

# iCCM Training in NBEG



## ICCM Partners Workshop

Juba , South Sudan

12 June, 2012

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**Regional Case Management Specialist, Malaria Consortium**



PREVENTION



DIAGNOSIS



TREATMENT



RESEARCH



# Program

Time	Description	Presenter
10:00- 10: 15 am	Welcome remarks and Introduction	MC Technical Coordinator
10: 15 – 11: 30 am	Presentation of MC's revised training manual	Madeleine Marasciulo-Rice – Regional Case Management specialist
11:30 — 12:00 pm	Presentation of HMM paper-based tools	Martin Dale-PSI/GF-TBC
12:00- 1:00 pm	Discussion on ICCM and training manual Statements	The audience
1:00 -2:00	Lunch	



# Presentation Outline

- iCCM Training Background
- Revision Process
- Training Implementation
- Revised Materials
- Discussion Questions

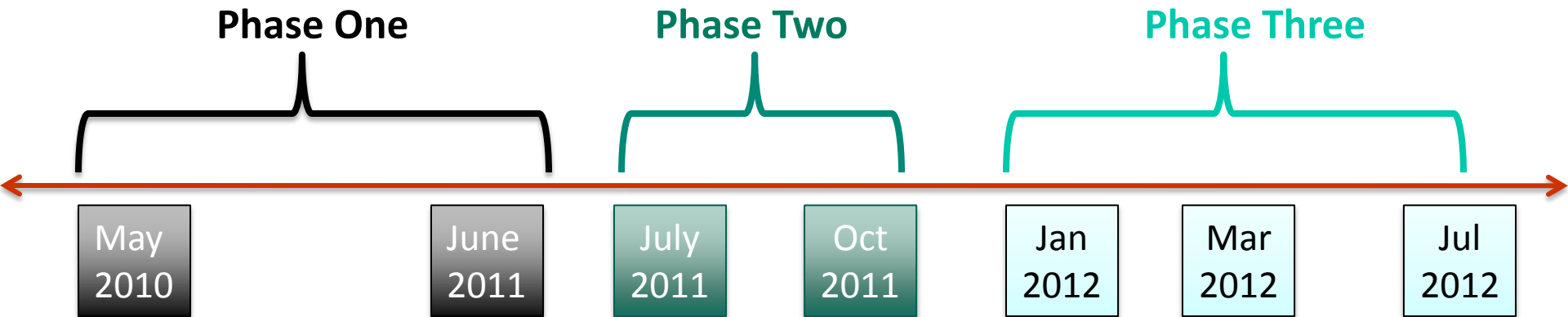


# ICCM TRAINING BACKGROUND





# Phases of Development





# Phase One

- NBeG: May 2010 to June 2011
- Malaria only
- TOT for 4 master trainers and 20 core trainers from Aweil and Bentiu
- Master and core trainers trained county health department trainers who then trained CDDs
- 1,610 CDDs and 112 CDD Supervisors trained
- Unity: June 2010
- Malaria, pneumonia and SAM (no diarrhoea)
- Illness components taught in silos
- Training materials developed based on best practice of iCCM training in Uganda



# Phase Two

- NBeG: July 2011
- Developed 6-day training of full iCCM package
- Components taught independently
- Used training materials and format used in Unity
  - Training Manual, TOT Guide, Sick Child Job Aid, CDD Flipbook, CDD Recording Form and Referral Triangles, Caregiver Treatment Cards
- Refresher TOT conducted





### Facilitator Notes

Caring for the sick child  
in the community

Treat diarrhoea, confirmed  
malaria, and fast breathing



## Facilitator Guide

Caring for Newborns and Children in  
the Community



Treat Fever, Diarrhoea and Fast breathing



Uganda Adaptation May 2010



malaria consortium  
disease control. better health.

Integrated Community Case Management of Fever, Fast  
breathing, Diarrhoea and Severe Acute Malnutrition



Facilitators Training Manual for Southern Sudan  
iCCM Manual

1<sup>st</sup> September 2010



## COMMUNITY DRUG DISTRIBUTOR'S RECORDING FORM

[illegible]



# Phase Two Challenges

- Full iCCM training course had not been field tested
- Limited clinical knowledge of trainers
- CDDs limited understanding of materials and tools
- Oct 2011; mid-term review recommendations:
  - Revise training manual to follow an integrated format of assessment, classification, referral, treatment and recording
  - Include innovative communication strategies in CDD tools to address illiteracy



# PHASE THREE REVISION PROCESS





# Revision Process

- Initial revision of materials (Jan to Mar 2012)
- Training needs assessment NBeG (Feb 2012)
- TOT (Mar 2012)
- Field test full iCCM training materials and tools (Mar 2012)
- Final revision of materials based on field test (April 2012)



# Initial Revision of Materials

- Reviewed GoSS MoH Guidelines and Plans
- Reviewed iCCM and IMCI training and technical manuals for best practice and technical content
- Incorporated answers to technical questions—extensive literature search and regional Malaria Consortium technical meetings
- Developed *iCCM Flowchart* to drive format
- Developed New *iCCM Facilitator Training Manual*
- Designed *iCCM Instructional Pictures*
- Developed *CDD Competency Checklist for iCCM*
- Developed *CDD Supervisor Competency Checklist*
- Developed *iCCM Training Implementation Guidelines*
- Revised *CDD Sick Child Job Aid*



