

PN-ABU 567
94091

Integrated Child Survival Training Course

**For Medical Officers
of First Level Care Facilities**

Trainer's Manual

*The extensive use of World Health Organization material
on Diarrhoea, Immunization and ARI has been used
in the preparation of this manual.*

**Pakistan Child Survival Project
Basic Health Services Cell
Ministry of Health
Government of Pakistan
December 1991**

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INTRODUCTION

Introduction to a New Training Approach

Background of the Pakistan Child Survival Project

Training Strategy

The Importance of Continuing Education

Involving Mothers in Primary Child Health Care

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INTRODUCTION TO A NEW TRAINING APPROACH

This manual is intended to help you, the trainer, conduct effective, in-service training of Medical Officers of first level care facilities*. The purpose of the training is to lower the Child Mortality Rate in Pakistan by improving case management of children, especially in the four main child survival intervention areas — immunization, nutrition, diarrhoea and dehydration, and acute respiratory infection.

The Integrated Child Survival Training Course represents a departure from traditional health care training. It is not limited to the treatment of disease; rather it promotes the total well-being of the developing child. It stresses the team approach to child care and treatment, involving the entire staff, the mother or primary caretaker and health officials working outside the actual health facility. It emphasizes continuing education for health professionals and a hands-on, job-related approach to training. And it recognizes the importance of addressing training needs at all levels of the health care system to ensure that personnel at each level, from paramedics to supervisors, have the support and information they need to carry out their part in the process of improving health care delivery.

* In this manual we refer to "first level facilities" to mean Rural Health Centres, Basic Health Units, dispensaries, MCH clinics or centres and hospital out-patient departments where primary health care is provided.

BACKGROUND OF THE PAKISTAN CHILD SURVIVAL PROJECT

During the 1970s Pakistan developed a Primary Health Care Programme to bring essential health and related services to people where they were living and to help them participate in their own care. The programme, which is on-going, comprises the eight essential elements of primary health care defined by WHO and UNICEF in 1978 at Alma-Ata:

1. Education concerning common health problems, and methods of preventing and controlling them;
2. Promotion of adequate food supply and proper nutrition;
3. An adequate supply of safe water and basic sanitation;
4. Maternal and child health, including family planning;
5. Immunization against major infectious diseases;
6. Prevention and control of locally endemic diseases;
7. Appropriate treatment of common diseases and injuries;
8. Provision of essential drugs.

After ten years' experience with this programme, however, it became obvious that a comprehensive health care approach was too broad to bring about a sufficiently rapid reduction of Pakistan's high Under-Five Mortality Rate over the short term. Furthermore, evaluations revealed that health care providers in Pakistan were not adequately meeting childrens' health needs. The following reasons were cited:

- The basic training of medical students and paramedics did not include current child health information;
- In-service training was neither systematic nor well organized;
- The supervisory system in place was one of dictating and checking rather than a participatory, supportive model;
- Services did not focus on the four main reasons for the high child mortality rate.

So it was that in the early 1980s the Pakistan Child Survival Project (PCSP) was formulated to address these deficiencies in Pakistan's health care programme for children.

The Child Survival Project is a primary child health care programme with a strong focus on the developing child and on improving first level health care services in the management of the four major child killers — diarrhoea, malnutrition, acute respiratory infections and childhood diseases preventable by immunization.

In addressing these four intervention areas, the project has developed six components:

1. Planning and Management
2. Training
3. Health Information Systems
4. Communication
5. Drugs and Logistics
6. Research

These components are inter-related and together address the needs of three essential groups - the administrators, the supervisors and the health care providers - in the establishment of an effective child health care delivery system in Pakistan.

TRAINING STRATEGY

The training component of the Child Survival Project is a large and important one. It aims at effecting change in the behaviour of health service providers and of health service consumers.

The project has identified the specific and common responsibilities of child health care workers and child caretakers in meeting children's needs, not only in illness and recovery but in the course of their normal development. The project aims to train health professionals to recognize children's health needs, and to meet these needs in the four specified intervention areas.

Accomplishing these objectives requires attention well beyond training in clinical and health education skills. The PCSP training strategy includes the development of skills in management, administration, supervision and technical support for staff at various levels of the health delivery system. It exposes paramedics, medical officers and their supervisors to the concept of in-service education as a requirement of professional development. Furthermore, the programme has a built-in supervisory and monitoring system to ensure that the knowledge and skills acquired in training are applied in the subsequent delivery of health care.

The following are the four cornerstones of the PCSP training strategy:

- **Continuing education as an on-going professional responsibility.** In-service training ensures quality health care by providing health professionals with opportunities to maintain their existing knowledge and skills and by keeping them up-to-date on new and current medical practices. The Pakistan Child Survival Project, with assistance from USAID, is working on the development of an in-service health education policy and the establishment of a continuing education system in the health sector.
- **Child-focused training, involving mother or caretaker as a member of the health team.** This entire programme is designed around the needs of the growing child. As well, it is based on the premise that proper history taking, diagnosis, treatment and follow-up care in the management of child illnesses or illness prevention must involve the full participation of mothers or caretakers. The Child Survival Project has tried to use simplified language for communicating with mothers and is strongly promoting improved interpersonal communication skills for health workers in order to involve Pakistani mothers, most of whom are illiterate, in the health care process.
- **Job-specific, competency-based training.** The Child Survival training package will include separate training units for paramedics, Medical Officers, and supervising officers. During the training, all three categories of staff will have an overview of the others' training, so as to understand the responsibilities each has in the process of health care delivery. Briefly, the MO's training will have an emphasis on diagnosis and treatment of a condition, involving the mother. The paramedic's training will focus on carrying out procedures related to the MO's work and in counselling mothers on their role in developing and maintaining the health of their children. The supervisor's training will focus on his/her role in providing essential materials and manpower, in monitoring and evaluating the post-training performance of the paramedics and MOs and in developing ways to support the implementation of the training.

- **An integrated approach to health care delivery.** The PCSP approach is integrated in several ways. The four intervention areas are seen as part of an integrated system of health promotion, illness prevention and disease treatment. In this way, the needs of the whole child are addressed. Secondly, the approach is integrated in that it involves the health care staff, the health care officials and the mother or caretaker, as active members of the health care team.

THE IMPORTANCE OF CONTINUING EDUCATION

In the health field, what is meant by “*continuing education*”?

Continuing education encompasses all of the learning opportunities a health professional takes advantage of in order to keep his or her medical knowledge and skills up-to-date. This may mean in-service training provided by the employer, or it may entail the health workers's own initiatives to continue learning as an on-going professional commitment.

Why is in-service training important?

In-service training is important for health professionals in order to prevent the deterioration of their knowledge and skills, to improve their existing knowledge and skills and to acquaint them with new information and practices in medicine and health care delivery. In a field in which new knowledge doubles every ten years, continuing education is essential.

Who is responsible for continuing education?

In the health field, administrators, supervisors and health professionals are equally responsible for in-service education.

