLLOW UP child on return at least once a week until child is well.</td></tr>
</table>

EXAMPLE 2

Ali is 4 years old. He has a red reading on the MUAC strap and has had diarrhoea for 6 days.

He should be referred for the red reading on the MUAC strap.

Tick:

☑ **Explain why child needs to go to health facility.**
☑ If Diarrhoea
  ☑ If child can drink, **begin giving ORS solution** right away

☑ **For any sick child who can drink, advise to give fluids and continue feeding.**
☑ **Advise to keep child warm, if child is NOT hot with fever.**
☑ **Write a referral note.**
☑ **Arrange transportation, and help solve other difficulties in referral.**

EXAMPLE 3

Naome is 3 years old. She has fever for 2 days and is not able to drink.

She should be referred because she cannot drink.

Tick:

☑ **Explain why child needs to go to health facility.**
☑ If **Fever AND**
  ☑ **Not able to drink or feed anything**
☑ **Give rectal artesunate suppository** (100 mg)
  ☑ Age 3 years up to 5 years—2 suppositories

☐ **For any sick child who can drink, advise to give fluids and continue feeding.** *(Note: This is not ticked, because she cannot drink at this time. If she becomes able to drink, she should be offered fluids.)*
☑ **Advise to keep child warm, if child is NOT hot with fever.**
☑ **Write a referral note.**
☑ **Arrange transportation, and help solve other difficulties in referral.**

EXAMPLE 4

Marly is 2 years old. She has cough for 3 days and fast breathing. She was diagnosed to have HIV when she was 18 months old.

She should be referred because she has HIV and an illness, cough with fast breathing.

Tick:

☑ **Explain why child needs to go to health facility.**
☑ **Fast breathing**
☑ If child can drink, **give first dose of oral antibiotic** (amoxicillin tablet—250 mg)
  ☑ Age 12 months up to 5 years—2 tablets

☑ **For any sick child who can drink, advise to give fluids and continue feeding.**

☑ **Advise to keep child warm, if child is NOT hot with fever.**
☑ **Write a referral note.**
☑ **Arrange transportation, and help solve other difficulties in referral.**

* * * *

Discussion: Select pre-referral treatment for a child

(on page 121 of the CHW Manual)

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

Prepare

- **Children cards**—copy onto cardboard or heavy paper the cards in **Annex A, Card games, Set 5: Select pre-referral treatment.** Cut the cards apart.

Process

1. Introduce the exercise. Participants will:
    - Decide on pre-referral treatments for children who have a danger sign or other problem needing referral to a health facility. (This will be done first for the children who are described on cards and are also listed on pages 121−122 of the CHW Manual).
    - Use the **Sick Child Recording Form** as a resource for determining the correct pre-referral treatment.
2. Ask a participant to read the instructions for the exercise on page 121 of the CHW Manual.
3. Start with Leslie (4-year-old boy). Ask: What is the reason Leslie is being referred? Make sure that participants understand that, if Leslie only had fever for 3 days, he could be treated at home. Leslie is being referred for cough for 14 days, a danger sign. Ask participants to circle the sign or signs indicating referral. (See the Answer Sheet below.)
4. Ask participants to decide what pre-referral treatment to give Leslie. There is no pre-referral treatment for cough for 14 days or more. However, there is pre-referral treatment for fever. Tick [✓] Give first dose of oral antimalarial. (See the Answer Sheet below.)

5. Then, ask them to do the same for each of the other children listed on pages 121−122: circle the reason for referring the child, tick [✓] the pre-referral treatment and write the dose for the pre-referral treatment if any.
6. Then use the cards to conduct a discussion of each of the children. Give one of the **Children Cards** (from Set 5) to a participant. Ask the participant to report on the pre-referral treatment to give that child, and the dose for each treatment. Ask if all participants agree. Discuss any disagreements.
7. Continue giving one of the **Children Cards** to a different participant until the pre-referral treatment for all of the children has been discussed.
8. Summarize the exercise. In the summary, remind participants that children do not receive zinc as a pre-referral treatment.

ANSWER SHEET

Exercise: Select a pre-referral treatment for a child

Circle the **signs to refer the child**	Tick [✓] **pre-referral treatment**	Write the **dose** for each pre-referral treatment
Leslie (4-year-old boy) Cough for 14 days Fever for 3 days	☐ Begin giving ORS solution ☐ Give first dose of oral antibiotic ☑ Give first dose of oral antimalarial ☐ Give dose of rectal artesunate suppository ☐ No pre-referral treatment	Oral AL 2 tablets
Anita (2-year-old girl) Cough for 14 days Diarrhoea for 3 days No blood in stool At risk of HIV	☑ Begin giving ORS solution ☐ Give first dose of oral antibiotic ☐ Give first dose of oral antimalarial ☐ Give dose of rectal artesunate suppository ☐ No pre-referral treatment	Give ORS solution right away, as much as the child will take until departure. Give caregiver extra ORS solution to continue giving on the way.
Sam (2-month-old boy) Diarrhoea for 3 weeks No blood in stool Fever for last 3 days	☑ Begin giving ORS solution ☐ Give first dose of oral antibiotic ☑ Give first dose of oral antimalarial ☐ Give dose of rectal artesunate suppository ☐ No pre-referral treatment	Give ORS solution right away, as much as the child will take until departure. Give caregiver extra ORS solution to continue giving on the way. Oral AL 1 tablet
Kofi (3-year-old boy) Cough for 3 days Chest indrawing Unusually sleepy or unconscious	☐ Begin giving ORS solution ☐ Give first dose of oral antibiotic ☐ Give first dose of oral antimalarial ☐ Give dose of rectal artesunate suppository ☑ No pre-referral treatment	No pre-referral treatment because child is unusually sleepy or unconscious– he cannot drink to take an oral antibiotic
Sara (3-year-old girl) Diarrhoea for 4 days Blood in stool Has HIV	☑ Begin giving ORS solution ☐ Give first dose of oral antibiotic ☐ Give first dose of oral antimalarial ☐ Give dose of rectal artesunate suppository ☐ No pre-referral treatment	Give ORS solution right away, as much as the child will take until departure. Give caregiver extra ORS solution to continue giving on the way.
Thomas (3-year-old boy) Diarrhoea for 8 days Fever for last 8 days Vomits everything Red on MUAC strap	☐ Begin giving ORS solution ☐ Give first dose of oral antibiotic ☐ Give first dose of oral antimalarial ☑ Give dose of rectal artesunate suppository ☐ No pre-referral treatment	No oral treatment because child vomits everything. If he stops vomiting, begin ORS. 2 rectal artesunate suppositories
Maggie (5-month-old girl) Fever for last 7 days Diarrhoea less than 14 days Swelling of both feet	☑ Begin giving ORS solution ☐ Give first dose of oral antibiotic ☑ Give first dose of oral antimalarial ☐ Give dose of rectal artesunate suppository ☐ No pre-referral treatment	Give ORS solution right away, as much as the child will take until departure. Give caregiver extra ORS solution to continue giving on the way. Oral AL 1 tablet

* * * *

Assist referral

- ☐ **Explain why the child needs to go to the health facility**
- ☐ **For any sick child who can drink, advise to give fluids and continue feeding**
- ☐ **Advise to keep child warm, if child is NOT hot with fever**
- ☐ **Write a referral note**
- ☐ **Arrange transportation, and help solve other difficulties in referral**
- ☐ **Follow up the child on return at least once a week until child is well**

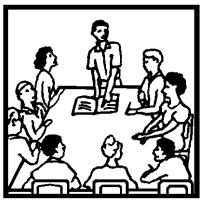
Reading

Ask participants to read pages 122 through 126. This section has several subsections (listed above).

When they reach the bottom of page 125, discuss the question in bold type:

> **What are some reasons that sick children in your community are delayed in arriving at the health facility?**

Then ask participants to point out, on the recording form, the tasks for assisting referral (with boxes to tick).



Exercise: Complete a recording form and write a referral note

(on page 127 of the CHW Manual)

Process

1. Introduce the exercise. Participants will:
   - Decide on pre-referral treatments for a child.
   - Complete a referral note, providing information on the child, the child's family, signs of illness and malnutrition, and treatments given.
   - Use a **Sick Child Recording Form** to guide decisions on how to treat the child who will be referred and to write a referral note.
2. Ask a participant to read aloud the instructions on page 127 of the CHW Manual. Answer any questions about the task.

3. Ask participants to work individually to complete the recording form and Referral Note for **Joseph Bono**.
4. Check the work of each participant individually, and help the participant identify and correct any errors. Refer to the recording form to help participants make the corrections.

   It is very easy to forget or overlook a tick or a circle. Check carefully, and if something is missing, ask the participant to recheck the form himself (herself) to find the error. In particular, check that the participant has ticked the 2 Danger Signs, the 2 pre-referral treatments, and in the Referral Note, the 2 Reasons for referral and 2 treatments given.
5. When you or your co-facilitator have checked the work of all the participants, speak to the group and summarize any difficulties in completing the forms. Following the steps on the form should help participants to make correct decisions. Practice in the hospital and clinic will give them practice identifying signs of illness and treatment needed.
6. Remind participants that they should **quickly** assist the referral of the very sick children. Therefore, they do not need to check the vaccines that the children have received, or plan for the follow-up visit.
7. Normally, community health workers will refer children to the nearest health facility. There a health worker will assess and treat the child, or refer the child to the hospital for special care. Again, discuss if it is ever appropriate for a child from your community to go directly to the hospital, rather than to the health facility.

ANSWER SHEET

Exercise: Complete a recording form and write a referral note

Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years in high HIV or TB setting)

Date: / /20____ **CHW:**_____

Child's name: First *Joseph* Family *Bono* **Age:** *0* Years/ *8* Months (Boy) / Girl

Caregiver's name: *Judith Bono* **Relationship:** (Mother) / Father / Other: _____

Address, Community: *Orange Grove Road*

1. Identify problems

ASK and LOOK	Any DANGER SIGN	SICK but NO Danger Sign?
ASK: What are the child's problems? If not reported, then ask to be sure. YES, sign present → Tick ☑ NO sign → Circle ■		
☑ ■ Cough? If yes, for how long? *2* days	☐ Cough for 14 days or more	
☐ ■ Diarrhoea (3 or more loose stools in 24 hrs)? IF YES, for how long? ____days.	☐ Diarrhoea for 14 days or more	☐ Diarrhoea (less than 14 days AND no blood in stool)
☐ ■ IF DIARRHOEA, blood in stool?	☐ Blood in stool	
☑ ■ Fever (reported or now)? If yes, started *2* days ago.	☐ Fever for last 7 days or more	☑ Fever (less than 7 days) in a malaria area
☐ ■ Convulsions?	☐ Convulsions	
☐ ■ Difficulty drinking or feeding? IF YES, ☐ not able to drink or feed anything?	☐ Not able to drink or feed anything	
☐ ■ Vomiting? If yes, ☐ vomits everything?	☐ Vomits everything	
☐ ■ Has HIV?	☐ Has HIV and any other illness	
☑ ■ At risk of HIV because ☑ One or both parents have HIV and child has not tested for HIV? or ☐ Parents' current HIV status is unknown?		☑ One or both parents have HIV and child has not tested for HIV ☐ Parents' current HIV status is unknown
☐ ■ Lives in a household with someone who is on TB treatment?		☐ Lives with someone on TB treatment
LOOK:		
☑ ■ Chest indrawing? (FOR ALL CHILDREN)	☑ Chest indrawing	
IF COUGH, count breaths in 1 minute: *42* breaths per minute (bpm) ☐ ■ Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		☐ Fast breathing
☐ ■ Unusually sleepy or unconscious?	☐ Unusually sleepy or unconscious	
For child 6 months up to 5 years, MUAC strap colour: red ☑ **yellow**__ **green**__	☑ Red on MUAC strap ☐ Yellow on MUAC strap and has HIV	☐ Yellow on MUAC strap (does not have HIV)
☐ ■ Swelling of both feet?	☐ Swelling of both feet	

2. Decide: Refer or treat child
(tick decision)

☑ If ANY Danger Sign, REFER URGENTLY to health facility	☐ If NO Danger Sign, treat at home and advise caregiver

GO TO PAGE 2 →

Child's name: Joseph Bono Age: 8 months

3. Refer or treat child (tick treatments given and other actions)

If any danger sign, REFER URGENTLY to health facility:	
ASSIST REFERRAL to health facility: ☑ Explain why child needs to go to health facility. GIVE FIRST DOSE OF TREATMENT:	
☐ If Diarrhoea	☐ If child can drink, begin giving ORS solution right away, as much as the child will take until departure. Give caregiver extra ORS solution to continue giving on the way.
☐ If Fever AND ☐ Convulsions or ☐ Unusually sleepy or unconscious or ☐ Not able to drink or feed anything or ☐ Vomits everything	☐ Give rectal artesunate suppository (100 mg) ☐ Age 2 months up to 3 years — 1 suppository ☐ Age 3 years up to 5 years — 2 suppositories --- ☑ Give first dose of oral antimalarial AL. ☑ Age 2 months up to 3 years—1 tablet ☐ Age 3 years up to 5 years—2 tablets
☑ If Fever AND danger sign other than the 4 above	
☑ If Chest indrawing, or ☐ Fast breathing	☑ If child can drink, give first dose of oral antibiotic (amoxicillin tablet—250 mg) ☑ Age 2 months up to 12 months—1 tablet ☐ Age 12 months up to 5 years—2 tablets
☑ For any sick child who can drink, advise to give fluids and continue feeding. ☑ Advise to keep child warm, if child is NOT hot with fever. ☑ Write a referral note. ☑ Arrange transportation, and help solve other difficulties in referral. ☑ FOLLOW UP child on return at least once a week until child is well	