MINISTRY OF HEALTH  
GOVERNMENT OF SOUTHERN SUDAN



Southern Sudan Malaria Control  
Strategic Plan

Integrated Preventive Child Health Care

Level of Health - Function  
Flowchart

IEHC Flowcharts

CHART 1 C



GOVERNMENT OF SOUTHERN SUDAN  
MINISTRY OF HEALTH



Prevention and Treatment  
Guidelines for  
Primary Health Care Units



Government of South Sudan  
Ministry of Health  
Home Health Promoters Implementation  
Guide

Implementation guide for  
COMMUNITY BASED MANAGEMENT OF MALARIA,  
PNEUMONIA AND DIARRHOEA

A Community Child Survival Program

February 2009



Ministry of Health  
Government of Southern Sudan

Government of Southern Sudan  
Ministry of Health

Interim Guidelines  
Integrated Management of Severe Acute Malnutrition  
December 9, 2009



Government of South Sudan  
Ministry of Health

Home Health Promoter Curriculum  
outline

ANNEX F.

Ministry of Health, Government of  
Southern Sudan



Basic Package of Health and  
Nutrition Services  
For Southern Sudan

Third Draft - February 2008



## Malaria treatment guidelines 2011



## Home Based Management of Malaria

## Diarrhoea



## Pneumonia



## Severe acute malnutrition



## Home visits for newborn care







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FROM THE AMERICAN PEOPLE

**BASICS**

## TOOLKIT FOR COMMUNITY CASE MANAGEMENT OF CHILDHOOD ILLNESSES

TRAINER'S GUIDE

Facilitator guidelines – Community Based Distributors – PSI inputs



## Facilitator guidelines for training of Community Based Distributors<sup>1</sup>

Community Based Treatment  
Survival Program - South Sudan  
October 2007

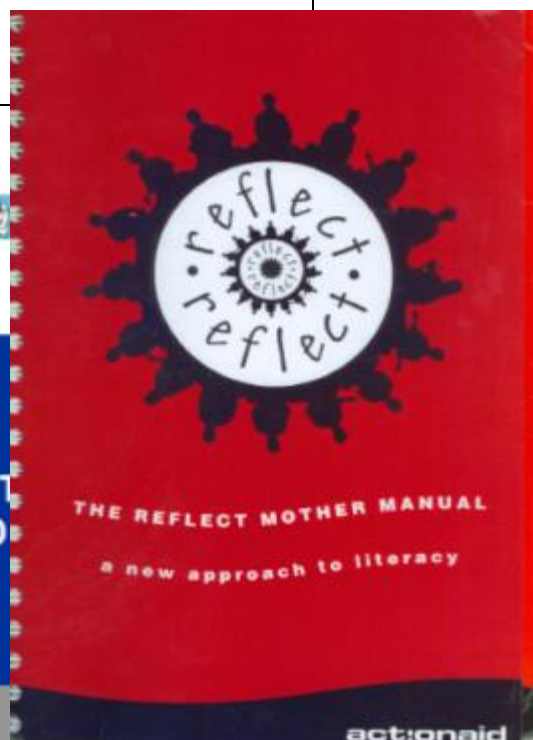


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**BASICS**



## A GUIDE FOR TRAINING COMMUNITY HEALTH WORKERS/VOLUNTEERS TO PROVIDE MATERNAL AND NEWBORN HEALTH MESSAGES



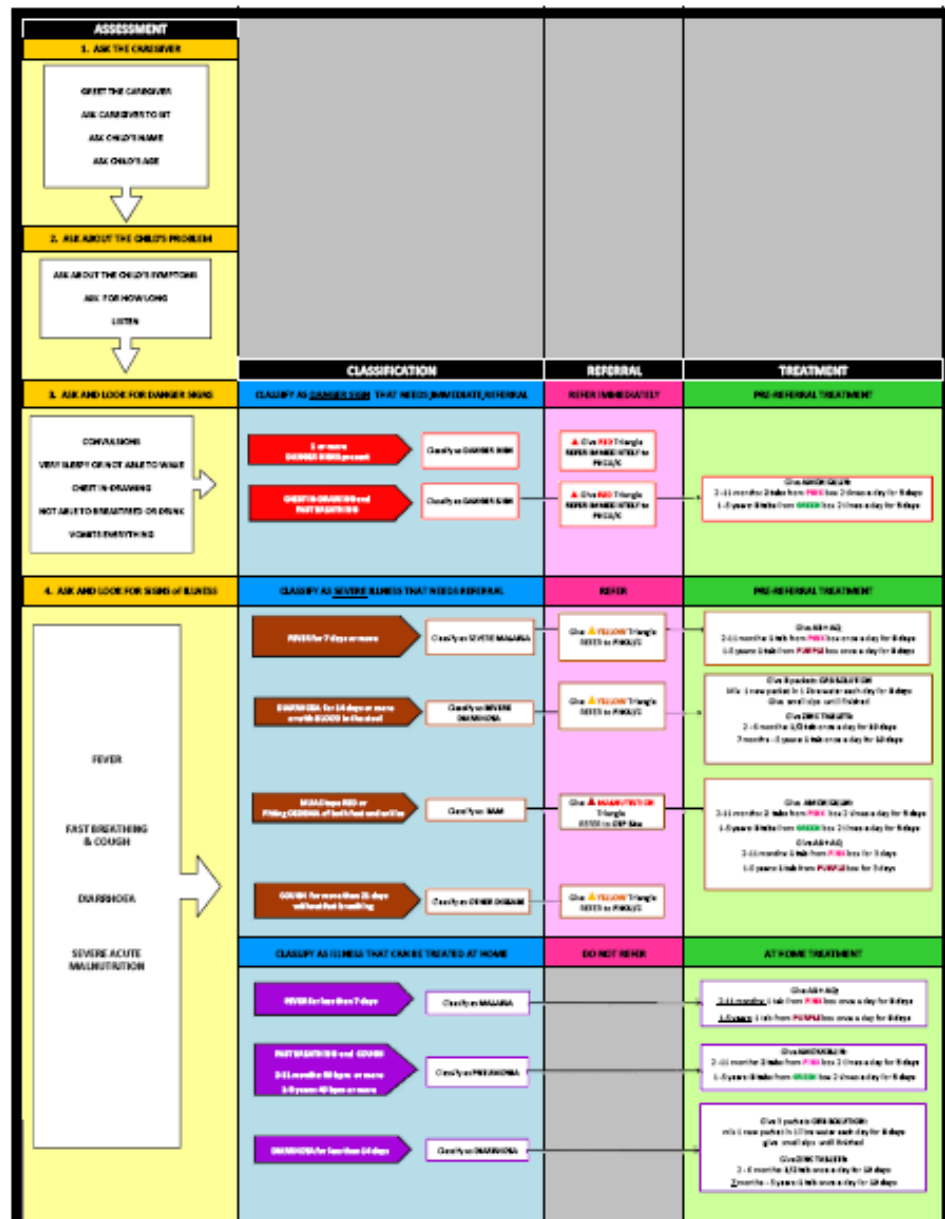
## Facilitator guidelines for training of Community Based Distributor Supervisors<sup>1</sup>