The health administrators are responsible for the development, implementation, monitoring and evaluation of continuing education policies and programmes in priority areas.

The supervisor assesses his staff's performance and identifies individuals and areas requiring further training. He or she then takes this up with higher-level administrators for individual or policy decisions. An effective supervisory system is therefore a prerequisite for relevant, practical, in-service training.

The health team members are responsible for bringing their own needs for supplementary training to the attention of the supervisor. In addition, each health professional should keep abreast of current developments in the health field by reading medical journals and textbooks, by attending conferences, by listening to radio and watching television, and by discussing health questions and issues with colleagues.

Where does Pakistan stand with regard to its in-service health education policy?

Though the need for in-service training has been acknowledged for over 20 years, there is, to date, no actual in-service continuing education policy in Pakistan. Nor, in spite of major efforts by government and by donors, has the battle to lower child mortality rates produced satisfactory results. There is today an urgent need to have an in-service continuing education policy at the national and provincial levels.

The Government of Pakistan is currently developing such a policy. The Pakistan Child Survival Project, with assistance from USAID, is helping to formulate this policy and, is working to establish a responsive plan for a continuing education system in Pakistan's health sector.

INVOLVING MOTHERS IN PRIMARY CHILD HEALTH CARE

Traditionally, child health care in Pakistan has focused on the treatment of disease. The Child Survival Project focuses on keeping children well or on helping them return to good health after they have been affected with an illness.

Central to this philosophy of child care is the mother, who plays an indispensable role in keeping a child healthy, in recognizing the first signs of illness when it occurs and, once an illness has been diagnosed and treatment prescribed, in providing the required continuation of treatment at home. The mother or caretaker is also an invaluable source of information regarding the child's health history.

Most Pakistani mothers do not have sufficient knowledge and skills in disease prevention, treatment and follow-up care to adequately care for themselves and their children. Yet, it has been recognized that adequate care cannot be provided for children without the co-operation of a well-informed mother or caretaker.

In order to teach mothers to participate in meeting their children's health needs, health care providers must first develop effective interpersonal communication skills. The majority of Pakistani mothers can neither read nor write. Instructions must be given in simple language and repeated time and time again. Simple demonstrations of procedures must be given. Mothers should be encouraged to repeat these instructions, to ensure that there has been full understanding, and to carry out procedures under the watchful eye of a health provider until their competency in the procedure is certain. Most importantly, the instructions must be given kindly and patiently so as to gain the mother's trust and give her confidence in her own ability to take a responsible role in the health care of her child.

The World Health Organization (WHO) has developed and tested simple, effective language and methods for diagnosis, treatment and follow-up care, which mothers can easily understand. This approach is particularly effective in the treatment of diarrhoea and respiratory infections. Assessment terms such as "history taking", "observation", "palpitation" and "auscultation" are replaced by the simple language of "asking", "looking", "feeling" and "counting". For examination, a stethoscope is replaced by the use of senses we all possess. These approaches, because of their simplicity, can be taught to mothers, and used by mothers, to determine whether or not their child is sick.

In a nutshell, the Child Survival Program places great emphasis on the mother as an *information provider* and an *information receiver*, throughout the process of diagnosis, treatment and follow-up care in the four intervention areas.

1. THE CHILD SURVIVAL TRAINING COURSE

Goals

Methods

Content Overview

Materials for Teaching the Course

Instructions for the Trainer

GOALS

The Integrated Child Survival Training Course for Medical Officers is a 12-day course designed:

- to train MOs to provide appropriate care to all children coming to their facility, starting with the assessment of a child, and providing treatment and the required follow-up care in the four main intervention areas - immunization, nutrition, diarrhoea and dehydration, and acute respiratory infections. This will include training in essential health promotion activities such as nutrition and counselling, and in illness prevention activities such as immunization.
- to familiarize MOs with a new approach to child health care, an integrated approach in which health professionals work with the mother to promote the well-being of the developing child, and use simple methods and language in order to involve mothers in the care and treatment of their children.
- to help MOs to formulate the changes required to improve case management of children in their own health facilities and to equip them with the techniques to implement these changes.

Upon completion of their training, Medical Officers should be able to carry out the following statement of work at a first level health care facility.

Statement of Work

A Medical Officer's technical responsibilities to children include provision of direct care by himself or through his staff for proper diagnosis, treatment, referral and follow-up, in an out-patient or in-patient Department.

1. In an Out-patient Clinic/Department.

- 1.1 Each child attending OPD is seen by a MO. A history is taken from the mother in order to identify children who are at risk of developing health problems or who are suffering from illness.
- 1.2 Children who have not been fully immunized are referred to receive immunization, on this visit if needed, or when it is indicated.

- 1.3.1 Children whose weight is normal or above normal are seen with the mother and the history of food intake for the child is obtained. The MO compares his/her intake with recommended daily intake for the age group and assesses whether or not nutritional needs are being met. He/she discusses observations and findings with the mother and gives appropriate advice for the immediate or near future to prevent problems of malnutrition.
 - 1.3.2 For children whose weight is below normal for his/her age, the MO obtains nutrition history via diet recall and identifies quantity and quality of food required for recovery and maintenance of proper growth for this child. He/she discusses with the mother how she can meet these needs and advises her to return to the centre monthly until the child catches up with his/her expected weight gain.
 - 1.4 For children suffering from diarrhoea, the MO follows the diarrhoea case management guidelines.
 - 1.5 For children suffering from acute respiratory infection, the MO follows ARI case management guidelines.
 - 1.6 For children who have other diseases or who are suffering from additional symptoms, the MO diagnoses and treats accordingly, using the same process that is used in case management for diarrhoea or ARI.
2. In an In-patient Department
- 1.1 The MO makes rounds once or twice a day to assess condition of patient. He/she discusses findings and observations with parents and asks if they have any questions. He/she responds to their queries and provides necessary information.
 - 1.2 The MO makes sure that prescribed treatment or medication is administered.
 - 1.3 He/she checks on patient's and caretaker's diet and makes suggestions.
 - 1.4 When patient is ready for discharge, the MO talks to parents as to what to expect, what steps to take to continue to care for the child in meeting his/her medical, nutritional and immunization needs. He/she informs or suggests when child should return to the facility.

METHODS

This course utilizes a combination of training methods to impart specific knowledge and skills in a positive and supportive way.

Less than half of the programme relies on a lecture format. The rest of the time participants are working on the actual, on-site, counselling, assessment and treatment of patients, sharing their case studies with the trainer and other participants, or planning case management improvements in the facilities to which they will return after training.

The training is, in other words, job-centred. The trainer plays an active role in the process of helping Medical Officers improve their skills, acquire new knowledge and apply what they are learning to their day-to-day working environment.