	If no danger sign, TREAT at home and ADVISE caregiver:
☐ If Diarrhoea (less than 14 days AND no blood in stool)	☐ Give ORS. Help caregiver give child ORS solution in front of you until child is no longer thirsty. ☐ Give caregiver 2 ORS packets to take home. Advise to give as much as child wants, but at least 1/2 cup ORS solution after each loose stool. ☐ Give zinc supplement. Give 1 dose daily for 10 days: ☐ Age 2 months up to 6 months—1/2 tablet (total 5 tabs) ☐ Age 6 months up to 5 years—1 tablet (total 10 tabs) Help caregiver to give first dose now.
☐ If Fever (less than 7 days) in a malaria area	☐ Do a rapid diagnostic test (RDT). __Positive __Negative ☐ If RDT is positive, give oral antimalarial AL (Artemether-Lumefantrine). Give twice daily for 3 days: ☐ Age 2 months up to 3 years—1 tablet (total 6 tabs) ☐ Age 3 years up to 5 years—2 tablets (total 12 tabs) Help caregiver give first dose now. Advise to give 2nd dose after 8 hours, and to give dose twice daily for 2 more days.
☐ If Fast breathing	☐ Give oral antibiotic (amoxicillin tablet—250 mg). Give twice daily for 5 days: ☐ Age 2 months up to 12 months—1 tablet (total 10 tabs) ☐ Age 12 months up to 5 years—2 tablets (total 20 tabs) Help caregiver give first dose now.
☐ If at risk of HIV	☐ Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also.
☐ If living in household with someone on TB treatment	☐ Advise caregiver to take the child soon for TB screening and TB preventive medicine.
☐ If Yellow on MUAC strap (no HIV)	☐ Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available.
☐ For ALL children treated at home, advise on home care	☐ Advise caregiver to give more fluids and continue feeding. ☐ Advise on when to return. Go to nearest health facility immediately or if not possible return if child ☐ Cannot drink or feed ☐ Becomes sicker ☐ Has blood in the stool ☐ Advise caregiver on use of a bednet (ITN). ☐ Follow up child in 3 days (schedule appointment in item 6 below)

Because the child is being referred urgently, the CHW should not take time to check the vaccines received.

4. CHECK VACCINES RECEIVED (tick ☐ vaccines completed)
Advise caregiver, if needed: WHEN and WHERE is the next vaccine to be given?

Age	Vaccine				Date given
Birth	☐ ■ BCG + HepB Birth	☐ ■ OPV0			
6 weeks	☐ ■ DTP/Hib1/HepB1	☐ ■ OPV1	☐ ■ Rota1	☐ ■ PCV1	
10 weeks	☐ ■ DTP/Hib2/HepB2	☐ ■ OPV2	☐ ■ Rota2	☐ ■ PCV2	
14 weeks	☐ ■ DTP/Hib3/HepB3	☐ ■ OPV3	☐ ■ Rota3	☐ ■ PCV3	
9 months	☐ ■ MCV1				
18 months	☐ ■ DTP + MCV2				

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.
Describe problem: _____

6. When to return for FOLLOW UP (circle): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

7. Note on follow up:
☐ Child is better—continue to treat at home. Day of next follow up:_____.
☐ Child is not better—refer URGENTLY to health facility.
☐ Child has danger sign—refer URGENTLY to health facility.

***Referral note from community health worker:* Sick Child**

Child's name: First *Joseph* Family *Bono* **Age:** __ Years/ *8* Months **Boy**/**Girl**

Caregiver's name: *Judith Bono* **Relationship** Mother/Father/Other: _____

Address, Community: *14 Orange Grove Road*

This child has: Sign present ➔ Tick ☑ NO sign ➔ Circle ■	**Reason for referral:**	**Treatment given:**
☑ ■ Cough? IF YES, for how long? *2* days	☐ Cough for 14 days or more	
☐ ■ Diarrhoea (loose stools)? ____days	☐ Diarrhoea for 14 days or more	☐ ORS solution for diarrhoea
☐ ■ IF DIARRHOEA, blood in stool?	☐ Blood in stool	
☑ ■ Fever (reported or now)? since *2* days	☐ Fever for last 7 days or more	☑ Oral antimalarial AL for fever
☐ ■ Convulsions?	☐ Convulsions	
☐ ■ Difficulty drinking or feeding? IF YES, ☐ not able to drink or feed anything?	☐ Not able to drink or feed anything	☐ Rectal artesunate suppository for fever if unable to drink
☐ ■ Vomiting? IF YES, ☐ vomits everything?	☐ Vomits everything	
☐ ■ Has HIV?	☐ Has HIV and any other illness	
☑ ■ Chest indrawing?	☑ Chest indrawing	☑ Oral antibiotic amoxicillin for chest indrawing or fast breathing
IF COUGH, count breaths in 1 minute: *42* breaths per minute (bpm) ☐ ■ Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		
☐ ■ Unusually sleepy or unconscious?	☐ Unusually sleepy or unconscious	
For child 6 months up to 5 years, MUAC strap colour: red ☑ **yellow**__ **green**__	☑ Red on MUAC strap ☐ Yellow on MUAC strap and has HIV	
☐ ■ Swelling of both feet?	☐ Swelling of both feet	

Any OTHER reason referred:

❑ ☑ TB screening ❑ Vaccines

❑ ☑ HIV testing ❑ HIV care and treatment

❑ Other: _____

The bottom two lines should be filled in with local information.

Referred to (name of health facility): _____

Referred by (name of CHW): _____ Date: _____ Time: ____

Take-home messages for this section:

- A very sick child needs to start treatment right away, thus in many cases you will give one dose before the child goes for referral.
- You cannot give oral medication to a child who cannot drink.
- You may need to help arrange transportation for referral, and to help solve other difficulties the caregiver may have.
- This section, *If Any Danger Sign, Refer Child Urgently to Health Facility* is summarized on page 7 of the Chart Booklet.

Role play practice: Give oral amoxicillin to treat child at home

(on page 132 of the CHW Manual)

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

Prepare

1. **Oral amoxicillin tablets**—have tablets available for the demonstration and role play
2. **Spoon, small cup or bowl, and water, and sheet of clean paper**—one set for each group of 3 participants
3. **Dolls**—or a towel rolled to represent a small child, one for each group of 3 participants
4. **Tables with 3 chairs each**—enough for each group of 3 participants, distributed in different areas of the room for the role play practice, with amoxicillin, spoon, cup, water, and doll.

Process

1. Introduce the exercise. Participants will:
    - Select the correct home treatment and advice and mark it on the recording form.
    - Advise the caregiver on how to treat a child at home and provide basic home care for a sick child.
    - Help the caregiver give the first dose of an oral medicine.
    - Use good communication skills to advise the caregiver and check the caregiver's understanding of correct treatment and home care.
2. Ask a participant to read the instructions for the role play practice on page 132 of the CHW Manual. Participants will work in groups of three. The recording form for Katrina Jones is in the CHW Manual.
3. Remind caregivers to be cooperative. Most parents want to do what is best for their sick child. They should not try to be obstructive. They should ask questions, however, when the community health worker is not clear.

4. Participants should prepare by selecting the correct treatment and advice for Katrina Jones and marking it on the recording form. (Answer sheet is on pages 117 and 118 below.)
5. The role play begins when the community health worker begins to advise the Katrina's caregiver on home treatment.
6. Answer any questions to help participants get started.
7. Ask participants to go to their places for the role play practice. Make sure that the necessary supplies are in place: cup, spoon, tablets, and doll.
8. Provide enough time for all participants to practise the role play as the community health worker. Then, discuss the results.
9. Using observers as a resource, review the questions listed at the bottom of page 132 of the CHW Manual.
10. Remind participants to always use the good communication skills.
    - Sit close to the caregiver and child, speak softly and firmly.
    - Ask questions, listen, advise, and solve problems.
    - Make sure that the caregiver understands the very critical tasks in caring for the sick child at home. Ask checking questions and have the caregiver demonstrate the tasks.
    - Make sure that caregivers know when to bring the child back immediately to you, and the other home care tasks—in addition to knowing how to give the child the oral medicine.

ANSWER SHEET

Exercise: Give oral amoxicillin to treat a child at home

Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years in high HIV or TB setting)

Date: / /20____ **CHW:**_____

Child's name: First *Katrina* Family *Jones* **Age:** *2* Years/__Months **Boy / Girl**

Caregiver's name: *Johanna Jones* **Relationship:** Mother / Father / Other: _____

Address, Community: *Willowtree Point*

1. Identify problems

ASK and LOOK	Any DANGER SIGN	SICK but NO Danger Sign?
ASK: What are the child's problems? If not reported, then ask to be sure. **YES**, sign present → Tick ☑ **NO** sign → Circle ■		
☑ ■ Cough? If yes, for how long? *3* days	☐ Cough for 14 days or more	
☐ ■ Diarrhoea (3 or more loose stools in 24 hrs)? If YES, for how long? ____days.	☐ Diarrhoea for 14 days or more	☐ Diarrhoea (less than 14 days AND no blood in stool)
☐ ■ IF DIARRHOEA, blood in stool?	☐ Blood in stool	
☐ ■ Fever (reported or now)? If yes, started ____ days ago.	☐ Fever for last 7 days or more	☐ Fever (less than 7 days) in a malaria area
☐ ■ Convulsions?	☐ Convulsions	
☐ ■ Difficulty drinking or feeding? IF YES, ☐ not able to drink or feed anything?	☐ Not able to drink or feed anything	
☐ ■ Vomiting? If yes, ☐ vomits everything?	☐ Vomits everything	
☐ ■ Has HIV?	☐ Has HIV and any other illness	
☑ ■ At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? or ☑ Parents' current HIV status is unknown?		☐ One or both parents have HIV and child has not tested for HIV ☑ Parents' current HIV status is unknown
☐ ■ Lives in a household with someone who is on TB treatment?		☐ Lives with someone on TB treatment
LOOK:		
☐ ■ Chest indrawing? (FOR ALL CHILDREN)	☐ Chest indrawing	
IF COUGH, count breaths in 1 minute: *45* breaths per minute (bpm) ☑ ■ Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		☑ Fast breathing
☐ ■ Unusually sleepy or unconscious?	☐ Unusually sleepy or unconscious	
For child 6 months up to 5 years, MUAC strap colour: red__ yellow__ green__	☐ Red on MUAC strap ☐ Yellow on MUAC strap and has HIV	☐ Yellow on MUAC strap (does not have HIV)
☐ ■ Swelling of both feet?	☐ Swelling of both feet	

2. Decide: Refer or treat child
(tick decision)

☐ **If ANY Danger Sign, REFER URGENTLY to health facility**

☑ **If NO Danger Sign, treat at home and advise caregiver**

GO TO PAGE 2 →

Child's name: Katrina Jones Age: 2 years

3. Refer or treat child (tick treatments given and other actions)

If any danger sign, REFER URGENTLY to health facility:	
ASSIST REFERRAL to health facility: ☐ **Explain why child needs to go to health facility. GIVE FIRST DOSE OF TREATMENT:**	
☐ If **Diarrhoea**	☐ If child can drink, **begin giving ORS solution** right away, as much as the child will take until departure. Give caregiver extra ORS solution to continue giving on the way.
☐ If **Fever AND** ☐ **Convulsions** or ☐ **Unusually sleepy or unconscious** or ☐ **Not able to drink or feed anything or** ☐ **Vomits everything** --- ☐ If **Fever AND danger sign other than the 4 above**	☐ **Give rectal artesunate suppository** (100 mg) ☐ Age 2 months up to 3 years — 1 suppository ☐ Age 3 years up to 5 years — 2 suppositories --- ☐ **Give first dose of oral antimalarial AL.** ☐ Age 2 months up to 3 years—1 tablet ☐ Age 3 years up to 5 years—2 tablets
☐ If **Chest indrawing**, or ☐ **Fast breathing**	☐ If child can drink, **give first dose of oral antibiotic** (amoxicillin tablet—250 mg) ☐ Age 2 months up to 12 months—1 tablet ☐ Age 12 months up to 5 years —2 tablets
☐ **For any sick child who can drink, advise to give fluids and continue feeding.** ☐ **Advise to keep child warm, if child is NOT hot with fever.** ☐ **Write a referral note.** ☐ **Arrange transportation, and help solve other difficulties in referral.** ☐ **FOLLOW UP child on return at least once a week until child is well.**	