Community Based Treatment  
Child Survival Program - South Sudan  
November 2008

Written by: Johnson Mwamba  
Child Survival Program, Southern Sudan  
The International Rescue Committee  
[johnsonmwamba2003@yahoo.com](mailto:johnsonmwamba2003@yahoo.com)



# iCCM Flow Chart





# Needs Assessment

- Ask experienced facilitators' feedback on updated structure of training materials
- Translation of instructional materials written in English
- Discuss challenges training CDDs—illiteracy
- Assess facilitator's clinical knowledge of iCCM content
- Visit CDDs and observe current iCCM knowledge and listen to challenges with prior training
- Discuss CDD Competency tool








# Training Manual



- Update technical content
  - Current, accurate and consistent with GoSS MoH Guidelines
- 6 Modules structured to follow iCCM:
- Adult learning methodology and participatory activities for low literacy
- User friendly facilitator instructions—simple language—prescriptive technical content
- Include instructions and practical activities for using:
  - Job Aid, Flip Book, respiratory timer and beads, MUAC tape, referral triangles, and CDD Recording Form
- Include practical application clinical session
- Closing Ceremony—community advocacy



## Instructional Symbols

The facilitator steps are accompanied by symbols to help you quickly find your place in the manual. The symbols represent the type of instructional method used during each session. The following is a key to the symbols:

	<b>Plenary</b> Presentation of information given to the entire group of CDDs, or a question and answer discussion where questions are posed to the large group about the topic.
	<b>Small Group Discussion</b> An activity that involves breaking up the CDDs into small groups 2 to 8 people to discuss a topic, question or a problem.
	<b>Skill Building Activity</b> Instructions for a training activity such as a role play, skill practice, or review game.

	<b>Demonstration</b> The facilitator demonstrates how to do a skill either by role-playing a scenario or by showing how to do a skill correctly with the co-facilitator and then asking the CDD to do the same.
	<b>Facilitator Tip</b> Additional useful information or hints for the facilitator to train the activity.



# CDD Learning Objectives

- Ask and look for signs and symptoms of danger signs in children.
- Ask and look for signs and symptoms of malaria, pneumonia, diarrhoea, and severe acute malnutrition in children 2 months to 5 years.
- Distinguish between illnesses that need referral from those that can be treated at home by the caregiver.
- Refer children with danger signs and signs of severe malaria, severe pneumonia and severe diarrhoea to the nearest PHCU/C.



# CDD Learning Objectives (cont.)

- Refer children with severe acute malnutrition to the nearest OTP site.
- Give the correct treatment and caregiver advice for the treatment of malaria, pneumonia, diarrhoea and SAM.
- Give caregivers health messages to promote good health and prevent future illnesses.
- Record cases of malaria, pneumonia, diarrhoea, and severe acute malnutrition on the *CDD Recording Form*.

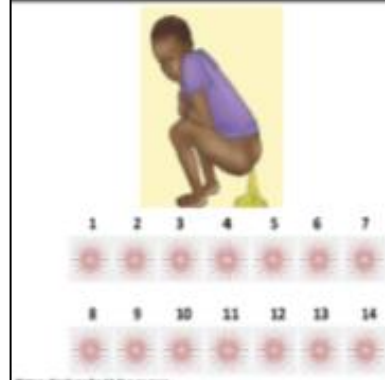
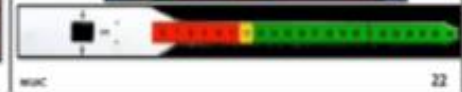
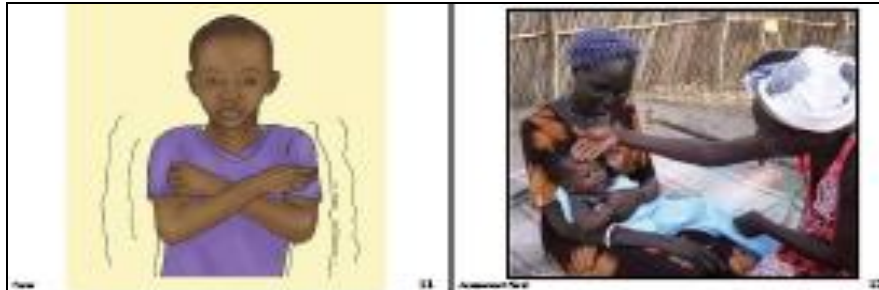