The following training methods play a part in each of the six Training Modules:

1. **Lecture and discussion on the topics to be covered.** The trainer will cover the topic content; this will be followed by reaction and discussion from the participants.
2. **Reading assignments** containing essential medical information on case management will be given. Opportunities will be provided for participants to discuss these assignments in class.
3. **Audio-visual aids** on assessment and treatment will be used prior to a practical demonstration with a child patient.
4. **Practical, hands-on experience** will be provided, beginning with a **demonstration of procedures** by a trainer. The participant will then carry out the procedure, first under supervision, then independently. Each participant must perform all specified procedures satisfactorily by the end of the training session.
5. **Written case studies prepared by participants** will be presented for discussion in class. Each participant will prepare two case studies per module and present two case studies for discussion during the course of the training.
6. **Group discussions** on improving case management in the participants' own health facilities will be held so that participants can define common problems and share ideas and solutions.
7. **One-to-one exchanges between trainer and participant** will take place, providing the opportunity to focus on an individual Medical Officer's work and concerns. One trainer will be assigned to monitor the progress of two participants.

CONTENT OVERVIEW

The Integrated Child Survival Training Course covers six main topics which should be addressed in the following order:

- Interpersonal Communication
- Immunization
- Nutrition
- Diarrhoea and Dehydration
- Acute Respiratory Infections
- Generic Management of the Child Coming to the Facility

The Training Module on each of the above intervention areas is presented, and should be taught, in the following sequence:

1. Introduction to the Topic

Background information should be presented, such as the extent of the problem and the Government of Pakistan's policy. Participants should be briefed as to the amount of time required for practical work, and on the reading and written assignments for the module.

2. Training Objectives

These should be introduced to increase the Medical Officers' understanding of the topic and of the knowledge and skills they need to develop in order to improve case management in their own facility. The training objectives are stated in the Participant's Manual at the beginning of each module.

3. Theory

This section specifies the theoretical information which must be taught in order to satisfy the training objectives outlined above. This content is outlined in the Training Plan for the module and reference is made to the location of the information in one of the separate manuals contained in the package.

4. Test

A written test is provided at the end of each module in this manual. The tests will be completed as a home assignment with the aid of manuals. The test should be corrected the next day and returned to the students. The CSTU Co-ordinator distributes and collects these tests.

5. Practical Work

Each participant will be assigned one to three patients per day for practical work, starting on the second day of each module. They will keep a record of patients seen in the "Checklist of Clinical Skills", provided in the Participant's Manual for each module.

6. Improving Case Management in Participants' Facilities

Participants will compare the operation, the skills of the staff and the physical arrangement of the training facility with that of their own facility and identify changes required in their facility in order to improve case management.

7. Presentation of a Case Study

Each participant will prepare a case study, based on an actual case, for presentation and class discussion.

8. Evaluation

Each participant will be asked to complete an evaluation form at the end of each module. The CSTU Training Coordinator distributes and collects these forms.

For each Training Module, there is a **Training Plan**, which outlines: the topics to be covered and the time required; the training methods to be used and the content outline; the resource references for the topic; the location of the training; and, the name of the trainer responsible for this part of the course.

MATERIALS FOR TEACHING THE COURSE

The Child Survival Training Package includes the following separate training documents:

1. Child Survival Training Course for Medical Officers of First Level Care Facilities, Participant's Manual, (Pakistan Child Survival Project, Government of Pakistan). Draft 1991.
2. Child Survival Training Course for Medical Officers of First Level Facilities, Trainer's Manual, (Pakistan Child Survival Project, Government of Pakistan). Draft 1991.
3. Nutrition Training for Primary Health Care Workers, Participant's Manual, (Pakistan Child Survival Project, Government of Pakistan). Draft 1991.
4. Nutrition Training for Primary Health Care Workers, Trainer's Manual, (Pakistan Child Survival Project, Government of Pakistan). Draft 1991.
5. Immunization in Practice - A Guide for Health Workers Who Give Vaccines — World Health Organization, (Oxford University Press, 1989).
6. Management of the Patient With Diarrhoea (World Health Organization, 1990).
7. Management of the Young Child with an Acute Respiratory Infection (World Health Organization, 1991).

The *Participant's Manual* for the Child Survival Training Course contains learning objectives, charts and graphs for the completion of practical work and the essential information and skills to be learned by Medical Officers during their 12-day training session. This is accompanied by the *Trainer's Manual* which is an overall guide for the trainer, containing background information on the Child Survival Project, and goals, methods, instructions and resources for teaching the course's training modules. Also included is a 12-day Agenda for Training, a list of resources, supplies and equipment for the course, and descriptions of the responsibilities which various health officials have for aspects of the training.

The *Trainer's Manual* and the *Participant's Manual for Nutrition Training for Primary Health Care Workers* have also been produced by the Child Survival Project and are an integral part of the course.

The last three manuals were produced by WHO and provide specific course content on medical intervention areas, as well as reference material.

INSTRUCTIONS FOR THE TRAINER

Responsibilities

A trainer in a Child Survival Training Unit is a physician or other health professional engaged in in-service training as part of his/her overall responsibility of improving child health services. His/her training responsibilities include teaching in the classroom as well as in a clinical setting.

Each CSTU course will involve five trainers. Each trainer will be assigned two trainees whose progress they will supervise and monitor.

Helpful Hints

1. In conducting a classroom or clinical session:

- always begin the session on time;
- introduce yourself, if the CSTU Co-ordinator is not able to;
- speak slowly and clearly;
- tell participants what will be covered, and how, in class and in clinics;
- cover the topic or procedure;
- for lectures/discussions, review what you have covered by asking the participants to repeat the main points and by summarizing at the end;
- for procedures, have participants list the steps of the procedure in proper sequence;
- each day give instructions on home assignments in the topic you covered.

2. In teaching clinics:

- discuss and identify with clinic or ward staff appropriate cases for training;
- assign one or two cases to each participant;
- demonstrate to the participant steps in assessment, classification and management of the identified conditions;
- observe the participant as he/she conducts the procedures of assessment, classification and management of the identified problem;
- provide feedback to the participant on how well he/she performed the procedure. If done well, compliment; if not, give suggestions for improvements.

3. For tests and home assignment:

- insist that assignments be passed in the following morning;
- return tests or written assignments within 48 hours with corrections and suggestions.

4. In utilizing an overhead projector:

- make letterings large;
- limit number of lines to 8;
- label the transparency according to the training module;
- check the projector to make sure it works and the slides to be sure they project well prior to the presentation;
- keep the pointer fixed at the line/item being discussed or described;
- turn off the projector upon completion of the subject.

5. When using instructional videos:

- preview the video before coming to the class;
- have the videotape in the machine at the starting point before the class begins;
- explain to the class briefly what the video is about and, if you wish, point out things participants should look for. You may wish to introduce several questions, which will be answered by the video. To emphasize a point, you may stop the video at a particular place and ask what has just happened or what participants think will happen next;
- when the video is finished, ask pertinent question to ascertain what they have learned.

6. For keeping track of participants' progress in practical work, review their checklists of clinical skills for each module.