	If no danger sign, TREAT at home and ADVISE caregiver:
☐ If **Diarrhoea** (less than 14 days AND no blood in stool)	☐ **Give ORS.** Help caregiver give child ORS solution in front of you until child is no longer thirsty. ☐ **Give caregiver 2 ORS packets to take home.** Advise to give as much as child wants, but **at least** 1/2 cup ORS solution after each loose stool. ☐ **Give zinc supplement.** Give 1 dose daily for 10 days: ☐ Age 2 months up to 6 months—1/2 tablet (total 5 tabs) ☐ Age 6 months up to 5 years—1 tablet (total 10 tabs) **Help caregiver to give first dose now.**
☐ If **Fever** (less than 7 days) in a malaria area	☐ **Do a rapid diagnostic test (RDT).** __Positive __Negative ☐ **If RDT is positive, give oral antimalarial AL** (Artemether-Lumefantrine). **Give twice daily for 3 days:** ☐ Age 2 months up to 3 years—1 tablet (total 6 tabs) ☐ Age 3 years up to 5 years—2 tablets (total 12 tabs) **Help caregiver give first dose now.** Advise to give 2nd dose after 8 hours, and to give dose twice daily for 2 more days.
☑ If **Fast breathing**	☑ **Give oral antibiotic** (amoxicillin tablet—250 mg). Give twice daily for 5 days: ☐ Age 2 months up to 12 months—1 tablet (total 10 tabs) ☑ Age 12 months up to 5 years—2 tablets (total 20 tabs) **Help caregiver give first dose now.**
☑ If at **risk of HIV**	☑ **Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also.**
☐ If living in household with **someone on TB treatment**	☐ **Advise caregiver to take the child soon for TB screening and TB preventive medicine.**
☐ If **Yellow on MUAC strap** (no HIV)	☐ **Counsel caregiver on feeding** or refer the child to a supplementary feeding programme, if available.
☑ For **ALL children treated at home, advise on home care**	☑ **Advise caregiver to give more fluids and continue feeding.** ☑ **Advise on when to return. Go to nearest health facility immediately** or if not possible return if child ☐ Cannot drink or feed ☐ Becomes sicker ☐ Has blood in the stool ☑ **Advise caregiver on use of a bednet (ITN).** ☑ **Follow up child in 3 days** (schedule appointment in item 6 below)

4. CHECK VACCINES RECEIVED (tick ☐ vaccines completed)
Advise caregiver, if needed: WHEN and WHERE is the next vaccine to be given? *Vaccination clinic next Monday*

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.
Describe problem: _____

Age	Vaccine				Date given
Birth	☑ ■ BCG + HepB Birth	☑ ■ OPV0			
6 weeks	☑ ■ DTP/Hib1/HepB1	☑ ■ OPV1	☑ ■ Rota1	☑ ■ PCV1	
10 weeks	☑ ■ DTP/Hib2/HepB2	☑ ■ OPV2	☑ ■ Rota2	☑ ■ PCV2	
14 weeks	☑ ■ DTP/Hib3/HepB3	☑ ■ OPV3	☑ ■ Rota3	☑ ■ PCV3	
9 months	☑ ■ MCV1				
18 months	☐ ■ DTP + MCV2				

Mark correct day to come back

6. When to return for FOLLOW UP (circle): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

7. Note on follow up:
☐ Child is better—continue to treat at home. Day of next follow up:_____.
☐ Child is not better—refer URGENTLY to health facility.
☐ Child has danger sign—refer URGENTLY to health facility.

* * * *

At the end of the day's work

If you will not meet with participants prior to the clinical practice in the morning, use the notes on pages 119−120 to talk to the participants this afternoon about what they will do in the morning.

Day Six

Overview of topics and activities for Day 6

Recap of Day 5

Practice in outpatient clinic:

Apply all training, emphasizing good communication skills:

ASK and LOOK for signs of illness and severe malnutrition
DECIDE: Refer or treat the child
DECIDE (and/or TREAT): Home treatment for diarrhoea, fever (malaria), or fast breathing
ADVISE: On home care, vaccines

For child referred, DECIDE: Pre-referral treatment

Record treatment and advice

Classroom:

Review (as needed):

Begin pre-referral treatment and assist referral

Final practice

Practice your skills in the community*

Closing*

* This session might need to be done in the late afternoon or evening.

Give a recap of Day 5

Describe the topics covered, activities and the take-home messages from the sections in Day 5:

- If danger sign, refer urgently: BEGIN PRE-REFERRAL TREATMENT
- ASSIST REFERRAL

Clinical practice: Outpatient clinic

Refer to Annex G: Guide for Clinical Practice in the Outpatient Clinic for instructions on preparations and conducting the session.

Preparing the participants for clinical practice (morning of Day 6)

1. Tell participants that the group will go to the outpatient clinic to apply all they have learned, emphasizing good communication skills:

- ASK and LOOK for signs of illness and severe malnutrition
- DECIDE: Refer or treat the child
- TREAT fever: Do an RDT for malaria
- DECIDE (and/or TREAT): Home treatment for diarrhoea, malaria, or cough with fast breathing
- ADVISE: On home care, vaccines
- For child referred, DECIDE: Pre-referral treatment
- Record treatment and advise

2. At the outpatient clinic, a clinical instructor and the facilitators will guide the practice there.
3. Participants will be assigned to a child and caregiver. As they have done on previous days, they will ask and look to determine the child's problems, decide whether to refer or treat the child, do an RDT if needed, and decide the treatments to give at home. They will advise the caregiver on home care and vaccines. **The new task that they will add to the practice today is, for a child who needs to be referred, decide on pre-referral treatment**. They will use the Sick Child Recording Form as a guide and will record on the form the information that they gather and decisions that they make.

On return from clinical practice in the outpatient clinic:

Process

1. Ask participants to complete the **Group Checklist of Clinical Signs** to reflect all the signs of illness that they have seen in the clinical sessions, as a record of their experience.
2. Box by box, ask whether participants saw the sign today and record the name or add a tick. Alternatively, ask each participant to come to the chart and write his or her name or tick in the box.
4. Continue in this way through all the boxes.
5. Then ask participants to discuss their impressions of the clinical practice in the outpatient clinic this morning.

   Discuss:

   - Did you have difficulties doing the assessment of the children assigned to you or deciding on their treatment?
   - If yes, describe the difficulty.
   - Did you have difficulties advising the caregivers?
   - If yes, describe the difficulty.
   - What do you think went well during the clinical practice?
   - Is there any task that you feel unsure that you could do when you see a sick child in your community?

6. Make notes of difficulties mentioned and particularly of any tasks that participants still feel unsure about. You will need to plan, along with the other facilitators/future supervisors of the newly trained CHWs, how to give CHWs sufficient practice and guidance until they have all the necessary skills and confidence.

Putting it all together—Final practice

Facilitators have observed participants in the clinic sessions. The clinic sessions provide the best opportunities to assess the performance of participants doing several tasks:

- Greeting caregivers and their children
- Communicating with caregivers and their children
- Asking caregivers about the child's problems
- Looking for signs of illness
- Deciding to refer the child to the health facility or treat the child at home
- Treating the child and advising the caregiver on home treatment, vaccines and sleeping under a bednet
- Giving the child pre-referral treatments (if possible).

However, in some places, the policy will not permit participants to actually **give treatments** to children during the clinical practice, even though participants are learning to treat children in the community.

If the participants have not been able to practice giving treatments in the clinic, it is particularly important to simulate in the classroom what they would do for a child in the community. In this case, **include a role play of giving treatments and advising the caregiver on home treatment** in the final practice exercise. The role play will be an opportunity to assess the participants' performance, while providing additional practice under your supervision.

Objectives

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

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

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

Prepare

- **Sample recording forms**—Select and copy 3 or 4 of the forms participants created during the first clinic session, some for a child who would be referred, and some for a child who would be treated at home. (Only the information on page 1 of the form should be completed.) Make enough copies for each participant to work with 1 or 2 forms, at a minimum.
- **Medicines**—ORS, zinc supplement, antimalarial tablets, amoxicillin tablets, artesunate suppositories.
- **Chairs, table, doll, spoon, cup, table knife, ORS packets** and **equipment for preparing and giving ORS solution**—one set for every 2 participants, set up in different sections of the room, *if the role play simulation will be included in the assessment of performance.*
- **Facilitators to check the recording forms and observe the performance of each participant**—Discuss in advance how the facilitators will conduct this assessment. **Agree on the objectives of the exercise: that is, exactly which tasks (bulleted items listed above) the participants should do and the facilitators should assess.** Caution facilitators to lower the tension, and conduct the exercises as a final practice, not a test.

Process

1. Introduce the activity as a final practice. It is a chance to put together everything they have been learning. Participants will [*state only the tasks that the practice will include*]:
    - ☐ Decide to refer or treat the child.
    - ☐ Select correct home treatment or pre-referral treatment for the child, and demonstrate the medicines to give.
    - ☐ Identify correct advice to give the child's caregiver.
    - ☐ Identify vaccines that the child needs.
    - ☐ Identify the day for the next visit for follow up.
    - ☐ Counsel a caregiver on home care, vaccines and sleeping under a bednet.
    - ☐ Help a caregiver give the first dose of ORS and/or another treatment to a child.
2. Tell participants that you will give each of them a sample recording form selected from the forms that participants

completed during a clinic session with information on a child's problems. They should complete the form, using the information provided on the child, as they have done many times before.

3. Hand out one form to each participant. It is preferable to give persons sitting next to each other forms for different children so that they are not influenced by the discussions with the facilitator.
4. Ask the participants to raise their hands when they have completed the form for their child.
5. *If a role play simulation of giving treatment and counselling the caregiver will be included in the assessment of performance:* After participants have completed their forms, one by one ask a participant to play a community health worker, and the partner to play the caregiver. Select a part of the task for the role play. For example, prepare and give amoxicillin, prepare and give ORS solution, advise caregiver on how to give the child home care. Observe (or ask another facilitator to observe and assess) the role play. (This may be done by checking back from time to time, while you are picking up and exchanging the forms.)
6. Pick up the form (do not give individual feedback this time).
7. Then, give each participant a second form. Ask them to again complete the form and let you know when they have finished.
8. If a role play of giving treatment and advice is needed, select a task for another role play. Observe or ask another facilitator to observe the role play.
9. Review the forms as you have time, in order to prepare for the final feedback to the group.
10. Pick up the forms after the second role play.
11. Summarize the exercise by giving group feedback to the participants: what you saw them doing well, where they are still having difficulty, how can they improve.
12. Later, review the completed forms in greater detail to identify the strengths and difficulties of each participant and the group as a whole.

Practise your skills in the community

This session gives the participants the opportunity to discuss what will happen when they return to the location where they will work.

Prepare

NTF: After this training course, the newly trained CHWs need continued guidance and supervision to enable them to perform their tasks. Facilitators in this training course are well qualified to do this supervision, which includes providing feedback and additional training, as needed, until the participant is able to work independently. Supervision then continues, less frequently, to help participants maintain correct practices and learn from the variety of experiences they face in the community.

*Supervised practice means that the CHW will interview caregivers, look at children for signs of illness, and refer or treat children, **under the observation of a skilled supervisor**. There are several possible models for this supervised practice. Some of these are:*

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

Before the course, a child health programme supervisor should have met with you and the other facilitators to decide how supervised practice will be provided in the community for the participants in this course. The child health programme supervisor should also explain to you how the CHWs will be resupplied with recording forms, other supplies and medicines, and how you will be supported to continue working with these CHWs after this training course.

After participants have finished the reading (page 136 in the CHW Manual) you will need to describe to the participants how they will receive continuing supervision.

Reading

Ask participants to read page 136 in the CHW Manual.

After the reading, describe to the participants the ways that they will receive supervision after the training course—at first to help them put their skills into practice in the community and later to help them keep their skills sharp and develop more confidence.

Then describe how they will be resupplied with recording forms, other supplies and medicines.

Take-home messages for this section:

- One is more likely to remember the skills learned if one can practise them right away.
- CHWs will be supplied and resupplied with medicines and equipment.
- Keep recording forms available to help guide the work. Keep the Chart Booklet also as a reference and reminder.
- The Ministry of Health or the CHW programme may have a register or log book in which the CHW will keep track of the cases seen.

* * * *

Closing

Congratulate the participants on how much they have learned during this course. You may comment on the difference in their knowledge, skills and confidence today as compared to the first day of the training.

Emphasize the importance of their work for the children in the community. They have many tools to use to help them make good decisions. If they take time to complete the recording form systematically, they will not make mistakes. Praise them for all they have learned and their good efforts.

If certificates of completion of the training are available, provide them to the participants with enthusiasm and a bit of ceremony.

Providing supervision in the community after the training course

When you supervise the participants/CHWs' work in the community, make sure that they have enough:

- Recording forms—enough for at least 20 sick children, to be reviewed during supervisory meetings
- Referral notes
- ORS packets
- Zinc tablets
- Rapid Diagnostic Tests for malaria and the necessary supplies to do the test
- Antimalarial AL tablets (or blister packs for two child age groups)
- Artesunate suppositories
- Antibiotic amoxicillin tablets
- An extra MUAC strap
- Chart Booklet (for reference)

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

Then provide continued supervision so that the skills will be well developed and fixed in the behaviours of the community health workers.

Discuss with other facilitators how to address difficulties that some participants will have in caring for children in the community.

If, after training and a period of supervised practice with guidance, a community health worker is still not able to provide correct treatment, give the CHW a different task. For example, the CHW may be better able to provide community education, or assist health workers during village health days.

Annexes

Annex A. Card games: Identify and treat childhood illness

Purpose

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

There are two ways to use these cards:

1. **Group discussion.** Use the card sets as recommended in the Facilitator Notes during the group discussion. (Sets 1, 2, 3, 4 and 5 organize cards used in exercises, as described in the Facilitator Notes.)