# Agenda

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Introduction to ICCM	Assessment of the Sick Child with Danger Signs	Assessment of the Sick Child—Putting it Together	Treatment of Sick Children	Review of Modules 1 through 4	Following up after sick child visit
Health in the Community	Assessment of the Sick Child with Fever	Classification and Referral of Danger Signs		Clinical Session	Communicating Health Messages
TEA BREAK					
Roles and Responsibilities of the CDD	Assessment of the Sick Child with Fast Breathing	Classification and Referral for Severe Illness	Treatment and Advice for Malaria	Clinical Session	Record Keeping
					Managing Supplies
LUNCH					
Active Listening and Communication	Assessment of the Sick Child with Fast Breathing	Classification and Referral for Severe Illness and SAM	Treatment and Advice for Pneumonia	Clinical Session	Action Planning
Introduction to Taking a Medical History	Assessment of the Sick Child with Diarrhoea		Treatment and Advice for Diarrhoea		Closing Ceremony
TEA BREAK					
CDD Toolkit	Assessment of the Sick Child with SAM	Classification and Advice for Illnesses Treated at Home	Treatment and Advice for SAM	CDD Skill Evaluation	Distribution of Medicines and CDD Community Service Agreement
Introduction to CDD Recording Form			Recording Treatments		



# Instructional Pictures





# Implementation Guidelines

- How to use the *Facilitator Training Manual*
  - Instructional Symbols
- How to train adults
  - Participatory training methods
  - Training individuals with low literacy
- CDD certification process
- Support supervision process
- Training report template
- List of training materials, facilitator tools and CDD Toolkit
- List of instructional pictures



# Implementation Guidelines

- Roles and responsibilities of the ICCM Facilitators for preparing for, delivering and evaluating ICCM training
- Clinical session guidelines
- How to implement *CDD Competency Checklist*
- Instructions for using respiratory timer and beads
- Instructions for using MUAC tape
- Instructions to make an ORS solution



# CDD Competency Checklist for iCCM

- Used by facilitators to observe iCCM skills during Clinical Session
- CDDs need to demonstrate satisfactory or “OK” in all skill areas in order to get a *Certificate of Competence*
- Also used by facilitators and CDD Supervisors during support supervision visits
- Organized in same format as iCCM and training manual:
  - *Communication*
  - *Assessment of the Sick Child*
  - *Classification & Referral*
  - *Treatment & Caregiver Advice*
  - *Record Keeping & Supplies*
  - *Follow-Up & Health Messages*



# CDD Competency Checklist for iCCM

	Not Seen	NOT Good	OK	Very Good
14. Applies pressure to top of both feet to look for pitting oedema.				
<b>CLASSIFICATION and REFERRAL</b>				
1. Gives caregiver correct advice about: <ul style="list-style-type: none"> <li>What could be wrong with the child</li> <li>Need for referral</li> </ul>				
2. Classifies a child with at least 1 danger sign as danger sign AND gives caregiver red referral triangle AND refers to PHCUIC.				
3. Classifies a child with fever 7 days or more as severe malaria AND gives caregiver yellow referral triangle AND refers to PHCUIC.				
4. Classifies a child with diarrhoea 14 days or more or diarrhoea with blood in the stool as severe diarrhoea AND gives caregiver yellow referral triangle AND refers to PHCUIC.				
5. Classifies a child with red MUAC tape reading as SAM AND gives caregiver malnutrition referral triangle AND refers to OTP site.				
6. Classifies a child with pitting oedema in both feet as SAM AND gives caregiver malnutrition referral triangle AND refers to OTP site.				
7. Refers to the PHCUIC: <ul style="list-style-type: none"> <li>Children under 2 months of age</li> <li>Children over 6 years of age</li> <li>Adult patients</li> <li>Illness not known or not able to treat</li> </ul>				
8. Gives the caregiver correct referral instructions and directions to the PHCUIC or OTP site.				
9. Classifies a child with cough of more than 21 days as other disease AND refers to PHCUIC.				
10. Classifies a child with fever of less than 7 days as uncomplicated malaria that can be treated at home.				
11. Classifies a child with fast breathing and cough as pneumonia that can be treated at home.				
12. Classifies a child with diarrhoea of less than 14 days with no blood in stool as diarrhoea that can be treated at home.				
<b>TREATMENT and ADVICE</b>				
1. Uses the CDD Job Aid to explain to the caregiver why, how and when to give the child's treatment.				
2. Gives the first dose of all drugs with the caregiver.				
3. Selects the correct box of AS+AQ for child with fever or child with fever AND any danger sign: <ul style="list-style-type: none"> <li>2 to 11 months: 1 tablet from PINK box once a day for 3 days.</li> <li>1 to 5 years: 1 tablet from PURPLE box once a day for 3 days.</li> </ul>				
TOTAL				