2. TRAINING MODULES

Introduction

Module 1 - Interpersonal Communication

Module 2 - Immunization

Module 3 - Nutrition

Module 4 - Diarrhoea and Dehydration

Module 5 - Acute Respiratory Infection

Module 6 - Generic Case Management of a Child Coming to the Facility

DAY ONE — INTRODUCTION

Topic and Time Needed	Method and Content Outline	Resource	Location
<p>Welcome. Details of the course.</p> <p>Student, Trainer, and CSTU Training Coordinator's Responsibilities</p> <p>30 minutes</p>	<p><i>Lecture and discussion</i></p> <p>Explain:</p> <ul style="list-style-type: none"> • This training is to prepare MO's to carry out responsibilities related to child survival services. • Practical work is just as important as theoretical knowledge. Under each topic, a certain number of procedures must be completed by each participant. It is the participants' responsibility to keep track of their progress in skill development and alert the trainer if they are falling behind. • Improving case management at their facility is their supervisory and coordination responsibility. Emphasize that coordination and cooperation with staff and DHO/ADHO or MS is very important. Thinking and planning for their particular facility is the responsibility of the participant. • Emphasize that trainers are there to facilitate their learning. Participants should feel free to voice any questions or concerns. • This is a first attempt at giving integrated training to MOs. It is therefore important to know the trainees reaction to this training experience. Emphasize that the trainees' evaluations will be taken seriously to improve future training. Each participant is expected to complete and hand in the evaluation forms to the CSTU Coordinator. 	<p>Trainer's Manual</p>	<p>Classroom</p>

Topic and Time Needed	Method and Content Outline	Resource	Location
<p>Introduction to the Integrated Child Survival Training Course</p> <p>30 minutes</p>	<p><i>Lecture</i></p> <p>Explain:</p> <p>That each module has three types of objectives. The first relates to information which will increase participants' understanding. The second relates to the development of their skills. The third contains steps to follow in preparation for improving case management at their own facility.</p> <p>Explain:</p> <p><i>Integrated training</i> means integration of information from four interventions areas as well as integration of efforts of service providers for children including health staff and mothers.</p> <p><i>Child focused health care</i> means identifying and meeting a child's health needs. This includes illness prevention (immunization), health promotion (nutrition) and treatment of diseases (diarrhoea and ARI).</p> <p><i>Case Management</i> means implementing the steps of assessment, diagnosis/classification, treatment and follow-up care in providing adequate and appropriate care to children.</p>	<p>Trainer's Manual Introduction</p>	

DAY ONE — INTERPERSONAL COMMUNICATION — MODULE 1

Topic and Time Needed	Method and Content Outline	Resource	Location
Overview of Session, Objectives and Schedules 10 minutes	See the following pages	Trainer's Manual, Interpersonal Communication Module Participant's Manual, Interpersonal Communication Module	
Defining the Desired Physician- Patient- Parent Relationship 50 minutes			
The RUI Communication and Counselling Model 30 minutes			
Practical Application 60 minutes			
Assignments for the Evening 5 minutes			

DAY ONE

Physical Setting:

Participants are seated in a semi-circle (just chairs, no desks or tables) with trainers and resource people in the center. The aim is to encourage open communication with easy eye contact and without barriers. This arrangement also facilitates role playing and the formation of small groups with changing members as well as working in pairs. Flip charts and a projector screen are at the front of the room. An overhead projector is at the back of the semi-circle.

Equipment Required:

- 2 Flip chart easels and pads
- 6 Magic markers
- Masking tape
- Overhead projector
- RUI transparencies
- Video Camera and Tripod
- VCR and Monitor
- RUI Checklist handouts

Instructions:

10:00 - 10:10 Overview of Session: Objectives and Schedule.

[Note: The trainer needs to model the RUI Communication and Counseling approach throughout the training program. That is, establish and remain in rapport with participants, elicit their thoughts and concerns, use active listening to further understanding, provide information and empower them to act with enhanced communication and counseling skills.]

1. Trainer states the overall purpose of the communication and counseling module and reviews the objectives.
2. The schedule of the module is reviewed, giving the activities the participants will be involved in to achieve the objects.
3. Stress that the general principles of the RUI communication and counseling model will be used throughout the training program (immunization, nutrition, ARI and diarrhea). Therefor, it is important that they are able to relate the model to their own desired outcomes in treating children and working with their parents. Ask if there are any questions before preceding with the training module.

10:10 - 11:00 Defining the Desired Physician-Patient-Parent Relationship.

1. The total group is divided into two groups. One group brainstorms the attributes of the desired relationship between the physician and the child patient. How do they want the child to experience them? Responses are recorded on flipchart.
2. On a separate flipchart, the second group brainstorms the attributes of the desired relationship between the physician and the child's parent(s). How do they want the parent(s) to experience them?
(Allow 15 minutes to generate the lists.)
3. The two lists are placed side by side. The total group examines the lists for similarities and differences. Similarities are circled. The differences represent what is unique about the relationship to either the child or the parent. The trainer then asks:
 - a. What accounts for the desired similarities in the relationship?
 - b. What accounts for the desired differences?
 - c. How does this desired relationship contribute to improved case management and, in turn, successful treatment? (Allow 15 minutes for this discussion.)
4. How do they experience their physician's role as the health team leader and the center of communication with all team members including the parents? Ask the group to form two different groups (with different membership than in Step # 2 above to aid in developing group cohesiveness and team work among participants at this early stage of the training program) and record their responses to the following questions. One group takes question "a" while the other group works on question "b".
 - a. What helps them to be as effective as they are in this role?
 - b. What prevents them from being as effective as they would like?

The lists are posted, reviewed and used as a content base to help increase overall effectiveness in addressing the communication and counseling issues experienced by the medical officers.
(Allow 20 minutes.)

[Note: These lists provide assessment data for use in designing, or redesigning, future training programs and as research data for other possible interventions.]

11:00 - 11:30 The RUI Communication and Counseling Model.

1. Present the Rapport-Understanding-Influence (RUI) model of communication and counseling. Use an interactive presentation with examples, questions and demonstrations with participants. Use the examples of "prevents" or "promotes" effective communication generated by participants in the preceding exercise to illustrate applications. Ask participants to identify other examples from their list. Include the lists for "desired relationship" with child and parents.

Using the overhead projector and the RUI transparencies, start with the overall model then proceed to "establishing rapport," "understanding," then "influencing." Develop each concept fully, then summarize by demonstrating how all three concepts support one another. Use visual aids

(overhead projector, flip chart and, available, video) to support the presentation but focus more on live demonstrations. (Allow 30 minutes.)

11:30 - 12:30 Practical Application.