2. **Individual games.** The cards can also be used in sorting games with individual community health workers, as described in the instructions below. They can be used during free time, for example, when waiting for everyone to arrive in the morning, return from lunch, or return from the clinic. (Use Sets 1, 2, 3, 4 and 5, as needed, for various review games.)

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

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

Prepare

1. **LABEL CARDS—**copy label cards onto coloured cardboard or paper.

   Set 1. Identify fast breathing

   Labels:

   FAST BREATHING
   NO FAST BREATHING

   Set 2 and Set 3. Decide to refer (parts 1 & 2)

   Labels:

   DANGER SIGN—REFER
   NO DANGER SIGN

2. **CHILDREN CARDS--**on a different colour cardboard or heavy paper, copy the Children Cards describing children with different signs of illness.
   Set 1. Identify fast breathing
   Set 2. Decide to refer (part 1)
   Set 3. Decide to refer (part 2)
   Set 4. Decide dose
   Set 5. Select pre-referral treatment

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

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

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

Process

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

Game 1: Identify fast breathing

1. Sit at a table with the community health worker. Explain that the purpose of the game is to identify the children with fast breathing.

2. Place the LABEL CARDS **FAST BREATHING** and **NO FAST BREATHING** on the table in front of the community health worker. Explain that these are the stack labels for sorting the cards describing the breathing rates of children of different ages.

3. Refer to the first card in the stack of CHILDREN CARDS (Set 1. Identify fast breathing). Ask the community health worker, "Does this child have fast breathing?" Place the card in the correct pile.

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

5. Ask the community health worker to complete the set of cards sorting each into the correct pile.

.

Game 2: Decide to refer (Part 1)

1. Sit at a table with the community health worker. Explain that the purpose of the game is to identify the children with danger signs.

2. Place the LABEL CARDS **DANGER SIGN—REFER** and **NO DANGER SIGN—**on the table in front of the community health worker. Explain that these are the stack labels for sorting the cards describing children with signs of illness.

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

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

Game 3: Decide to refer (Part 2)

Follow the same instructions given for Game 2: Decide to refer (Part 1).

Game 4: Decide dose

Decide dose of AL: Follow instructions given on page 94 of the CHW Manual and pages 81−83 of the Facilitator Notes.

Decide dose of oral amoxicillin: Follow instructions given on page 97 of the CHW Manual and pages 86−88 of the Facilitator Notes.

Game 5: Select pre-referral treatment

Follow instructions given on pages 121−122 of the Manual and page 106−108 of the Facilitator Notes.

Set 1: Identify Fast Breathing
Label Cards
bpm = breaths per minute

Fast Breathing
No Fast Breathing

SET 1. IDENTIFY FAST BREATHING CHILDREN CARDS

bpm = breaths per minute

1

Carlos

Age 2 years, breathing rate of 45 bpm

1

Ahmed

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

1

Artimis

Age 2 months, breathing rate of 55 bpm

1

Jan

Age 3 months, breathing rate of 47 bpm

1

James

Age 3 years, breathing rate of 35 bpm

1

Nandi

Age 4 months, breathing rate of 45 bpm

1

Joseph

Age 10 weeks, breathing rate of 57 bpm

1

Anita

Age 4 years, breathing rate of 36 bpm

1

Becky

Age 36 months, breathing rate of 47 bpm

1

Will

Age 8 months, breathing rate of 45 bpm

1

Maggie

Age 3 months, breathing rate of 52 bpm

SET 2: DECIDE TO REFER
LABEL CARDS (PARTS 1 & 2)

DANGER SIGN—REFER
NO DANGER SIGN

SET 2. DECIDE TO REFER (PART 1)
CHILDREN CARDS

2

1. Sam
Cough for 2 weeks

2

2. Murat
Cough for 2 months

2

3. Beauty
Diarrhoea with blood in stool

2

4. Marco
Diarrhoea for 10 days and HIV

2

5. Amina
Fever for 3 days in a malaria area

2

6. Nilgun
Low fever for 8 days, not in a malaria area

2

7. Ida
Diarrhoea for 2 weeks

2

8. Carmen
Cough for 1 month

2

9. Tika
Convulsion yesterday

2

10. Nonu
Very hot body since last night, in a malaria area

2

11. Maria
Vomiting food but drinking water

2

12. Thomas
Not eating or drinking anything because of mouth sores

SET 3. DECIDE TO REFER (PART 2)
CHILDREN CARDS

3

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

3

2. Child age 4 months has fever and is breathing 48 breaths per minute

3

3. Child age 2 years with fever vomits all liquid and food her mother gives her

3

4. Child age 3 months frequently holds his breath while exercising his arms and legs

3

5. Child age 12 months is too weak to eat or drink anything

3

6. Child age 3 years with cough cannot swallow

3

7. Child age 10 months vomits ground food but continues to breastfeed for short periods of time

3

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

3

9. Child age 4 years
has swelling of both feet

3

10. Child age 6 months
has chest indrawing

3

11. Child age 2 years has
yellow reading on the MUAC strap and does
not have HIV

3

12. Child age 10 months has HIV and
diarrhoea with 4 loose stools
since yesterday morning

3

13. Child age 8 months has a red reading on the MUAC strap

3

14. Child age 36 months has had a very hot body since last night in a malaria area

3

15. Child age 4 years has loose and smelly stools with white mucus

3

16. Child age 4 months has chest indrawing while breastfeeding

3

17. Child age 4 and a half years has been coughing for 2 months

3

18. Child age 2 years has diarrhoea with blood in her stools

3

19. Child age 2 years has had diarrhoea for 1 week with no blood in her stools

3

20. Child age 18 months has had a low fever (not very hot) for 2 weeks

3

21. Child in a malaria area has had fever and vomiting (not everything) for 3 days

3

22. Child age 19 months has had diarrhoea for 14 days; his mother has HIV; child has not tested for HIV

3

23. Child age 9 months has coughed for 10 days; she is breastfed; her parents have HIV; child has not tested for HIV

SET 4. DECIDE DOSE

4

1. Carlos, age 2 years

4

2. Ahmed, 4 and a half years

4

3. Jan, 3 months

4

4. Anita, 8 months

4

5. Nandi, 6 months

4

6. Becky, 36 months

4

7. Maggie, 4 years

4

8. William, 3 and a half years

4

9. Yussef, 12 months

4

10. Andrew, 4 years

4

11. Ellie, Almost 5 years

4

12. Peter, 5 months

SET 5. SELECT PRE-REFERRAL TREATMENT

5	Leslie (4-year-old boy) Cough for 14 days, Fever
5	Anita (2-year-old girl) Cough for 14 days, diarrhoea, No blood in stool At risk of HIV
5	Sam (1-month-old boy) Diarrhoea for 3 weeks, no blood in stool, fever for last 3 days
5	Kofi (3-year-old boy) Cough for 3 days, Chest indrawing, Unusually sleepy or unconscious

5

Sara (3-year-old girl)
Diarrhoea for 4 days,
Blood in stool
Has HIV

5

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

5

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

5

Annex B. Using a thermometer

Take the child's temperature with a thermometer

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

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

1. Shake the thermometer down.

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

2. Take the child's temperature.

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

3. Determine if child has fever.

   A temperature of 37.5ºC or higher is a fever.

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

Annex C. Rapid diagnostic test (RDT) for malaria

How To Do the Rapid Test for Malaria

Collect:

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

Disposable gloves

Spirit swab

Lancet

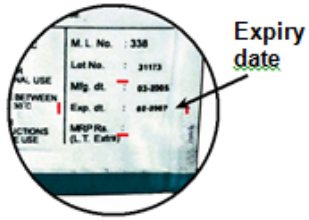
Timer

Buffer

Test packet

READ THESE INSTRUCTIONS CAREFULLY BEFORE YOU BEGIN.

1. Check the expiry date on the test packet.



2. Put on the gloves. Use new gloves for each patient

3. Open the packet and remove:

a. Test

b. Straw

c. Desiccant sachet

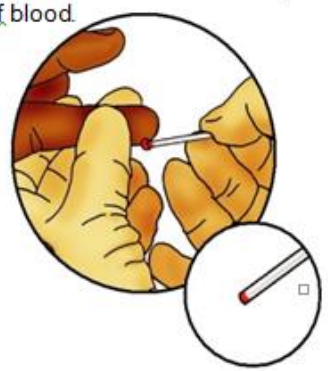
4. Write the patient's name on the test.

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

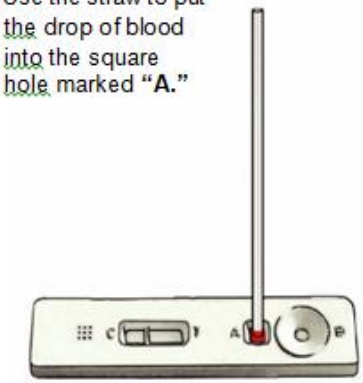
6. Open the lancet. Prick patient's finger to get a drop of blood.

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

8. Use the straw to collect the drop of blood.

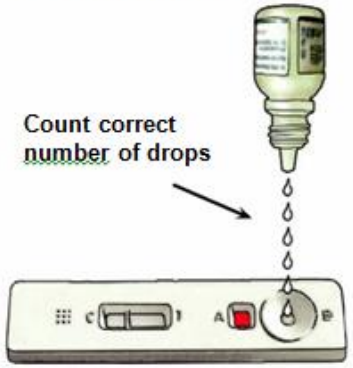


9. Use the straw to put the drop of blood into the square hole marked **"A."**



10. Discard the straw in the Sharps Box.

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



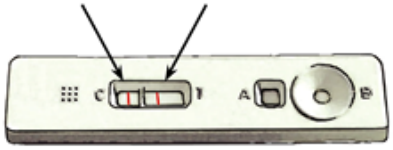
12. Wait **15 minutes** after adding buffer.

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

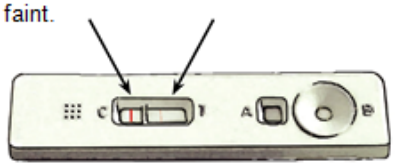
14. How to read the test results:

POSITIVE

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

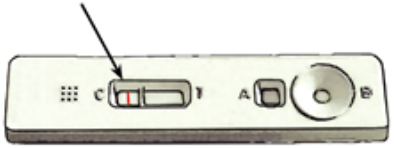


The test is **POSITIVE** even if the red line in window **"T"** is faint.



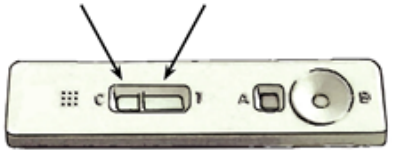
NEGATIVE

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

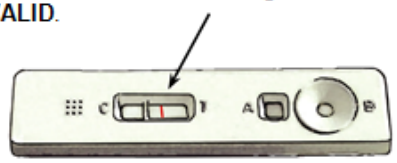


INVALID RESULT

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



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



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

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

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

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

TDR

World Health Organization

USAID FROM THE AMERICAN PEOPLE

QUALITY ASSURANCE PROJECT

Australian Government AusAID

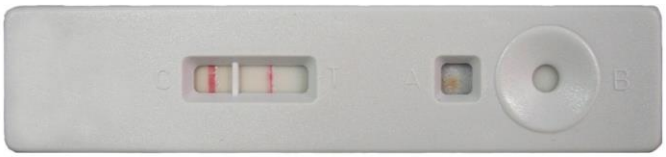
RDT Sample Results

Copy the sample results in colour on white card stock or paper. Then cut the samples to separate them. Distribute them to participants for practice reading the results.

1

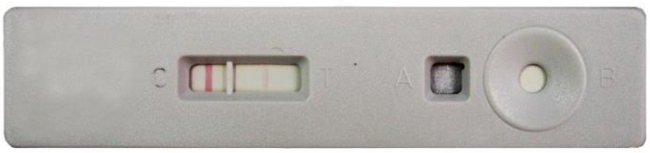
2

3

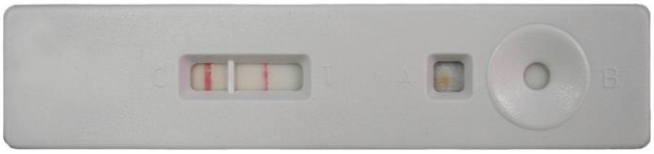


4

5



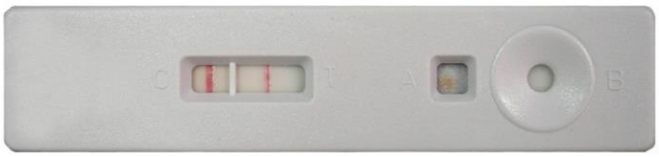
6



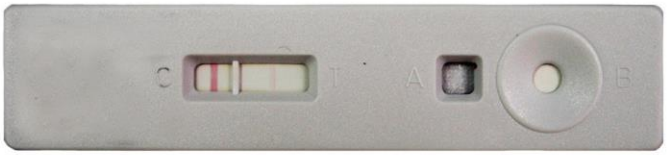
7

8

9



10



Part 3: More practice reading RDT results

ANSWER SHEET

Sample 1	☐ Invalid	☑ **Positive**	☐ Negative
Sample 2	☐ Invalid	☐ Positive	☑ **Negative**
Sample 3	☐ Invalid	☑ **Positive**	☐ Negative
Sample 4	☐ Invalid	☑ **Positive**	☐ Negative
Sample 5	☐ Invalid	☑ **Positive**	☐ Negative
Sample 6	☐ Invalid	☑ **Positive**	☐ Negative
Sample 7	☐ Invalid	☑ **Positive**	☐ Negative
Sample 8	☑ **Invalid** (no control line)	☐ Positive	☐ Negative
Sample 9	☐ Invalid	☑ **Positive**	☐ Negative
Sample 10	☐ Invalid	☑ **Positive**	☐ Negative

Part 4. Practice reading RDT results shown on video

ANSWER SHEET

For test numbers 1−5, participants will be shown the correct answer after each test. For test numbers 6−10 they will be shown the correct answers at the end of the exercise.