	Not Seen	NOT Good	OK	Very Good
4. Selects the correct box of amoxiillin for the child with chest in-drawing or for fast breathing and cough: <ul style="list-style-type: none"> <li>2 to 11 months: 2 tablets from PINK box 2 times a day for 5 days</li> <li>1 to 5 years: 3 tablets from GREEN box 2 times a day for 5 days</li> </ul>				
5. Mixes the first packet of ORS and teaches caregiver how to make ORS solution for the child with severe or moderate diarrhoea: <ul style="list-style-type: none"> <li>Gives caregiver advice to continue giving the ORS on the way to the PHCUIC for child with severe diarrhoea.</li> <li>Gives caregiver 2 remaining ORS packets and advises the caregiver to mix a fresh solution each day and give child frequent sips each day until each solution is finished.</li> </ul>				
6. Selects the correct dose of Zino tablet for child with severe or moderate diarrhoea based on the child's age: <ul style="list-style-type: none"> <li>2 to 6 months: ½ tablet once a day for 10 days</li> <li>7 months to 5 years: 1 tablet once a day for 10 days</li> </ul>				
7. Selects the correct dose of AS+AQ and amoxiillin for a child with SAM based on the child's age: <ul style="list-style-type: none"> <li>2 to 11 months: 1 tablet from PINK box once a day for 3 days</li> <li>1 to 5 years: 1 tablet from PURPLE box once a day for 3 days</li> <li>2 to 11 months: 2 tablets from PINK box 2 times a day for 5 days</li> <li>1 to 5 years: 3 tablets from GREEN box 2 times a day for 5 days</li> </ul>				
8. Advises caregiver NEVER to give ORS or Zino tablets to the child with SAM.				
9. Gives caregiver the correct treatment instructions and gives caregiver correct treatment handout.				
10. Gives caregiver advice to take the child to the PHCUIC if the child: <ul style="list-style-type: none"> <li>Gets sicker</li> <li>Develops a danger sign</li> <li>Not improved in 2 days</li> </ul>				
<b>RECORD KEEPING and SUPPLIES</b>				
1. Completes the CDD Recording Form during every sick child visit—after giving child first dose of drug.				
2. Correctly marks the following on the CDD Recording Form: <ul style="list-style-type: none"> <li>Child's name or thumb print</li> <li>Male or Female</li> <li>Child's age</li> <li>Classification of illness</li> <li>If child referred</li> <li>Treatment(s) given</li> </ul>				
3. Stores drugs and supplies indoors in a dry place and away from insects and animals.				
TOTAL				



# CDD Supervisor Competency Checklist



## CDD Supervisor Competencies Checklist

#	CDD Supervisor Competency	YES	NO	N/A
1.	Plans and schedules monthly supervision visits.			
2.	Greets the CDD and explains reason for visit and what to expect.			
3.	Treats the CDD with respect by actively listening and responding to concerns.			
4.	Practices active listening by asking open ended questions and by summarizing and repeating what they heard CDD to say and confirms understanding.			
5.	Asks about the status of past problems and resolutions.			
6.	Allows the CDD to evaluate their own performance by asking the CDD what they are doing well.			
7.	Asks the CDD if she/he has any questions.			
8.	Asks the CDD if any clinical questions have come up that the CDD is unsure of.			
9.	Asks if CDD has encountered any situations he/she could not address because s/he didn't know how.			
10.	Gives the CDD additional training for new skills and coaching for skills that need improvement.			
11.	Provides new or updated information and guidelines.			
12.	Used the <i>CDD Competency Checklist</i> while observing the CDD.			
13.	Reviews the <i>CDD Recording Form</i> and discusses the patients the CDD has seen since the last supervision visit.			
14.	Checks the inventory of CDD supplies and restocks supplies as needed.			
15.	Checks the inventory of CDD drugs and compares remaining stock with the number of drugs given on the <i>CDD Recording Form</i> .			



## CDD Supervisor Competencies Checklist

#	CDD Supervisor Competency	YES	NO	N/A
16.	Clarifies any conflicts in inventory with the CDD and ensures the correct drugs and dose are given for the correct illness and age.			
17.	Restocks CDD drugs as needed.			
18.	Summarizes the visit using the <i>CDD Competency Checklist</i> and tells the CDD what she/he is doing well.			
19.	Suggests specific ways for the CDD to improve performance.			
20.	Motivates and encourages the CDD to continue to improve.			
21.	Asks the CDD if they are having difficulty with anything.			
22.	Discusses solutions to problems together with the CDD.			
23.	Works with the CDD to discuss an action plan for next visit.			
24.	Schedules the next visit with the CDD before leaving.			
25.	Thanks the CDD for their work and contribution to the community.			



# Revised CDD Job Aid

- Minimize wording and business
- Add assessment child's age
- Add assessment of child's age
- Add picture of bloody diarrhea
- Add pictures of suns to assess number of days
- Add pictures of respiratory beads and timer, and MUAC tape
- Remove treatment pictures—redundant with Flip Book



## Danger signs for Referral



Abnormally sleepy



Vomiting everything



Not breastfeeding



Convulsion



If danger signs present, give pre-referral treatment and refer to Health Centre



Lower chest indrawing



2 - 11 months  
Fast breathing /  
Pneumonia - Amoxicillin



1 - 5 years  
Fast breathing /  
Pneumonia - Amoxicillin

## ICCM Assessment Chart

### Section 1

How old is the child?