1. Inform participants that during the next hour they will have an opportunity to apply the RUI model during their clinical work. They will be video taped during this time. They should feel free to ask questions as needed. Later in the day they will have an opportunity to view their videotape with a trainer and critique their work. As they use the RUI model in conjunction with various medical procedures, they will gain skill integrating the concepts in support of the focus of their effort. This will also be true in their overseeing the work of other team members.
2. Each participant chooses a partner. Handout copies of the "RUI Application Checklist" to each participant. While one participant is applying the RUI model with a patient, his or her partner will observe using the "RUI Application Checklist" to record observations.
3. The person applying the model explains the role of the observer (and video camera, if used) to the patient and parent as part of a training program to help increase their overall effectiveness in working with patients.
4. When the first participant has completed working with the patient, the observer provides feedback using the checklist. The observer maintains rapport with his/her partner throughout the process. The receiver of the feedback practices active listening to ensure the feedback is fully understood. The observer gives the checklist to his/her partner to use in future work. (In effect, the observer applies the RUI model with his/her partner.)
5. The partners reverse roles with the prior observer now working with a patient while the partner records observations on the checklist, then gives feedback to his/her partner.
(Allow 60 minutes, 30 minutes per partner.)

5:00 - 8:00 Reading and Communication Self Assessment

1. Each participant completes the Readings on Communication.
2. Based on their experience in applying the RUI model in their clinical work and the readings, each participant completes the RUI Communication Self Assessment form.
3. Partners meet and share their assessments. Observations and questions are noted for sharing with the large group on the next day.
(Allow 1 hour, 30 minutes.)

INTERPERSONAL COMMUNICATION & COUNSELING

OBJECTIVES

After the training program in communication and counseling training module, the participants will be able to:

- establishing *rapport*.
- demonstrate *understanding*.
- *influence* team members.
- *educate* and *counsel* team members in the use of communication and counseling to achieve objectives.

THE RUI COMMUNICATION & COUNSELING MODEL

(RAPPORT - UNDERSTANDING - INFLUENCE)

Rapport

- empathy
- nonverbal communication

Understanding

- elicit information
- active listening

Influence

- provide information (educate & counsel)
- empowerment

TRAINERS MANUAL
IMMUNIZATION AND RUI COMMUNICATION MODULE
DESIGN

DAY TWO

Physical Setting:

Participants are seated in a semi-circle (just chairs, no desks or tables) with trainers and resource people in the center. The aim is to encourage open communication with easy eye contact and without barriers. This arrangement also facilitates role playing and group discussion. Flip charts and a projector screen are at the front of the room. An overhead projector is at the back of the semi-circle. Just outside the circle of chairs is a video camera on tripod, a VCR and monitor.

Equipment Required:

- 2 Flip chart easels and pads
- 6 Magic markers
- Masking tape
- Overhead projector
- RUI transparencies
- Video Camera and Tripod
- VCR and Monitor
- "RUI Checklist" extra handouts for each participant
- "Use of RUI Communication with Immunization" extra handouts for each participant

Instructions:

10:00 - 10:15 Overview of Session: Objectives, Schedule and Applying RUI to Immunization.

1. Trainer states the overall purpose of the communication and immunization module and reviews the objectives.
2. The schedule of the module is reviewed, giving the activities the participants will be involved in to achieve the objects.
3. Stress that the general principles of the RUI communication and counseling model practiced the day before will now be applied to immunization treatment.
4. Using the transparencies, briefly review the RUI communication cycle. Add the transparency for "Use of RUI Communication with Immunization." Demonstrate how the cycle fits with the Intake-Assessment-Treatment-Discharge sequence. Note the specific actions taken during each part of the sequence and the communication skills that support the action.

For example, in most cases Rapport is established during Intake by greeting the child and parent and making them comfortable (particularly through nonverbal communication). As history taking begins, Rapport continues through nonverbals and empathy is expressed and shown. Understanding is used to elicit information and active listening to the responses. During Assessment most of the emphasis is on Understanding, but Rapport continues to be maintained and Influence begins as important points are emphasized. During Treatment and Discharge, the physician emphasizes Influence to insure the parent and child understand procedures and are motivated and skilled in continuing prescribed home care. Rapport and Understanding are continued to support Influence.

Ask if anyone has any questions before proceeding with instructions for the Role Play exercise.
(Allow 15 minutes.)

10:15 - 11:20 Skill Practice [Use video tape, if available.]

1. Role Play Exercises. Tell participants that three Role Plays will be performed of a Medical Officer seeing a child and parent for Immunization. The issues in each Role Play will be different. It is the task of the person playing the Medical Officer to determine how best to address the situation using communication and counseling skills from the RUI model.
2. Ask for three volunteers to play the Medical Officers. Then ask for three volunteers to play the role of the parent bringing the child to the clinic. Give a different role card to each parent. One parent gets the role of the "Passive, Compliant Parent," one the "Resistant Parent," and the last one the "Demanding Parent." Do not disclose the type of parent or the role cards to anyone but the person playing the role. Ask them not to share their role with anyone until after the Role Play. Each "parent" reviews their card and decides how they want to play their role. Meanwhile, the medical officers are reviewing the "RUI Communication Checklist" and the "Use of RUI Communication with Immunization" handouts.
3. Ask the remaining participants to be Observers. It will be their job to use the "RUI Communication Checklist" to record their observations and then provide feedback at the end of each Role Play.
4. Ask the first Medical Officer Role Player to set his/her stage for the Role Play.
(Allow 10 minutes for task instructions and set up.)
5. Role Play One. (Allow 5 minutes.)
6. Debrief Role Players. First ask the Medical Officer to report his or her experience of the Role Play. Then ask the person playing the parent to report his or her experience of working with the Medical Officer. After both Role Players have been debriefed, ask Observers to share the feedback comments and ask any questions. After the feedback has been shared, ask the "Parent" to read aloud to the group the role card describing the role he or she was asked to play.
(Allow 15 minutes for debrief.)
7. Proceed with Role Play Two. (Allow 5 minutes.)
8. Debrief Role Players as in Step #6 above. (Allow 15 minutes.)

9. Proceed with Role Play Three. (Allow 5 minutes.)
10. Debrief Role Players as in Step #6 above. (Allow 15 minutes.)

11:20 - 11:30 Summary and Wrap-up of Module

1. Summarize the points brought out in the role plays. Ask participants to contribute their learnings from the practice session. Relate points back to the use of the RUI Communication module.
2. Ask if participants have any further questions.
3. Tell participants that they will have two additional opportunities to practice application of the RUI model with the Diarrhea and Dehydration module and the Acute Respiratory Infection module. Meanwhile they will be using the model in their clinical practice. Participant should be paired with a partner to observe each other's work in the clinic, complete the RUI Observer Checklist and provide feedback to one another. Comparison of Checklists with prior day's Checklist will allow each participant to monitor his or her progress. Video tapes can be viewed during the afternoon or evening work sessions.
(Allow 10 minutes.)

TRAINERS MANUAL

DIARRHEA AND DEHYDRATION AND RUI COMMUNICATION MODULE

DESIGN

DAY SIX

Physical Setting:

Participants are seated in a semi-circle (just chairs, no desks or tables) with trainers and resource people in the center. The aim is to encourage open communication with easy eye contact and without barriers. This arrangement also facilitates role playing and group discussion. Flip charts and a projector screen are at the front of the room. An overhead projector is at the back of the semi-circle. A video camera on tripod, VCR and monitor are also placed outside the circle of chairs.