Record [✓] the results here

Test number: 1	Invalid___	Positive_✓	Negative___
Test number: 2	Invalid___	Positive___	Negative_✓
Test number: 3	Invalid___	Positive_✓	Negative___
Test number: 4	Invalid___	Positive_✓	Negative___
Test number: 5	Invalid___	Positive_✓	Negative___

Record [✓] the results here

Test number: 6	Invalid___	Positive___	Negative_✓
Test number: 7	Invalid___	Positive_✓	Negative___
Test number: 8	Invalid_✓	Positive___	Negative___
Test number: 9	Invalid___	Positive_✓	Negative___
Test number: 10	Invalid___	Positive_✓	Negative___

Exercise: 2 (optional)

The correct answers will be shown at the end of the exercise.

Record [✓] the results here			
Test number: 1	Invalid___	Positive___	Negative_✓
Test number: 2	Invalid___	Positive_✓	Negative___
Test number: 3	Invalid___	Positive_✓	Negative___
Test number: 4	Invalid_✓	Positive___	Negative___
Test number: 5	Invalid___	Positive_✓	Negative___
Test number: 6	Invalid___	Positive_✓	Negative___
Test number: 7	Invalid_✓	Positive___	Negative___
Test number: 8	Invalid___	Positive_✓	Negative___
Test number: 9	Invalid___	Positive_✓	Negative___
Test number: 10	Invalid___	Positive___	Negative_✓

Exercise: 3 (optional)

The correct answers will be shown at the end of the exercise.

Record [✓] the results here			
Test number: 1	Invalid_✓	Positive___	Negative___
Test number: 2	Invalid___	Positive_✓	Negative___
Test number: 3	Invalid___	Positive_✓	Negative___
Test number: 4	Invalid___	Positive_✓	Negative___
Test number: 5	Invalid___	Positive_✓	Negative___
Test number: 6	Invalid___	Positive___	Negative_✓
Test number: 7	Invalid___	Positive_✓	Negative___
Test number: 8	Invalid___	Positive_✓	Negative___
Test number: 9	Invalid___	Positive_✓	Negative___
Test number: 10	Invalid_✓	Positive___	Negative___

Annex D. Giving rectal artesunate suppository for pre-referral treatment of fever

Give rectal artesunate suppository

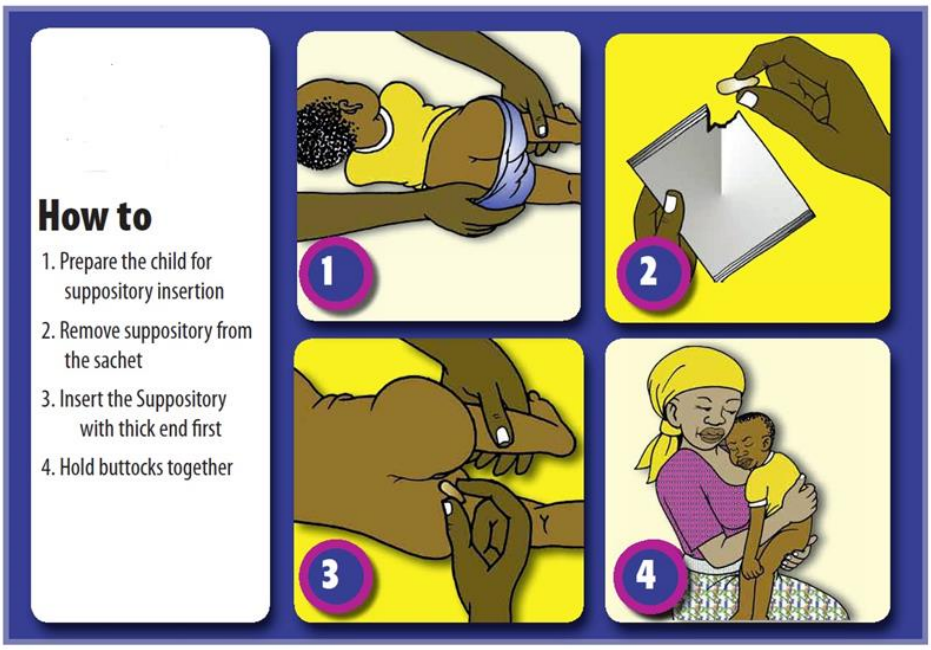
Give pre-referral treatment with rectal artesunate suppository to a child who has fever in a malaria area and:

Convulsions **or**
Unusually sleepy or unconscious **or**
Not able to drink or feed anything **or**
Vomits everything

A child with fever and any of these danger signs cannot drink to take an oral medicine. This child is very sick and needs urgent care. Rectal artesunate suppository will start helping the child while he is on the way to the health facility. Refer to the pre-referral box for fever on the recording form for the dosage:

☐ If **Fever, AND** ☐ **Convulsions** or ☐ **Unusually sleepy or unconscious** or ☐ **Not able to drink or feed anything** or ☐ **Vomits everything**	☐ **Give rectal artesunate suppository** (100 mg) ☐ Age 2 months up to 3 years— 1 suppository ☐ Age 3 years up to 5 years— 2 suppositories

Ask the caregiver to insert the suppository. See the instructions below. Then assist the child's referral to the nearest health facility.



Annex E. Forms for copying

Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years in high HIV or TB setting)

Date: Date/Month/20____ **CHW:**_____

Child's name: First _____ Family _____ **Age:** __Years/__Months **Boy / Girl**

Caregiver's name: _____ **Relationship:** Mother / Father / Other: _____

Address, Community:_____

1. Identify problems

	ASK and LOOK	Any DANGER SIGN	SICK but NO Danger Sign?
	ASK: What are the child's problems? If not reported, then ask to be sure. **YES**, sign present ➔ Tick ☑ **NO** sign ➔ Circle ■		
☐	■ Cough? If yes, for how long? __ days	☐ Cough for 14 days or more	
☐	■ Diarrhoea (3 or more loose stools in 24 hrs)? IF YES, for how long? _____days.	☐ Diarrhoea for 14 days or more	☐ Diarrhoea (less than 14 days AND no blood in stool)
☐	■ IF DIARRHOEA, blood in stool?	☐ Blood in stool	
☐	■ Fever (reported or now)? If yes, started _____ days ago.	☐ Fever for last 7 days or more	☐ Fever (less than 7 days) in a malaria area
☐	■ Convulsions?	☐ Convulsions	
☐	■ Difficulty drinking or feeding? IF YES, ☐ not able to drink or feed anything?	☐ Not able to drink or feed anything	
☐	■ Vomiting? If yes, ☐ vomits everything?	☐ Vomits everything	
☐	■ Has HIV?	☐ Has HIV and any other illness	
☐	■ At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? or ☐ Parents' current HIV status is unknown?		☐ One or both parents have HIV and child has not tested for HIV ☐ Parents' current HIV status is unknown
☐	■ Lives in a household with someone who is on TB treatment?		☐ Lives with someone on TB treatment
	LOOK:		
☐	■ Chest indrawing? (FOR ALL CHILDREN)	☐ Chest indrawing	
☐	**IF COUGH, count breaths in 1 minute:** _____breaths per minute (bpm) ■ Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		☐ Fast breathing
☐	■ Unusually sleepy or unconscious?	☐ Unusually sleepy or unconscious	
	For child 6 months up to 5 years, MUAC strap colour: red__ yellow__ green__	☐ Red on MUAC strap ☐ Yellow on MUAC strap and has HIV	☐ Yellow on MUAC strap (does not have HIV)
☐	■ Swelling of both feet?	☐ Swelling of both feet	

2. Decide: Refer or treat child

(tick decision)

☐ If ANY Danger Sign, REFER URGENTLY to health facility	☐ If NO Danger Sign, treat at home and advise caregiver

GO TO PAGE 2 ⟶

Child's name: _____ **Age:** _____

3. Refer or treat child (tick treatments given and other actions)

If any danger sign, REFER URGENTLY to health facility:	
ASSIST REFERRAL to health facility: ☐ **Explain why child needs to go to health facility. GIVE FIRST DOSE OF TREATMENT:**	
☐ If **Diarrhoea**	☐ If child can drink, **begin giving ORS solution** right away, as much as the child will take until departure. Give caregiver extra ORS solution to continue giving on the way.
☐ If **Fever AND** ☐ **Convulsions** or ☐ **Unusually sleepy or unconscious** or ☐ **Not able to drink or feed anything or** ☐ **Vomits everything** --- ☐ If **Fever AND danger sign other than the 4 above**	☐ **Give rectal artesunate suppository** (100 mg) ☐ Age 2 months up to 3 years — 1 suppository ☐ Age 3 years up to 5 years — 2 suppositories --- ☐ **Give first dose of oral antimalarial AL.** ☐ Age 2 months up to 3 years—1 tablet ☐ Age 3 years up to 5 years—2 tablets
☐ If **Chest indrawing**, or ☐ **Fast breathing**	☐ If child can drink, **give first dose of oral antibiotic** (amoxicillin tablet—250 mg) ☐ Age 2 months up to 12 months—1 tablet ☐ Age 12 months up to 5 years —2 tablets
☐ **For any sick child who can drink, advise to give fluids and continue feeding.** ☐ **Advise to keep child warm, if child is NOT hot with fever.** ☐ **Write a referral note.** ☐ **Arrange transportation, and help solve other difficulties in referral.** ☐ **FOLLOW UP child on return at least once a week until child is well.**	

	If no danger sign, TREAT at home and ADVISE caregiver:
☐ If **Diarrhoea** (less than 14 days AND no blood in stool)	☐ **Give ORS.** Help caregiver give child ORS solution in front of you until child is no longer thirsty. ☐ **Give caregiver 2 ORS packets to take home.** Advise to give as much as child wants, but **at least** 1/2 cup ORS solution after each loose stool. ☐ **Give zinc supplement.** Give 1 dose daily for 10 days: ☐ Age 2 months up to 6 months—1/2 tablet (total 5 tabs) ☐ Age 6 months up to 5 years—1 tablet (total 10 tabs) **Help caregiver to give first dose now.**
☐ If **Fever** (less than 7 days) in a malaria area	☐ **Do a rapid diagnostic test (RDT).** __Positive __Negative ☐ **If RDT is positive, give oral antimalarial AL** (Artemether-Lumefantrine). **Give twice daily for 3 days:** ☐ Age 2 months up to 3 years—1 tablet (total 6 tabs) ☐ Age 3 years up to 5 years—2 tablets (total 12 tabs) **Help caregiver give first dose now.** Advise to give 2nd dose after 8 hours, and to give dose twice daily for 2 more days.
☐ If **Fast breathing**	☐ **Give oral antibiotic** (amoxicillin tablet—250 mg). Give twice daily for 5 days: ☐ Age 2 months up to 12 months—1 tablet (total 10 tabs) ☐ Age 12 months up to 5 years—2 tablets (total 20 tabs) **Help caregiver give first dose now.**
☐ If **at risk of HIV**	☐ **Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also.**
☐ If **living in household with someone on TB treatment**	☐ **Advise caregiver to take the child soon for TB screening and TB preventive medicine.**
☐ If **Yellow on MUAC strap** (no HIV)	☐ **Counsel caregiver on feeding** or refer the child to a supplementary feeding programme, if available.
☐ For **ALL children treated at home, advise on home care**	☐ **Advise caregiver to give more fluids and continue feeding.** ☐ **Advise on when to return. Go to nearest health facility immediately** or if not possible return if child ☐ Cannot drink or feed ☐ Becomes sicker ☐ Has blood in the stool ☐ **Advise caregiver on use of a bednet (ITN).** ☐ **Follow up child in 3 days** (schedule appointment in item 6 below)

4. CHECK VACCINES RECEIVED
(tick ☐ vaccines completed)
Advise caregiver, if needed: WHEN and WHERE is the next vaccine to be given?

Age	Vaccine	Date given
Birth	☐ ■ BCG + HepB Birth ☐ ■ OPV0	
6 weeks	☐ ■ DTP/Hib1/HepB1 ☐ ■ OPV1 ☐ ■ Rota1 ☐ ■ PCV1	
10 weeks	☐ ■ DTP/Hib2/HepB2 ☐ ■ OPV2 ☐ ■ Rota2 ☐ ■ PCV2	
14 weeks	☐ ■ DTP/Hib3/HepB3 ☐ ■ OPV3 ☐ ■ Rota3 ☐ ■ PCV3	
9 months	☐ ■ MCV1	
18 months	☐ ■ DTP + MCV2	

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.
Describe problem: _____

6. When to return for FOLLOW UP (circle): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

7. Note on follow up:
☐ Child is better—continue to treat at home. Day of next follow up:_____.
☐ Child is not better—refer URGENTLY to health facility.
☐ Child has danger sign—refer URGENTLY to health facility.

Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years in high HIV or TB setting)

Date: Date/Month/20____ **CHW:**_____

Child's name: First _____ Family _____ **Age:** __Years/__Months **Boy / Girl**

Caregiver's name: _____ **Relationship:** Mother / Father / Other: _____

Address, Community:_____

3. Identify problems

	ASK and LOOK	Any DANGER SIGN	SICK but NO Danger Sign?
	ASK: What are the child's problems? If not reported, then ask to be sure. **YES**, sign present ➔ Tick ☑ **NO** sign ➔ Circle ■		
☐	■ Cough? If yes, for how long? __ days	☐ Cough for 14 days or more	
☐	■ Diarrhoea (3 or more loose stools in 24 hrs)? IF YES, for how long? ____days.	☐ Diarrhoea for 14 days or more	☐ Diarrhoea (less than 14 days AND no blood in stool)
☐	■ IF DIARRHOEA, blood in stool?	☐ Blood in stool	
☐	■ Fever (reported or now)? If yes, started ____ days ago.	☐ Fever for last 7 days or more	☐ Fever (less than 7 days) in a malaria area
☐	■ Convulsions?	☐ Convulsions	
☐	■ Difficulty drinking or feeding? IF YES, ☐ not able to drink or feed anything?	☐ Not able to drink or feed anything	
☐	■ Vomiting? If yes, ☐ vomits everything?	☐ Vomits everything	
☐	■ Has HIV?	☐ Has HIV and any other illness	
☐	■ At risk of HIV because ☐ One or both parents have HIV and child has not tested for HIV? or ☐ Parents' current HIV status is unknown?		☐ One or both parents have HIV and child has not tested for HIV ☐ Parents' current HIV status is unknown
☐	■ Lives in a household with someone who is on TB treatment?		☐ Lives with someone on TB treatment
	LOOK:		
☐	■ Chest indrawing? (FOR ALL CHILDREN)	☐ Chest indrawing	
☐	**IF COUGH, count breaths in 1 minute:** _____breaths per minute (bpm) ■ Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		☐ Fast breathing
☐	■ Unusually sleepy or unconscious?	☐ Unusually sleepy or unconscious	
	For child 6 months up to 5 years, MUAC strap colour: red__ yellow__ green__	☐ Red on MUAC strap ☐ Yellow on MUAC strap and has HIV	☐ Yellow on MUAC strap (does not have HIV)
☐	■ Swelling of both feet?	☐ Swelling of both feet	

4. Decide: Refer or treat child

(tick decision)

☐ If ANY Danger Sign, REFER URGENTLY to health facility	☐ If NO Danger Sign, treat at home and advise caregiver

GO TO PAGE 2 ⟶

Child's name: _____ Age: _____

3. Refer or treat child (tick treatments given and other actions)

If any danger sign, REFER URGENTLY to health facility:	
ASSIST REFERRAL to health facility: ☐ **Explain why child needs to go to health facility. GIVE FIRST DOSE OF TREATMENT:**	
☐ If **Diarrhoea**	☐ If child can drink, **begin giving ORS solution** right away, as much as the child will take until departure. Give caregiver extra ORS solution to continue giving on the way.
☐ If **Fever AND** ☐ **Convulsions** or ☐ **Unusually sleepy or unconscious** or ☐ **Not able to drink or feed anything or** ☐ **Vomits everything** --- ☐ If **Fever AND danger sign other than the 4 above**	☐ **Give rectal artesunate suppository** (100 mg) ☐ Age 2 months up to 3 years — 1 suppository ☐ Age 3 years up to 5 years — 2 suppositories --- ☐ **Give first dose of oral antimalarial AL.** ☐ Age 2 months up to 3 years—1 tablet ☐ Age 3 years up to 5 years—2 tablets
☐ If **Chest indrawing,** or ☐ **Fast breathing**	☐ If child can drink, **give first dose of oral antibiotic** (amoxicillin tablet—250 mg) ☐ Age 2 months up to 12 months—1 tablet ☐ Age 12 months up to 5 years —2 tablets
☐ **For any sick child who can drink, advise to give fluids and continue feeding.** ☐ **Advise to keep child warm, if child is NOT hot with fever.** ☐ **Write a referral note.** ☐ **Arrange transportation, and help solve other difficulties in referral.** ☐ **FOLLOW UP child on return at least once a week until child is well.**	

	If no danger sign, TREAT at home and ADVISE caregiver:
☐ If **Diarrhoea** (less than 14 days AND no blood in stool)	☐ **Give ORS.** Help caregiver give child ORS solution in front of you until child is no longer thirsty. ☐ **Give caregiver 2 ORS packets to take home.** Advise to give as much as child wants, but **at least** 1/2 cup ORS solution after each loose stool. ☐ **Give zinc supplement.** Give 1 dose daily for 10 days: ☐ Age 2 months up to 6 months—1/2 tablet (total 5 tabs) ☐ Age 6 months up to 5 years—1 tablet (total 10 tabs) **Help caregiver to give first dose now.**
☐ If **Fever** (less than 7 days) in a malaria area	☐ **Do a rapid diagnostic test (RDT).** __Positive __Negative ☐ **If RDT is positive, give oral antimalarial AL** (Artemether-Lumefantrine). **Give twice daily for 3 days:** ☐ Age 2 months up to 3 years—1 tablet (total 6 tabs) ☐ Age 3 years up to 5 years—2 tablets (total 12 tabs) **Help caregiver give first dose now.** Advise to give 2nd dose after 8 hours, and to give dose twice daily for 2 more days.
☐ If **Fast breathing**	☐ **Give oral antibiotic** (amoxicillin tablet—250 mg). Give twice daily for 5 days: ☐ Age 2 months up to 12 months—1 tablet (total 10 tabs) ☐ Age 12 months up to 5 years—2 tablets (total 20 tabs) **Help caregiver give first dose now.**
☐ If at **risk of HIV**	☐ **Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also.**
☐ If living in household with **someone on TB treatment**	☐ **Advise caregiver to take the child soon for TB screening and TB preventive medicine.**
☐ If **Yellow on MUAC strap** (no HIV)	☐ **Counsel caregiver on feeding** or refer the child to a supplementary feeding programme, if available.
☐ For **ALL children treated at home, advise on home care**	☐ **Advise caregiver to give more fluids and continue feeding.** ☐ **Advise on when to return. Go to nearest health facility immediately** or if not possible return if child ☐ Cannot drink or feed ☐ Becomes sicker ☐ Has blood in the stool ☐ **Advise caregiver on use of a bednet (ITN).** ☐ **Follow up child in 3 days** (schedule appointment in item 6 below)

4. CHECK VACCINES RECEIVED (tick ☐ vaccines completed)
Advise caregiver, if needed: WHEN and WHERE is the next vaccine to be given?

Age	Vaccine	Date given
Birth	☐ ■ BCG + HepB Birth ☐ ■ OPV0	
6 weeks	☐ ■ DTP/Hib1/HepB1 ☐ ■ OPV1 ☐ ■ Rota1 ☐ ■ PCV1	
10 weeks	☐ ■ DTP/Hib2/HepB2 ☐ ■ OPV2 ☐ ■ Rota2 ☐ ■ PCV2	
14 weeks	☐ ■ DTP/Hib3/HepB3 ☐ ■ OPV3 ☐ ■ Rota3 ☐ ■ PCV3	
9 months	☐ ■ MCV1	
18 months	☐ ■ DTP + MCV2	

5. If any OTHER PROBLEM or condition you cannot treat, refer child to health facility, write referral note.
Describe problem: _____

6. When to return for FOLLOW UP (circle): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

7. Note on follow up:
☐ Child is better—continue to treat at home. Day of next follow up:_____.
☐ Child is not better—refer URGENTLY to health facility.
☐ Child has danger sign—refer URGENTLY to health facility.

Referral note from community health worker: Sick Child

Child's name: First *Joseph* Family *Bono* **Age:** __Years/ *8* Months **Boy/Girl**

Caregiver's name: *Judith Bono* **Relationship:** Mother/Father/Other: _____

Address, Community: *14 Orange Grove Road*

	This child has: Sign present ➔ Tick ☑ **NO** sign ➔ Circle ■	**Reason for referral:**	**Treatment given:**
☐	■ Cough? IF YES, for how long? ___ days	☐ Cough for 14 days or more	
☐	■ Diarrhoea (loose stools)? __ days	☐ Diarrhoea for 14 days or more	☐ ORS solution for diarrhoea
☐	■ IF DIARRHOEA, blood in stool?	☐ Blood in stool	
☐	■ Fever (reported or now)? since ___ days	☐ Fever for last 7 days or more	☐ Oral antimalarial AL for fever
☐	■ Convulsions?	☐ Convulsions	☐ Rectal artesunate suppository for fever if unable to drink
☐	■ Difficulty drinking or feeding? IF YES, ☐ not able to drink or feed anything?	☐ Not able to drink or feed anything	
☐	■ Vomiting? IF YES, ☐ vomits everything?	☐ Vomits everything	
☐	■ Has HIV?	☐ Has HIV and any other illness	
☐	■ Chest indrawing?	☐ Chest indrawing	
☐	**IF COUGH, count breaths in 1 minute:** _____breaths per minute (bpm) ■ Fast breathing: Age 2 months up to 12 months: 50 bpm or more Age 12 months up to 5 years: 40 bpm or more		☐ Oral antibiotic amoxicillin for chest indrawing or fast breathing
☐	■ Unusually sleepy or unconscious?	☐ Unusually sleepy or unconscious	
	For child 6 months up to 5 years, MUAC strap colour: red__ yellow__ green__	☐ Red on MUAC strap ☐ Yellow on MUAC strap and has HIV	
☐	■ Swelling of both feet?	☐ Swelling of both feet	

Any OTHER reason referred:

- ❑ TB screening ❑ Vaccines
- ❑ HIV testing ❑ HIV care and treatment
- ❑ Other: _____

Referred to (name of health facility): _____

Referred by (name of CHW): _____ Date: _____ Time: ____

Annex F. Guide for Clinical Practice in the Inpatient Ward

Overview of Clinical Practice

Clinical practice is an essential part of the course ***Caring for the Sick Child in the Community.*** In clinical practice, participants practise using their new skills with sick children and their families.

During a clinical practice session, participants will:

- See examples of signs of illness and malnutrition in hospitalized children.
- See demonstrations of how to care for sick children according to the Sick Child Recording Form.
- Practise identifying signs of illness and malnutrition, and caring for sick children.
- Receive feedback about how well they have performed each task and guidance about how to strengthen their skills.
- Gain experience and confidence in doing the tasks described on the Sick Child Recording Form.

Inpatient sessions take place in a children's ward in the hospital. Normally, community health workers do not work on hospital wards. The ward, however, gives community health workers a chance to see signs of illness and check for severe malnutrition, which they may seldom see in the community. Seeing these signs in as many children as possible will help community health workers learn to recognize them.

Spending even a brief time on the hospital ward also helps them to see the care that children receive in hospital. With a better understanding of hospital care, they will be better able to prepare families who must take their children to hospital. There are three inpatient sessions in the course.

Outpatient Sessions take place in outpatient clinics. The outpatient session provides community health workers an opportunity for supervised practice in caring for sick children: interviewing caregivers, identifying danger signs and other signs of illness in sick children; and counselling caregivers on home care. In some clinics, participants may be able to confirm malaria by using an RDT, and treat children with diarrhoea, confirmed malaria, and cough with fast breathing. They also identify children they would refer from the community to the health facility. As these children are already at the health facility, however, they will not assist the referral of the children.

Community health workers generally work with families in the community. However, sometimes they work in outpatient clinics, helping to weigh children and do other tasks.

Sessions in a clinic provide an opportunity for participants to see clinic activities and meet health workers who will care for children they refer to the health facility.
See the Schedule of Clinical Practice below for a summary of the inpatient sessions and their relationship to activities in the outpatient sessions. Notice that the main focus of the inpatient sessions is to look for signs of illness and check for severe malnutrition in children. In contrast, during the outpatient sessions the focus is on interviewing the caregiver, looking for signs of illness and malnutrition, and deciding whether to refer or treat the child at home. During outpatient sessions (depending on the outpatient setting and policies), participants may or may not be able to **administer** treatment to children with diarrhoea, confirmed malaria, and cough with fast breathing.