2 - 11 months



1 - 5 years

### Section 2

Danger signs for referral



Convulsion



Abnormally sleepy



Give red triangle



Lower chest in-drawing



Not breastfeeding  
or drinking anything



Vomiting everything



## Ask: what is child's illness?



Cough / fast breathing



2 - 11 months



1 - 5 years

Fast Breathing



Fever



Diarrhoea



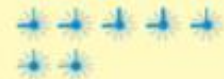
For children less than 2 months; and any other condition, refer to the Health Centre



## Assessment for fever, fast breathing, diarrhoea and severe acute malnutrition

### Section 3

Check for fever  
*If yes, for how long?*



Check for fast breathing  
and cough



2 - 11 months



1 - 5 years



Diarrhoea



Severe acute  
malnutrition





## How to treat a sick child?



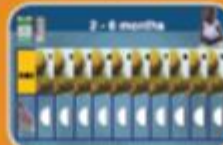
Cough / fast breathing



Malaria



Diarrhoea



## Signs of severe illness for referral

Section 4



Fever 7 days or more



Give yellow triangle



Lower chest indrawing



Give yellow triangle



Diarrhoea 10 days or more (blood & stool)



Severe acute malnutrition



Swelling of feet and ankles



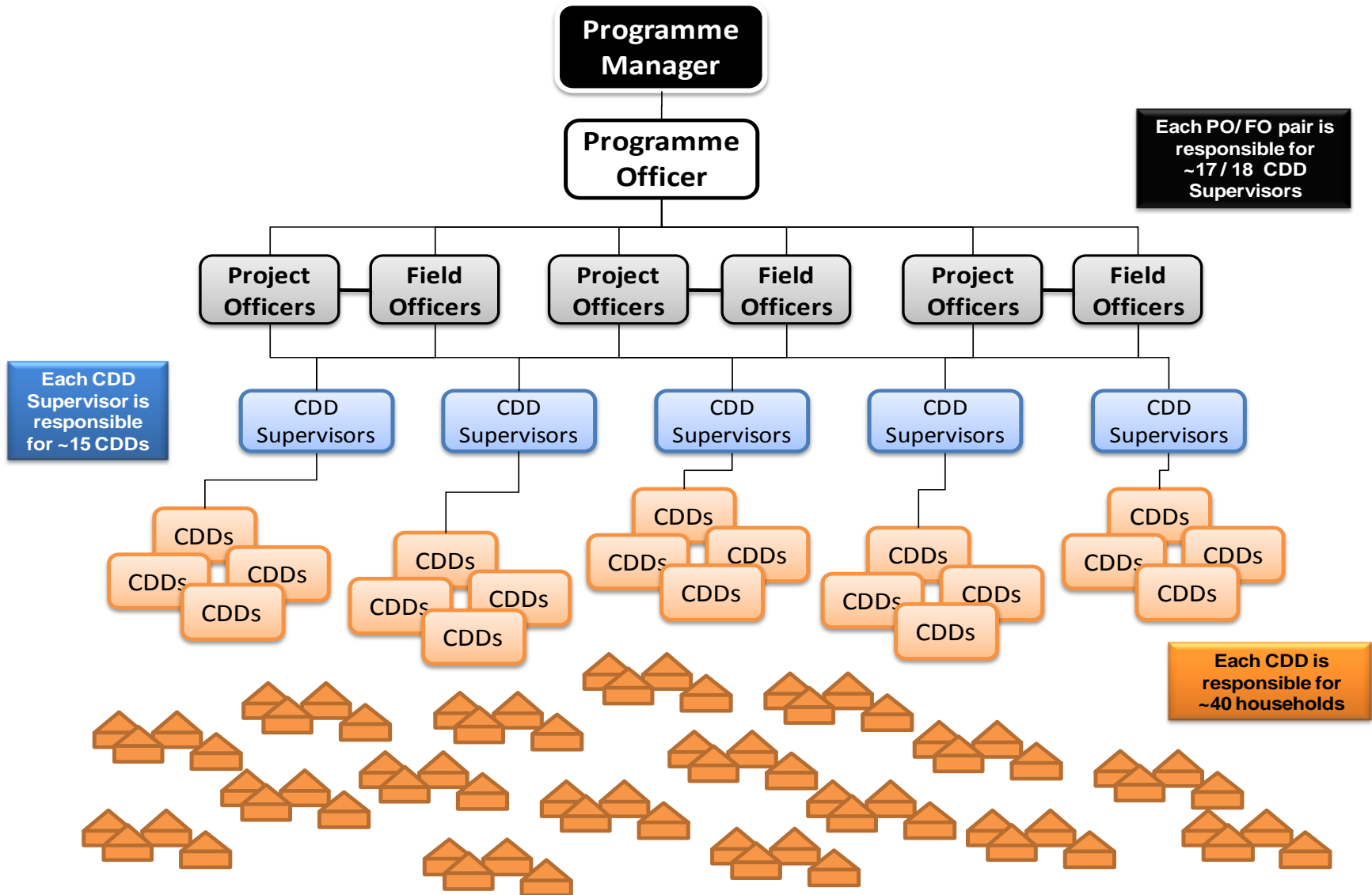


# TRAINING IMPLEMENTATION





# ICCM Organizational Structure NBeG





# Training Implementation

Event	Participants	Duration	Dates
<b>TOT</b>	4 MC Project Officers 6 MC Field Officers 3 Guests	7 days	March 11-18
<b>Field test</b>	45 CDDs 6 CDD Supervisors PHCU/C representatives and Nutrition Officers	6 days	March 19-25
<b>Revise Materials</b>	N/A	2 weeks	April 5-15
<b>Train CDD Supervisors</b>	120 CDD Supervisors By 10 teams of supervisors	6-Day iCCM Training and Support Supervision	May 14
<b>Train CDDs</b>	528 CDDs	6-day iCCM Training	May 17