Equipment Required:

- 2 Flip chart easels and pads
- 2 Magic markers
- Masking tape
- Overhead projector
- RUI transparencies
- Video Camera and Tripod
- VCR and Monitor
- "RUI Checklist" extra handouts for each participant
- "Use of RUI Communication with Diarrhea & Dehydration" extra handouts for each participant

Instructions:

10:00 - 10:15 Overview of Session: Objectives, Schedule and Applying RUI to Diarrhea and Dehydration.

1. Trainer states the overall purpose of the communication and counseling module and reviews the objectives.
2. The schedule of the module is reviewed, giving the activities the participants will be involved in to achieve the objects.
3. Stress that the general principles of the RUI communication and counseling model practiced the first day will now be applied to diarrhea and dehydration treatment.
4. Using the transparencies, briefly review the RUI communication cycle. Add the transparency for "Use of RUI Communication with Diarrhea and Dehydration." Demonstrate how the cycle fits with the Intake-Assessment-Treatment-Discharge sequence. Note the specific actions taken during each part of the sequence and the communication skills that support the action.

For example, in most cases Rapport is initially established during Intake by greeting the child and parent and making them comfortable. As history taking begins, Rapport continues through nonverbals and empathy is expressed and shown. Understanding is used to elicit information and active listening to the responses. During Assessment most of the emphasis is on Understanding but Rapport continues to be maintained and Influence begins as important points are emphasized. During Treatment and Discharge, the physician emphasizes Influence to insure the parent and child understand procedures and are motivated and skilled in continuing prescribed home care. Rapport and Understanding are continued to support Influence.

Ask if anyone has any questions before preceding with instructions for the Role Play exercise. (Allow 15 minutes.)

10:15 - 11:10 Skill Practice

1. Role Play Exercise: "My Toughest Case." [Use videotaping, if available.] Ask each participant to reflect on the toughest case each has experienced in treating diarrhea and dehydration. They should make notes about what made the case so difficult. (Allow 5 minutes.)
2. Ask for a volunteer to share his or her case. As the volunteer shares the case, ask if someone would be willing to play the part of the Parent and/or Staff Member and someone else the part of the Medical Officer. Have the volunteer help brief each Role Player and set the stage for the Role Play. (Allow 5 minutes.)
3. Ask other participants to observe using the "RUI Communication Checklist" and the "Use of RUI Communication with Diarrhea and Dehydration" handouts. (Allow 5 minutes.)
4. Conduct Round 1 of the Role Play. (Allow 5 minutes.)
5. Debrief the Parent and the Medical Officer Role Players about how they experienced the Role Play. Ask observers for their comments. Decide how the outcome could be improved. Ask for two more volunteers to play the Parent and the Medical Office using the feedback just provided by the group. (Allow 15 minutes.)
6. Conduct Round 2 of the Role Play. (Allow 5 minutes.)
7. Again, debrief the Parent and the Medical Officer Role Players. Ask observers for their comments. Note improvements to the outcome and relate to specific actions taken by the Medical Officer and its resulting impact on the Parent. (Allow 15 minutes.)

11:10 - 11:30 Summary and Wrap-up of Module

1. Summarize the points brought out in the role plays. Ask participants to contribute their learnings from the practice session relating their own "Toughest Case." Relate points back to the use of the RUI Communication module.
2. Ask if participants have any further questions.

3. Tell participants that they will have one additional opportunity to practice application of the RUI model with the Acute Respiratory Infection module. Meanwhile, they will be using the model in their clinical practice. Participants should be paired with a partner to observe each other's work in the clinic, complete the RUI Observer Checklist and provide feedback to one another. Comparison of Checklists with prior Checklists will allow each participant to monitor his or her progress. Video tape can be viewed during the afternoon or evening sessions. (Allow 20 minutes.)

TRAINERS MANUAL

ACUTE RESPIRATORY INFECTION AND RUI COMMUNICATION MODULE

DESIGN

DAY EIGHT

Physical Setting:

Participants are seated in a semi-circle (just chairs, no desks or tables) with trainers and resource people in the center. The aim is to encourage open communication with easy eye contact and without barriers. This arrangement also facilitates role playing and group discussion. Flip charts and a projector screen are at the front of the room. An overhead projector is at the back of the semi-circle. Just outside the circle is a video camera on tripod, a VCR and monitor.

Equipment Required:

- 2 Flip chart easels and pads
- 6 Magic markers
- Masking tape
- Overhead projector
- RUI transparencies
- Video Camera and Tripod
- VCR and Monitor
- "RUI Checklist" extra handouts for each participant
- "Use of RUI Communication with Acute Respiratory Infection" extra handouts for each participant.

Instructions:

10:00 - 10:15 Overview of Session: Objectives, Schedule and Applying RUI to Treating Acute Respiratory Infection.

1. Trainer states the overall purpose of the communication and counseling module and reviews the objectives.
2. The schedule of the module is reviewed, giving the activities the participants will be involved in to achieve the objects.
3. Stress that the general principles of the RUI communication and counseling model practiced the first day will now be applied to acute respiratory infection treatment.
4. Using the transparencies, briefly review the RUI communication cycle. Add the transparency for "Use of RUI Communication with Immunization." Demonstrate how the cycle fits with the Intake-Assessment-Treatment-Discharge sequence. Note the specific actions taken during each part of the sequence and the communication skills that support the action.

For example, in most cases Rapport is initially established during Intake by greeting the child and parent and making them comfortable (particularly through nonverbal communication). As history taking begins, Rapport continues through nonverbals and empathy is expressed and shown. Understanding is used to elicit information and active listening to the responses. During Assessment most of the emphasis is on Understanding but Rapport continues to be maintained and Influence begins as important points are emphasized. During Treatment and Discharge, the physician emphasizes Influence to insure the parent and child understand procedures and are motivated and skilled in continuing prescribed home care. Rapport and Understanding are continued to support Influence.

Ask if anyone has any questions before preceding with instructions for the Role Play exercise. (Allow 15 minutes.)

10:15 - 11:15 Skill Practice

1. Role Play Exercises: "Two Patients or One--or What to Do with the Parent?" [Encourage use of video tape if available].

Hand out "RUI Communication Checklists" and "Use of RUI Communication in Treating Acute Respiratory Infection" handouts to each participant. Tell participants their will be three role plays. This time share the roles of the parents and ask for volunteers for the parents and the Medical Officers.

Parent One, an Emergency Case: The child has a severe case of pneumonia. The child is in very critical condition (high fever, dehydrated, and breathing with great difficulty). The parent is greatly distraught and exhausted.

The Reluctant Parent: The child has an acute respiratory infection. The parent volunteers very little information and it is difficult to make eye contact. Most words are mumbled and spoken very softly.