Schedule of Clinical Practice Sessions

Day	Outpatient Session	Inpatient Session
Day 1	(no outpatient session)	**Afternoon** LOOK for signs of illness: • Chest indrawing • Fast breathing • Unusually sleepy or unconscious If possible, also see children with: • Cough present 14 days or more • Diarrhoea present 14 days or more • Blood in stool • Fever present for last 7 days or more • Convulsions • Not able to drink or feed anything • Vomits everything
Day 2	**Morninghalf group** Interview caregiver and ASK: What are the child's problems? ASK about: • Cough • Diarrhoea • Fever • Convulsions • Difficult drinking or feeding • Vomiting • Other problems LOOK for signs of illness:: • Chest indrawing • Fast breathing • Unusually sleepy or unconscious DECIDE: Refer or treat the child	**Morning half group** LOOK for signs of illness: • Chest indrawing • Fast breathing • Unusually sleepy or unconscious If possible, also see children with: • Cough present 14 days or more • Diarrhoea present 14 days or more • Blood in stool • Fever present for last 7 days or more • Convulsions • Not able to drink or feed anything • Vomits everything

Day	Outpatient Session	Inpatient Session
Day 3	**Morning half group** Interview caregiver and ASK: What are the child's problems? Ask about: • Cough • Diarrhoea • Fever • Convulsions • Difficult drinking or feeding • Vomiting • Other problems LOOK for signs of illness: • Chest indrawing • Fast breathing • Unusually sleepy or unconscious LOOK for severe malnutrition • Use MUAC strap • Look for swelling of both feet DECIDE: Refer or treat the child DECIDE: Treat the child at home for diarrhoea, confirmed malaria or cough with fast breathing	**Morning half group** LOOK for signs of severe malnutrition: • Red on MUAC strap • Swelling of both feet LOOK for signs of illness: • Chest indrawing • Fast breathing • Unusually sleepy or unconscious If possible, also see children with: • Cough present 14 days or more • Diarrhoea present 14 days or more • Blood in stool • Fever present for last 7 days or more • Convulsions • Not able to drink or feed anything • Vomits everything
Day 4	**Morning** ASK and LOOK for signs of illness and severe malnutrition DECIDE: Refer or treat the child TREAT fever: Do an RDT for malaria DECIDE: Home treatment for diarrhoea, confirmed malaria, or cough with fast breathing Record treatment	(no inpatient session)
Day 5	**Morning** ASK and LOOK for signs of illness and severe malnutrition DECIDE: Refer or treat the child TREAT fever: Do an RDT for malaria DECIDE: Home treatment for diarrhoea, confirmed malaria, or cough with fast breathing ADVISE: On home care and vaccines Record treatment and advice	(no inpatient session)
Day 6	Apply all training Emphasize good communication skills For child referred: Select (pre-referral) treatment to begin, and assist referral Record treatment and advise	(no inpatient session)

Overview of Sessions in the Inpatient Ward

DAY 1, AFTERNOON SESSION

The purpose of the first inpatient session is to identify the signs of illness that were first introduced in the classroom. To prepare for this session, the inpatient instructor will find children age 2 months up to 5 years with the signs of:

- Chest indrawing
- Fast breathing
- Unusually sleepy or unconscious

These are signs that participants have seen in photos and video exercises on how to LOOK for signs of illness. In this session, they will practice the skills of looking for chest indrawing, counting breaths, identifying normal and fast breathing, and identifying an unusually sleepy or unconscious child.

The inpatient instructor also will introduce participants to children who have the following signs, if they are present in the inpatient ward:

- Cough present 14 days or more
- Diarrhoea present 14 days or more
- Blood in stool
- Fever present for last 7 days or more
- Convulsions
- Not able to drink or feed
- Vomits everything

If any participant has difficulty recognizing a particular sign, facilitators continue working with the participant in subsequent clinical sessions and with photographs and videos until the participant can recognize the sign with confidence.

Finding children with some of these signs can be very difficult, even in the hospital. For example, a child who is convulsing may seldom be seen during the inpatient session. The inpatient instructor, however, will try to find as many children as possible with the signs of illness.

DAY 2, MORNING SESSION

The purpose of the second inpatient session is to continue the practice of Day 1 in identifying signs of illness, in particular chest indrawing, fast breathing and unusually sleepy or unconscious. Follow the instructions for Day 1.

DAY 3, MORNING SESSION, in parallel with Outpatient clinic practice

The purpose of the third inpatient session is to identify signs of severe malnutrition. Participants will identify the nutritional status of children, with or without visible

malnutrition, by using a MUAC strap and checking for swelling (oedema) of both feet. To prepare for this session, the inpatient instructor will find children age 2 months up to 5 years with these signs:

- Red on the MUAC strap
- Swelling of both feet

These are signs that participants have seen in photo and video exercises on how to LOOK for signs of illness. Participants will also continue to practice the skills of looking for chest indrawing, counting breaths, and identifying an unusually sleepy or unconscious child.

The Role of the Inpatient Instructor

One clinical instructor leads the inpatient session. (The inpatient instructor may also be responsible for organizing the sessions in the outpatient clinic.) The tasks of the inpatient instructor include:

1. Before the sessions, select children with appropriate clinical signs for participants to see during the session. Prepare a Recording Form to show each child's history. Also identify any additional children with infrequently seen signs to show participants.

2. At the beginning of each session, demonstrate new clinical skills.

3. Assign two participants to each child. Observe while participants look at children to identify signs of illness. Ask them to complete the appropriate section of the Sick Child Recording Form related to the signs participants are to practise. Have participants move through the cases so that all participants see every child identified for the session.

4. Conduct rounds to review as many of the children that participants have seen, as time permits.

5. Show participants any additional children with infrequently seen signs (e.g. convulsions, or a child who has had diarrhoea for 14 days or more).

6. Summarize the session. Reinforce participants for new or difficult steps that they did correctly, and give suggestions and encouragement to help them improve.

Qualifications and Preparation for the Inpatient Instructor

The Course Director should select an individual to be the inpatient instructor who has the following qualifications.

1. The inpatient instructor should be **currently active in clinical care** of children, if possible on the inpatient ward of the facility where the training is being

conducted. (If the inpatient instructor is not on the staff of the facility, a staff assistant will be needed to help with arrangements and perhaps with translation.)

2. The inpatient instructor should have proven **clinical teaching skills**.

3. The training process for community health workers in the inpatient ward is similar to the clinical practice in the course Integrated Management of Childhood Illness for first-level health workers. It is helpful, therefore, to use experienced IMCI clinical instructors, where possible. Minimally, the inpatient instructor should be very **familiar with the IMCI case management process** and have experience using it. He or she should have **participated in the course *Integrated Management of Childhood Illness*** previously as a facilitator.

4. The inpatient instructor should be **clinically confident**, in order to sort through a ward of children quickly, identify clinical signs that participants need to observe, and identify clinical signs easily according to the Manual for Community Health Workers. He or she should understand the child's clinical diagnoses to avoid confusing cases and critically ill children who need urgent care. He or she should be comfortable handling sick children and **convey a positive, hands-on approach**.

5. He or she must have **good organizational ability**. It is necessary to be efficient to accomplish all of the tasks in each clinical session, including reviewing at least 6 cases. The individual must be able to stay on the subject, avoiding any extraneous instruction or discussion. These are very active periods. He or she must be energetic.

6. The individual must be **outgoing and able to communicate** with ward staff, participants, and caregivers. He or she should be a good role model in talking with caregivers and children. (A translator may be needed.)

7. If possible, in preparation for this role, the individual should work as an assistant to an inpatient instructor at a previous course to see how to select cases, organize the clinical session, and interact with participants.

9. The inpatient instructor must be available for briefings 2−3 days prior to facilitator training, for clinical training during all of facilitator training, and for the inpatient session of the course.

10. The inpatient instructor should be available to teach several of these courses during the next year.

Inpatient Instructor: Before the Course Begins

1. With the Course Director, meet with the director of the paediatric inpatient ward. Explain to the ward director how the inpatient session works. Describe what the inpatient instructor and the participants will do. Ask permission to

conduct the session in the ward. If there are separate malnutrition and sick child wards, meet with the directors of these wards.

2. If several wards will be used, first meet with the hospital director to obtain permission, then with the ward staff responsible for each ward needed during the course. In each ward, make sure your arrangements include the senior responsible nurse, not just the doctor in charge.

3. Ask the ward director for a clinical assistant. This should be someone who works on the ward full time. Ask the director to assign the clinical assistant to come at the time of the early morning preparations.

4. Visit the ward. See how the ward is laid out, the schedule of admissions and meals. Find out when patients are and are not available.
   From this information, plan a possible schedule for the clinical session in the inpatient ward. Meet with the Course Director to set the schedule for inpatient and outpatient sessions. If there is more than one group of participants, plan the schedule so that each group will be able to visit the inpatient and outpatient settings as planned on the overall schedule.

5. Study this guide to learn or review exactly what you should do to prepare for and conduct the inpatient session. Visit the inpatient ward to plan how and where you can carry out your tasks.

6. Obtain necessary supplies for instruction. These include:

   - Sick Child Recording Forms
   - Tape to fasten recording forms to the foot or head of bed
   - Highlighter pens to mark the sections of the recording forms to focus the participants

7. Meet with the Course Director to review your responsibilities and your plans for conducting the inpatient session.

8. Brief any staff that will be in the inpatient ward about what you will be doing, and the training session that will take place there.

9. As a trial run, practise what you will need to do. Select at least 6 children with clinical signs appropriate for the session and prepare recording forms for them. Then show these to the Course Director.

10. During the first few days of the facilitator training, select cases and conduct the inpatient session with supervision and feedback from the Course Director or an experienced inpatient instructor. This should allow you to obtain experience in this role and to work out any problems, before the course and heavier teaching load begins.

General Procedures: How to Prepare for Sessions in the Inpatient Ward

1. Early in the morning on the day of a clinical session, examine all children admitted to the paediatric wards to see if their signs are appropriate for the clinical session. This must be done in the morning as the clinical condition of hospitalized children can change very rapidly, even overnight.

2. Ask the permission of the caregivers to allow their children to be seen by participants. Try to arrange for children to be in their beds during the session.

3. Select at least 6 cases who together have an appropriate variety of signs for participants to see plus any others who provide good demonstrations of clinical signs. (Select one or more cases per each 2 participants.) Select any additional children with the signs you are emphasizing during that day's session or with infrequently seen signs that you want to show to participants.

4. Keep a list with brief notes on each of these cases for your own reference during the session. Note the child's name, age, location in the ward if necessary, and positive signs. However, keep in mind that clinical signs can change rapidly in very ill children.

5. Partially complete a Recording Form for each of the selected children and post it on the child's bed. Obtaining and recording the history in this way will prevent repetitive questioning of mothers and will expedite the identification of signs of illness and severe malnutrition.

   How to Prepare the Recording Form:

   - Highlight the top section of the form: Child's name, age, sex. Fill in this information.

   - Highlight all main symptom questions to be covered that session. Do not fill in any information about the child's additional clinical signs. Participants will identify the signs when they examine the child.

   - Draw a line where you want the task to stop.

   - Put the form on the foot or head of the bed. Remove or turn over any hospital records that are on or near the bed so that participants cannot see them.

6. Mark the beds of any additional children that you plan to show to participants, for example, by posting a coloured card at the foot of the bed. This will help you and participants locate these children easily.

General Procedures: Conducting the Inpatient Session

The inpatient session will last about 1 hour to 2 hours, depending on the transport time to the facility. Allow about 20 to 30 minutes for the participants to identify the danger signs in their assigned patients, and about 30 minutes for review of participants' demonstration of clinical signs. It is necessary to keep up the pace of the review session.

1. Tell participants the objectives of the inpatient session.

2. Demonstrate any new part of the process. Before participants practise a clinical skill for the first time in the inpatient ward, they should see a demonstration of it done correctly. Explain and demonstrate the clinical skill exactly as you would like participants to do it.

3. Assign each 2 participants a child to identify danger signs and other signs of illness. Tell them which tasks you expect them to do. Be sure that each participant has a blank Recording Form to use.

4. Observe while the participants look for signs of illness. Be available to assist or answer questions. Make sure they are ticking the child's signs on the Recording Form.

   If you see a participant involved in a long discussion with the mother, encourage him to use the history provided and to concentrate on the task of identifying clinical signs.

5. Make sure participant work is not interfering too much with the ward routine, especially provision of treatment. You or your assistant should make sure families understand what is going on.

6. Conduct rounds with the group of participants:

   - Gather the participants and take the group to the bed of the first case. Ask the assigned participant to present the case, describing the signs found. (Do not comment now on whether the task was done correctly.) Ask the participant to refer to the Sick Child Recording Form to explain what he or she found. This is important to do throughout the session.
   - Ask all the participants to identify certain signs, for example, to determine whether chest indrawing is present or absent. (Select signs to present or reinforce in the session, based on the Schedule for Clinical Practice.) Thus, by the end of the session, children with and without the sign are seen by participants, so the distinction is clear. Give them a chance to examine for the sign, for example, to stand near the child to look for chest indrawing. (The instructor needs to look for the sign at the same time as the participants, since signs may change over time.)

- Ask participants to write their individual decision on a Recording Form and hand or show it to you, so you are sure they are making their own decision, not influenced by others or fear of embarrassment. Be aware that some people are quite shy and do not like to have a joke made if they have made an error. With slips of paper, it is possible to talk about agreement of the group without singling out the wrong answer of any one participant. You will know which participants are identifying signs correctly and which need more practice.
- If all participants did not identify a danger sign correctly, demonstrate or let participants look again. Find out **why** they decided differently—**where** they were looking, when they think breathing in or out is occurring, or other relevant factors. Treat their opinions with respect. Convey the fact that **you** might be wrong. "Let's look again." "Now, is it more clear in this position?" "Abdi was correct to doubt chest indrawing if he was not sure. Let's look in a different position."