# TOT

- 4 Project Officers and 6 Field Officers,
  - PSI, IRC, County Health Dept.
- March, 2012—7 days
  - ToT Manual Adult Learning
  - Modeled 6-day iCCM Training
  - Training Tools
  - Support Supervision





# Field Test Training & Materials

- March 19<sup>th</sup> though 25<sup>th</sup>
- 6-day training implemented in 3 locations
  - Nielat, Aweilich, Wetweil
- Two MC staff rotated observing each training twice
- iCCM Facilitator Competencies
- Clinical session
- Job Aid FGD
- All staff debrief and recommendations



# iCCM Facilitator Competencies

- Follows steps in the Training Manual
- Prepared for training in advance
- Uses a presentational voice
- Uses eye contact and non-verbal communication
- Asks the participants questions
- Answers participants' questions
- Gives clear instructions
- Gives participants feedback
- Manages training time
- Keeps participants attentive, involved, engaged
- Collaborates with others



# Facilitator Skills Scoring Criteria

Score the facilitator skills using the following competency level criteria:

0	UNSATISFACTORY	Not able to demonstrate the competency at all, or demonstrates the competency incorrectly. Requires additional training, mentoring, and practice to be able to perform the competency.
1	SATISFACTORY	Able to adequately demonstrate the competency; or able to partially demonstrate the competency. With additional practice and coaching will develop to the next performance level.
2	STANDARD	Able to demonstrate the competency completely, correctly and accurately. Demonstrates adult learning methods to ensure the participants understand the training content. Ensures all learning objectives are met by following the activities in the training manual.
3	ADVANCED	Able to demonstrate an advanced level of expertise, above what is expected. Serves as a role model for other facilitators. Teaches, coaches, or mentors other facilitators and encourages them to improve. Uses innovative interactive participatory training methods to ensure participants understand the content and the learning objectives are met.



# Nielat

- **3 Facilitators**
- **Participants:**
  - 15 CDDs—all women (12 experienced; 3 new)
  - 1 CDD Supervisor
  - 1 Community Nutrition Worker
  - Village chief
- **Language:**
  - Dinka and Luo





# Aweilich

- 4 Facilitators
- Participants:
  - 16 CDDs—(1 new)
  - 1 CDD Supervisor
  - Representative from PHCU, Community Nutrition Worker
- Language:
  - Dinka





# Wetweil

- 3 Facilitators
- Participants:
  - 15 CDDs—5 women and 10 men (5 new)
  - 1 CDD Supervisor
  - 1 Representative from PHCU
  - 1 Community Nutrition Worker
- Language:
  - Dinka





# Outcomes of Field Test Trainings

- Facilitators found manual easy to follow
- The CDDs were able to understand and participate in the training
  - engaged, listening and participating
  - able to understand the new materials
  - content and structure is at the level of the CDDs
  - able to remember because of frequent repetition of key content
- Facilitator translation of training materials and content in the manual
- Instructional pictures beneficial visual and learning tool
- iCCM received well in the communities
- Closing ceremony worked well



# Outcomes of Field Test Trainings

- CDDs poor writing capacity
- Flipcharts not needed
- Clinical Session planning
- Measuring fast breathing
- Having two tools—Job Aid and Flip Book confusing
- Pictures of children's ages in Job Aid and Flip Book not representative
- Picture of assessment of bi-pedal oedema confusing
- CDD motivation and compensation



# REVISED MATERIALS





# Final Revision to Training Manual

## ■ Instructional Revisions:

- Recording form—“chunking” each day
- Clinical updates
- Updated instructions for respiratory assessment (DVD)
- Updated instructions for using MUAC tape
- Updated Clinical Session Guidelines
- Added how to delivering BCC health messages to caregivers
- Added CDD Key Learnings to review each day
- Added instructions for how to make water safe
- Deleted flipcharts



# Final Revision of Training Manual

- **Include Implementation Guidelines as Annex**
  - Technical and Training Resources
  - Caregiver Advice and Health Messages
- **Additional Technical Resources**
  - Classification and Referral Algorithm
  - Treatment Algorithms
  - How to Make Water Safe
  - Instructions to Make Homemade (ORS)
  - Translation of Signs & Symptoms for Languages in NBeG



# Final Revision of Training Manual

- **Additional Training Resources**
  - Updated ICCM Clinical Session Guidelines
  - CDD Skills Evaluation Tool and Answer Key
  - CDD Community Service Agreement
  - CDD Code of Conduct
  - Instructions for using instructional pictures to train individuals with low literacy
- **Training Manual revision test for facilitators**



# Final Revision to CDD Tools

- Combined Job Aid with Flip Book
- Added gender assessment
- Added neck stiffness to danger signs
- Updated pictures to match instructional pictures
- Translated words