The Overly Anxious, Frightened Parent: The child has an acute respiratory infection. Although there is wheezing, the child is in no immediate danger. The parent appears very fearful and nervous, asks repeated questions, has a hard time concentrating, and provides a voluminous amount of information to each question asked. (Allow 15 minutes.)

2. Role Play One. (Allow 5 minutes.)
3. Debrief Role Play One. Ask each Role Player to describe his or her experience. Ask Observers to share their feedback. Ask what might have accounted for the parents behavior? Ask for suggestions on how to determine the actual cause. (Allow 15 minutes.)
4. Role Play Two. (Allow 5 minutes.)
5. Debrief Role Play Two as in Step #3 above. (Allow 15 minutes.)
6. Role Play Three. (Allow 5 minutes.)

7. Debrief Role Play Three as in Step #3 above. (Allow 15 minutes.)

:15 - 11:30 Summary and Wrap-up of Module

1. Summarize the points brought out in the role plays. Ask participants to contribute their learnings from the practice session. Relate points back to the use of the RUI Communication module.
2. Ask if participants have any further questions.
3. As before during clinical practice, participant should be paired with a partner to observe each other's work in the clinic, complete the RUI Observer Checklist and provide feedback to one another. Comparison of Checklists with prior Checklists allows each participant to monitor his or her progress. Those who were videotaped will have an opportunity to view their tapes (with a trainer, if desired) during the afternoon or evening work times. (Allow 10 minutes).

The Expanded Programme on Immunization

1. Definitions

The Expanded Programme on Immunization (EPI) is a disease prevention activity aimed at reducing morbidity and mortality from childhood diseases preventable by immunization. These diseases are referred to as the EPI target diseases. They are diphtheria, pertussis (whooping cough), neonatal tetanus, poliomyelitis, measles and childhood tuberculosis.

The EPI programme is a global programme. In many developing countries, it is being assisted by WHO, UNICEF and other donor agencies. In Pakistan, this programme began in 1978 and continues today. The programme is monitored regularly including field assessments at periodic intervals. The global target of the programme is to provide immunization services against the six target vaccine-preventable diseases to over 95% of infants and women of child-bearing age by the year 2000.

2. Objectives

Specific objectives of the Programme are as follows:

- a. Attaining an immunization coverage of 100 %
- b. Eradication of poliomyelitis by the year 2000.
- c. Elimination of neonatal tetanus by the year 1995.
- d. Reduction of measles incidence by 95% by the year 1995.
- e. Reduction of diphtheria incidence to a negligible level.
- f. Reduction of pertussis incidence to a minimum level.
- g. Reduction of childhood tuberculosis incidence to a minimum level.

3. Immunization Schedule

The programme focuses on immunizing children under one year of age (without rejecting eligible higher age groups) and women of child-bearing age. For this purpose a National Immunization Schedule has been developed. The peripheral Medical Officer should know and remember the immunization schedule, to be found on page 20 of the Participant's Manual.

DAY ONE — IMMUNIZATION — MODULE 2

Topic and Time Needed	Method and Content Outline	Resource	Location
<p>Introduction to Training Objectives</p> <p>10 minutes</p>	<p><i>Lecture and discussion</i></p> <p>Explain expanded programme on immunization and Government of Pakistan objectives</p> <p>Explain the three objectives of the module.</p>	<p>Trainer's Manual</p> <p>Participants' Manual, page 17</p>	<p>Classroom</p>
<p>Vaccines and How to Look After Them</p> <p>30 minutes</p>	<p><i>Lecture, discussion and demonstration</i></p> <p>Have participants name the six vaccine-preventable diseases. Explain immunity and what vaccines are made from. Explain how a vaccine can be damaged. Emphasize the need to keep all vaccines between 0 and 8 C. Explain and demonstrate the proper storage of vaccines in a refrigerator</p>	<p><u>Immunization in Practice</u> pages 21-55</p>	<p>Classroom</p>
<p>Immunization Schedules</p> <p>30 minutes</p>	<p><i>Lecture</i></p> <p>When and how to give each of the six vaccines. Doses and routes of administration on children and women.</p> <p>Explain side effects from vaccines and MO's role</p>	<p><u>Immunization in Practice</u> pages 21-166</p>	<p>Classroom</p>
<p>Assignments for the Evening</p> <p>5 minutes</p>	<ul style="list-style-type: none"> • Prepare case presentation on involving mother in child care, from history taking to counselling prior to leaving the facility. • Readings on immunization • Exercise improving immunization services at your facility • Home test on immunization 		<p>Classroom</p>

DAY TWO — IMMUNIZATION — MODULE 2

Topic and Time Needed	Method and Content Outline	Resource	Location
Involving Mothers in Child Care 60 minutes	<i>Case Presentations</i>		Classroom
Assessment of Immunization Status of Women and Children. Side Effects of Vaccines and MO's Role 60 minutes	Lecture and demonstraion. Demonstration on how to assess immunization needs by asking questions, verifying with card and examining BCG scars. Explain side effects from vaccines and how they should be handled.	<u>Immunization in Practice</u> , pages 124-125, 129-131 and 133.	Vaccination Room
Assessing Immunization Status. Giving Vaccinations, and Counselling Mothers 90 Minutes	<i>Practical work</i> Assign a number of women and children to each participant; assess their immunization needs. Have participants prepare vaccines and provide required immunizations for the above persons. For the above persons: <ul style="list-style-type: none"> • inform mothers on their immunization status and that of their children. • explain which of the series of vaccines was given this day. • Explain when the next shots are due and how many more are required in order to be fully protected. 	Participant's Manual, pages 20-22.	OPD
Recording and Reporting 30 minutes	<i>Demonstration and practical work</i> Give instructions on completing EPI card and register. Have each participant complete the EPI card and explain to mother her, or her child's, immunization status and when next vaccine is due. Have each participant fill in EPI register, temperature chart and other records for the facility.		Vaccination Room

Topic and Time Needed	Method and Content Outline	Resource	Location
<p>Ensuring safe and adequate immunization services 75 minutes</p>	<p><i>Lecture and Demonstration</i></p> <p>Review the essential list of materials, equipment and supplies.</p> <p>Demonstrate cleansing and sterilizing of needles and syringes.</p> <p>Demonstrate storage of vaccines.</p> <p>Discuss how the potency of vaccines is determined.</p> <p>Demonstrate "Shake Test"</p>	<p>Participant Manual page 28-29</p> <p><u>Immunization in Practice</u> pages 26, 27, 36, 43, 70-96</p>	<p>Classroom</p>
<p>Assignments for the evening 5 minutes</p>	<p>Prepare case study on meeting the immunization needs of a child or woman of child-bearing age.</p> <p>Readings on nutrition - Participant's Nutrition Manual</p> <p>Exercise: Improving Immunization Services in Your Facility</p> <p>Home test on immunization.</p>	<p>CSTU Co-ordinator</p> <p>Participant's Manual, page 24.</p>	<p>Classroom</p>
<p>Participant's Evaluation of Immunization Training Module 10 minutes</p>	<p>Evaluation Questionnaire</p>		<p>Classroom</p>

QUESTIONS ON IMMUNIZATION — MODULE 2

Directions:

Questions 1-7 are multiple choice questions. They require, for completion, one of five possible phrases, A, B, C, D, or E. Circle the letter beside the phrase which you think is correct. Only one of the five phrases is correct.