  Make sure the atmosphere is supportive, so participants do not feel bad if they get a sign wrong. You may say, "It takes awhile to learn these signs. Do not feel bad if you make a mistake—we all will."
- Ask the participant to look at the child again. If your decision about any sign was different, allow the participant a chance to decide how the decision should change.
- Summarize the case so that participants understand the correct identification of the child's signs. Thank the participant and praise him for any new or difficult tasks that he did correctly. Then move the group to the next case and review the case in the same way.
- When conducting the rounds of participants' cases, start with the more simple cases. Cases with more complex signs can be presented later, for example, a second case could have chest indrawing that is difficult to identify. It is also important to show children with and without the sign. Participants need to become confident in saying a sign is not there, not just in recognizing the main signs of illness.
- At the end of the clinical session, summarize the important signs and tasks covered in the session and refer to common problems that participants encountered (for example, missing chest indrawing). Ask participants to keep their Recording Forms so that they can refer to them to complete their Group Checklist of Clinical Signs.
- Summarize for the participants the important signs that they saw in the session. Reinforce them for new and difficult steps that they did correctly, and give suggestions and encouragement to help them improve.

7. After the session, ask participants to initial the clinical signs they have seen on the Group Checklist of Clinical Signs. Post the checklist on the wall of the classroom for all participants to add their initials to the signs they have seen.

8. During the course, participate in the meeting of facilitators at the end of each day. Report to the facilitators and the Course Director on the performance of participants during the inpatient session that day. Use the group checklist to discuss whether participants are seeing all the clinical signs.

GROUP CHECKLIST OF CLINICAL SIGNS
Sick Child Age 2 Months Up To 5 Years

Cough for 14 days or more	**Diarrhoea (loose stools) for 14 days or more**	**Diarrhoea with blood in stool**	**Convulsions**
Fever (reported or now) for last 7 days or more	**Any fever in a malaria area**	**Not able to drink or feed anything**	**Vomits everything**
Chest indrawing	**Fast breathing**	**Unusually sleepy or unconscious**	In child 6 months up to 5 years: **Red on the MUAC strap**
In child 6 months up to 5 years: **Yellow on the MUAC strap and has HIV**	**Swelling of both feet**	**Cough less than 14 days**	**Diarrhoea (less than 14 days and no blood in stool)**
Has HIV	**At risk of HIV**	**Exposed to TB**	

Annex G. Guide for Clinical Practice in the Outpatient Clinic

Overview of Sessions in the Outpatient Clinic

There are five outpatient sessions in the course, one each in the mornings of Day 2 to Day 6. (Day 6 may be optional, depending whether there is a clinic open and available for practice.)

[Note: If you have not already read Overview of Clinical Practice (pages 165−167), do so now. These pages describe the schedule, reasons for and relationship between the clinical sessions in the outpatient clinic and the inpatient ward.]

DAY 2, OUTPATIENT SESSION

In the outpatient clinic, participants will practise a systematic process for interviewing caregivers and looking for signs of illness in sick children age 2 months up to 5 years. Under the supervision of facilitators, participants will:

- Interview caregivers.
- ASK caregivers: What are the child's problems?
- Use the recording form to guide the interview.
- LOOK for signs of illness: chest indrawing, fast breathing, or unusually sleepy or unconscious.
- Receive feedback from facilitators

Since children come to the clinic with many problems, facilitators also are responsible for seeing that the children receive all necessary treatment before they leave the clinic. They also must see that caregivers receive counselling on home treatments and general home care. Facilitators might complete the full case management of children or make sure that children go to the front of the clinic waiting line in order to be seen by a clinical officer at the clinic.

DAY 3, OUTPATIENT SESSION

This second outpatient session provides another opportunity for community health workers to practise interviewing caregivers and looking for signs of illness and malnutrition. In this session, participants will also identify danger signs, and decide whether they would refer a child from the community to a health facility or treat a child at home.

Facilitators should try to find children in the clinic who have danger signs and signs of severe malnutrition, as well as other signs of illness. Finding children with the danger signs will be difficult in the clinic; for this reason there are also sessions in inpatient wards. Nevertheless, participants can practise the steps in asking about and looking for danger signs.

DAYS 4 TO 6, OUTPATIENT SESSIONS

During the remaining outpatient sessions, participants continue interviewing caregivers and looking for signs of illness. They practice deciding whether to refer or treat the child, and how to treat the child at home. Participants will practise doing a rapid diagnostic test for malaria before deciding how to treat the child with fever. In some clinics participants may be able to give ORS solution or the first dose of other medicines, starting on Day 4. If participants are not permitted to administer treatments to children, they should still select the correct treatments and record them on the recording form, for review by the facilitators.

The Roles of the Clinical Instructor and Facilitators during Outpatient Sessions

The clinical instructor organizes the outpatient clinic. All of the classroom facilitators support the clinical instructor and serve as facilitators during the outpatient session. In addition to the clinical instructor, there should be a minimum of 2 facilitators for every group of 9 to 12 participants. The role of the clinical instructor during an outpatient session is to:

1. **Do all necessary preparations** for carrying out the outpatient session.

2. **Explain** the session objectives and make sure the participants know what to do during each outpatient session.

3. **Demonstrate** the case management skills described on the charts. Demonstrate the skills exactly as participants should do them when they return to their communities.

4. **Lead discussions** to summarize and monitor the participants' performance.

The facilitators:

1. Observe the participants' progress throughout the outpatient sessions and provide feedback and guidance as needed.

2. Facilitators may be asked to use the Skill Observation Form for Clinical Practice in Outpatient Clinic to track the performance of each participant.

3. Are available to answer questions during the outpatient sessions.

Before the Course Begins

1. Visit the clinic where you will conduct outpatient sessions. The purpose of the visit is to introduce yourself and your co-facilitators and make sure all the necessary arrangements have been carried out.

2. Meet with clinic staff to confirm all administrative and logistical arrangements made in advance.

3. Make sure that a regular clinic staff member, such as a nurse, has been identified to assist with the clinical practice activities. The nurse will:

   - Identify children who are appropriate for the clinical session as they come into the outpatient department.
   - Arrange for the child and mother to leave the regular clinic line and be seen by the participants.
   - Return the child to the appropriate station in the clinic for treatment and care.

4. Confirm plans for making sure that patients seen during the outpatient session receive the treatment they need. Determine whether facilitators (or participants) will dispense medicines and give the first dose, or whether patients will be passed to regular clinic staff for treatment.

5. Check to see that clinic staff have been briefed on what participants will be doing during the practice sessions.

General Procedures: Preparing Each Morning before an Outpatient Session

1. Based on the visit you made to the clinic before the course began, plan to obtain the medicines and other supplies you will need if participants will give ORS solution, antimalarials, and antibiotics (amoxicillin). Make sure you bring the relevant supplies to each session.

2. Check with the Course Director or other designated course staff to find out the transportation schedule for travel to the clinical practice sessions.

3. At the end of each day's module work, tell your group of participants where to meet in the morning for transportation to the clinical sessions. Also remind the participants to bring their pencils, and watches or timing devices.

4. When you arrive at the clinic, meet with the clinic staff who will intercept patients in the triage area. Explain the objectives for the day's session and tell the clinic staff the type of cases participants will need to see today. Any child with a general danger sign should be seen first by the regular clinic staff so that care is not delayed.

   Note: During your training, you and the Course Director may have already

established contact with a nurse or other clinic staff member who will help by identifying cases to send to the area where participants are working. Staff responsibilities often change in large clinics so you may need to explain again to clinic staff information such as the purpose of the course, arrangements made, and who gave permission.

5. You or your co-facilitator should check to see that all the necessary supplies for today's session are available where the participants will be working. You may need to find a tray or table on which to set up any supplies or equipment before the session begins.

6. When you have finished discussing arrangements with the clinic staff, begin the day's session.

General Procedures: Conducting the Outpatient Session

1. Gather the participants together. Explain what will happen during the session. Describe the skills they will practise and answer any questions they might have. (The person responsible for the briefing will usually be the clinical instructor.) Be sure participants have their pencils and watches or timers with them.

2. Distribute sufficient copies of the appropriate Recording Form and the Referral Form. Tell participants they will use the Recording Form to guide the interview and to record information about the children they see. Also explain that they will need to save their Recording Forms from each session to use later in the classroom. They will use them to complete a Group Checklist of Clinical Signs.

3. Before participants practise a clinical skill for the first time, they should see a demonstration of the skill. To conduct a demonstration:

    - Review the case management steps that will be practised in the session.
    - Describe how to do the steps and review any special techniques to be practised today.
    - As you demonstrate the case management steps, do them exactly as you want the participants to do them. Describe aloud what you are doing, especially how you decide that a sign is present and how you decide on treatment.
    - At the end of your demonstration, give participants an opportunity to ask any questions before they begin practising with patients.

4. Assign patients to participants. Participants should practise doing the steps relevant to each session's objectives with as many children as possible.

5. It is best if participants work in pairs. When working in pairs, they can take turns so that one participant assesses a case while the other observes. Or after one participant does the steps, the other participant also does them.

    When participants work in pairs, you are responsible for making sure that every

participant, and not just each pair of participants, practises interviewing caregivers, identifying signs of illness, and counselling caregivers on home care.

6. Steps such as identifying chest indrawing can be difficult for participants at first. The first time a participant does a new task, supervise carefully to make sure he or she can do the task correctly. Provide guidance as needed.
7. Observe each participant working with his assigned caregiver and child. Make sure he is doing the clinical skills correctly. Also check the participant's Recording Form to see if he is recording information correctly. Provide feedback as needed. Remark on things that are done well in addition to providing guidance about how to make improvements.

   You may be asked to use the Skill Observation Form for Clinical Practice in Outpatient Clinic to track the performance of each participant each day.

   When you have not been able to observe the participant's work directly, take note of the patient's condition yourself. Then:

   - Ask the participant to present the case to you. The participant should refer to his Recording Form and tell you the child's main symptoms. Later in the course, the participant should also summarize the treatment the child should receive.

   - If time is very limited, look at the participant's Recording Form. Compare your observation of the child's condition with the participant's findings. Ask clarifying questions as needed to be sure the participant understands how to identify particular signs. Discuss the case with the participant and verify the signs found. If treatment has been planned (on Day 5), verify that it is correct.

8. Provide specific feedback and guidance as often as necessary. Provide feedback for each case that the participant sees. Mention the steps the participant does well and give additional guidance when improvement is needed.

   Note: If any children requiring urgent referral are identified during the session, assist in transport if this is feasible. Make sure all urgent pre-referral treatment has been given.

9. When a participant finishes a case, assign him to another patient. If no new patient is available, ask the participant to observe management of other patients. As soon as another patient is available, assign a participant to that patient. ***Your emphasis should be on having participants see as many children as possible during the session.*** Do not let participants become involved in discussions of cases or wander off after managing just one or two patients.

10. If a child has signs which the participants are not yet prepared to identify, return the child to regular clinic staff for continuation of assessment and treatment.

11. If the child is returned to the regular clinic staff for treatment, you may need to

write a brief note on the findings and likely diagnosis or briefly discuss the case with the clinician in charge to make sure the child receives correct and prompt care. ***It is essential that the caregiver receive appropriate treatment for her child before leaving the clinic.***

12. At any time during any session, if a child presents with a sign which is seen infrequently, or with a particularly good or interesting example of a sign being emphasized that day, call all the participants together to see the sign in this child.

13. After the session, ask participants to initial the clinical signs they have seen on the Group Checklist of Clinical Signs (attached). Post the checklist on the wall of the classroom for all participants to add their initials to the signs they have seen.

14. During the course, participate in the meeting of facilitators at the end of each day. Report to the facilitators and the Course Director on the performance of participants during the clinical session that day. Use the group checklist to discuss whether participants are seeing all the clinical signs.

    If facilitators are marking the Skills Observation Form for Clinical Practice in Outpatient Clinic, refer to your forms to discuss the progress of individual participants. Determine whether certain participants are lacking skills that should be focused on during subsequent sessions.

    The Course Director will collect the forms for later analysis.

Skill Observation Form for Clinical Practice in Outpatient Clinic

Observer: Date: Circle day of course: 1 2 3 4 5 6

Tick a skill under participant's initials when observed to perform skill satisfactorily.

Skills Observed	Participant's Initials				
Asks for child's problems					
Cough					
Diarrhoea					
Blood in stool					
Fever					
Convulsions					
Difficulty in drinking or feeding					
Vomiting					
HIV					
Risk of HIV					
Exposure to TB in household					
Looks for child's problems					
Chest indrawing					
Fast breathing					
Unusually sleepy or unconscious					
Checks for malnutrition using MUAC strap					
Checks for swelling of both feet					
Decides to refer child or treat at home					
Decides No danger sign: Home treatment and advice					
Decides Danger sign: Urgent referral					
Determines appropriate pre-referral treatment					
Chooses correct pre-referral treatment for diarrhoea					
Chooses correct pre-referral treatment for fever					
Chooses correct pre-referral treatment for chest indrawing					
Determines appropriate home treatment					
Teaches correct ORS preparation					
Gives ORS correctly for treatment of diarrhoea					
Performs RDT for malaria					
Chooses correct antimalarial and dosage for fever					
Chooses correct antibiotic and dosage for fast breathing					
Helps caregiver to give first dose now					
Checks caregiver's understanding of how to give treatment					
Check expiration date of all medicines					
Advises to take child for HIV test soon					
Advises to take child for TB screening and TB preventive medicine					
Counsels or refers for yellow reading on MUAC					
Advises on giving more fluids and continued feeding					
Advises on when to return					
Advises on sleeping under a bednet					
Schedules appointment for follow up in 3 days					
Vaccination status					
Checks and determines vaccination status					

For more information, please contact:

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