## How old is the child? (Ruun)



**2 to 11 months**

Duatde arou-laar apaar wang aciilo  
Peei karou bi la peei thiarku tok



**1 to 5 years**

Run-aciilo laar run abiic  
Ruon tok bi la run kadhiec

## What is the child's sex?



**Boy**

Nyithok  
Dhok



**Girl**

Nyakou  
Nya



## Assess for Danger Signs (Gum rach—E Ken koc nok)



Nota able to wake  
Ungen piny  
Aci gek piny



Not breastfeeding  
Bimatha –Bidhodho  
Aci dek piu—Acié thuat



Chest in-drawing  
Ngeete, teel yengong  
Puou thok acie lony thin



Stiff Neck  
Nëk nin yin

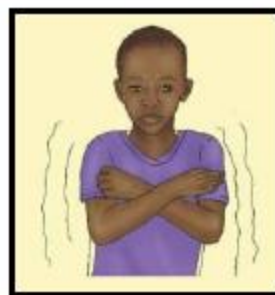


Convulsions  
Adoor-kerayo  
Juet—Gueek/door

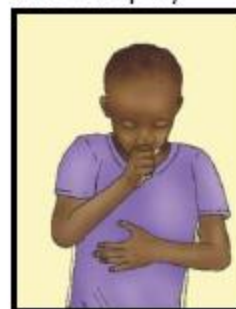


Vomiting everything  
Ungok kuan gini came cang  
Akang ngak wei e ben

## Assess for Fever (Leeth rook—Aleeth)



## Assess for Fast Breathing and Cough (Yii yong yong Aweei apei)



## Assess for Diarrhoea (Thou yeng—Yac)



Thou-yec pii  
Yac piu



Pii athum eguopi  
Aci guop thok ne piu



Thou-yec riemo  
Yac riem







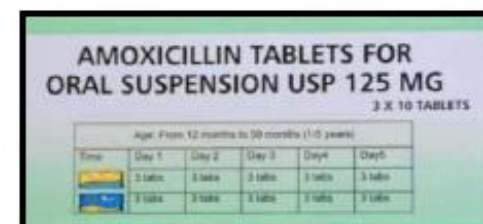
## Treatment for Fever

Cup yeen parakim Leeth rook  
Gam wal akim Aleeth



## Treatment for Fast Breathing & Cough and Chest in-drawing

Cup yeen parakim Yii yong yong  
Gam wal akim Aweei apei





## Treatment for Diarrhoea

Page Navigation

Cup yeen parakin thoo yeng  
Gam wal akim Yac



Pii-me kuel  
Piu path



Mela fua fua sugar  
Awai ci mat ke thugar



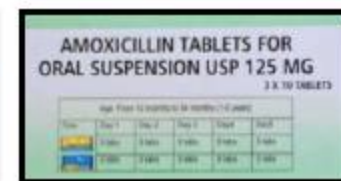
1 2 3 4 5 6 7 8 9 10



1 2 3 4 5 6 7 8 9 10

## Pre-referral Treatment for SAM

Yeen paar akim Adoor-kerayo  
Wal akim—Waal tuany Gueek/door



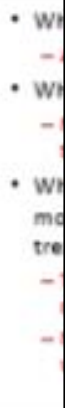


# Revised Health Messages

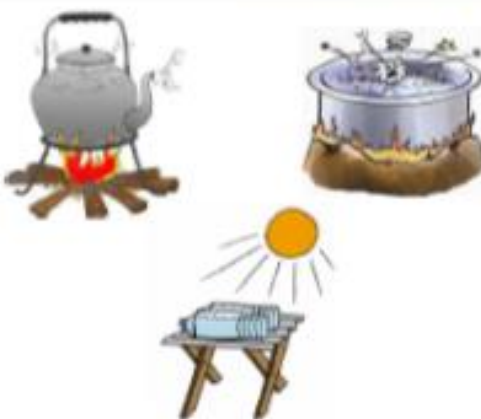


- One page per message
- Updated pictures
- Added messages for nutrition, immunizations, how to make water safe
- BCC dialogue questions on the back





- What do you see in this picture?
  - A mother helping her child wash his hands with soap and water
  - Another person washing their hands
- When should you and your child wash your hands with soap and water or ash?
  - Before preparing or handling food
  - Before eating or feeding a child
  - After using the toilet, latrine or changing a child who has passed stool
  - Before and after taking care of someone who is sick
  - After touching sick people or animals
- Why is it important to wash your hands and teach your children to wash their hands?
  - To prevent germs from spreading



- What do you see in this picture?
  - A woman boiling water to make the water safe
- How long should you boil water to make it safe?
  - For 1 minute or until the water is jumping up and down
  - Let it cool and keep covered before drinking
- Why is it important to drink safe water?
  - To prevent diarrhoea



- What do you see in this picture?
  - Pictures of latrines
- When should you use a latrine?
  - Safe disposal of feces?
- Why is it important to use a latrine?
  - To prevent diarrhoea germs from spreading
- What can you do if there is no latrine?
  - Bury the feces



# Presentation of Materials

- ICCM Facilitator Training Manual
- CDD Job Aid
- Instructional Pictures
- Algorithm Posters
- CDD Competency Checklist
- CDD Supervisor Competency Checklist
- iCCM Facilitator Competencies
- Training Report Template
- Certificates



# CDD Tool Kit

- Respiratory Timer
- Respiratory Beads
- MUAC tape
- Referral Triangles (3)
- ICCM Treatment Medications
- Treatment Handouts
- Litre Jerry Cans
- Cups and Spoons
- CDD Recording Form
- Medicine Box





# DISCUSSION





# General Discussion Points

- Initial reactions
- What is the process for national approval and / or certification of training materials – linking with HHP and national policies
- What has been the experience with training CDDs

## Small Group Discussion Points

- How do these materials differ from others currently in use in South Sudan?
- What are the next steps for harmonizing iCCM and the training materials?
- How do we disseminate and share materials





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Thank you



PREVENTION



DIAGNOSIS



TREATMENT



RESEARCH