Questions 8, 9, and 10. There are three possible answers. Choose one for each question.

1. The six target diseases are:

- A Measles, polio, pneumonia, tetanus, chicken pox, TB.
- B Diphtheria, mumps, polio, TB, tetanus, measles.
- C TB, polio, measles, diphtheria, pertussis, tetanus.
- D Tetanus, pertussis, tonsillitis, measles, diphtheria, TB.
- E Polio, TB, measles, diarrhoea, pertussis, tetanus.

2. Toxoids are:

- A Antibodies to tetanus and diphtheria bacteria.
- B Killed micro-organisms.
- C Harmful poisons produced by bacteria.
- D Live, attenuated micro-organisms.
- E Inactivated, harmless bacterial toxins.

3. A vaccine that is potent:

- A Has passed its expiry date.
- B Is in good condition and able to make a child immune.
- C Must be reconstituted with diluent water
- D Has been stored at too high a temperature.
- E Cannot make a child immune.

4. The correct temperature to store vaccines in a health centre is:

- A Between 0°C and +8°C
- B Between -8°C and +4°C
- C Between -4°C and +8°C
- D Between -8°C and +8°C
- E Between -8°C and 0°C

5. Which of these things can damage vaccines?

- A Disinfectants
- B Antiseptics
- C Detergents
- D Spirits
- E A, B, C, and D.

6. To reconstitute a vaccine means:

- A To freeze it
- B To dry it
- C To make it lose its potency
- D To add diluent water
- E To make it less easily damaged by heat

7. DPT protects children against:

- A Diphtheria, pertussis, and tuberculosis.
- B Diphtheria, polio, and tetanus.
- C TB
- D Diphtheria, tetanus, and whooping cough
- E Diarrhoea, pertussis, and tetanus.

Match each vaccine with that which damages it most easily:

- | | |
|----------------------|------------|
| 8. Measles and polio | A Heat |
| 9. DPT and TT | B Sunlight |
| 10. BCG | C Freezing |

11. What happens if you inject the barbed BCG too deeply ?

12. Why must you put the forceps on top of the other instruments?

13. Why must there be 2 cm of water above the top of the instruments in the boiling pan?

14. Why is it important to let the boiling pan and instruments cool before you use them?

15. Why must you keep the covers on the boiling pan and needle container?

16. Why is it important to make sure that the mother holds the child securely and in the correct position for an injection?

17. Why is it especially important to stand polio vaccine in a cup of ice or on an ice pack?

18. Why must you keep the diluent cold?

19. Why must you look after reconstituted vaccines very carefully, and throw them out after one session?

20. For how many minutes should the instruments be boiled ?

21. What vaccines will a four month old infant who has never been vaccinated before require? How many of each vaccine and at what intervals?

22. How many T.T. vaccines will a 30-year-old woman require if she is pregnant for the fourth time and has never had a T.T. vaccine? State number and frequency.

TRAINING EVALUATION QUESTIONNAIRE

Immunization Module

Please fill out this evaluation form and return it in to your CSTU Coordinator. Your feedback will help us to improve this training course for others in the future.

1. For each training method listed in the left column, tick (✓) the box which you think best describes the value of the session to you.

Training Method	Very useful	Useful	Somewhat useful	Useless
1. Lecture and Discussion				
2. Practice sessions				
3. Case studies				
4. Improving case management in your facility				

2. For each activity listed below, check one box to indicate whether time spent in that activity was too short, adequate or too long.

Type of Activity	Time spent was		
	Too short	Adequate	Too long
1. Lecture and Discussion			
2. Case study write-up and presentation			
3. Practical sessions			
4. Training Module, as a whole			

3. How could the content and or management of this training session be improved? (Please continue your answer on overside).

DAY THREE — NUTRITION — MODULE 3

Topic & Time Needed	Method and Content Outline	Resources	Location
Meeting the Immunization Needs of a Child or a Woman of Child-bearing-age 60 minutes	<i>Case presentations</i>		Classroom
Introduction to Nutrition Module Training Objectives 30 minutes	<i>Lecture and discussion</i> Extent of problem Govt. of Pakistan Policy on breast feeding Explain the learning objectives of the module	Unit 1 P Unit 15 P	Classroom
Assessment of Growth in Infants and Young Children 50 minutes	<i>Lecture and discussion with transparencies</i> <ul style="list-style-type: none"> • Relationship between nutrition and growth. • The purpose of growth monitoring. • Assessment of age using Islamic and local events calendar. • Anthropometric (growth) indicators used for growth monitoring and assessing nutritional status. • Learning to use growth chart. • How to interpret growth line • Counselling material and message 	Unit 2 P - Overhead transparencies 2.1 - 2.11 Sample Growth Chart	Classroom
Assessment of Growth in Infants and Young Children 90 minutes	<i>Practical work and demonstration</i> 1. Demonstrate with an infant or a child <ul style="list-style-type: none"> • Proper weighing procedure • Filing in the birth date of the child by asking mother - if necessary use Islamic local events calendar to determine birth date. 2. Assign an infant or a child to each trainee and have him/her carry out above exercise under supervision		OPD

The Trainer's Manual for Nutrition Module is provided for you under separate cover.

Topic & Time Needed	Method and Content Outline	Resources	Location
<p>Risk Factor Assessment</p> <p>Dietary Assessment and Counselling</p> <p>Nutritional Needs of an Infant Birth - 4 months</p> <p>1 hour, 40 minutes</p>	<p><i>Lecture and discussion</i></p> <ul style="list-style-type: none"> • Role and identification of risk factors • Use of risk factor assessment checklist <ul style="list-style-type: none"> • Food groupings • Daily food guide • Diet history • Food frequency • 24 hour recall • Counselling techniques 	<p>Unit 4 Transparencies 4.1-4.3</p> <p>Unit 5 Transparencies 5.1-5.7</p> <p>A typical roti — a pao measure</p> <p>Food frequency form</p> <p>Diet history form</p>	<p>Classroom</p>
<p>Breast-feeding</p> <p>30 minutes</p>	<ul style="list-style-type: none"> • Promoting optimal breast-feeding practices • GOP breastfeeding policy for hospital or a health facility • Anatomy and physiology of breast-feeding • Breast-feeding advantages and bottle feeding disadvantages • Correct and incorrect position of baby • Common problems with breast-feeding • Instruction on mother's personal hygiene • Avoiding and treating common breast-feeding problems • Counselling material and message 	<p>Unit 6 Transparencies 6.1 - 6.9</p> <p>Wall Chart Breastfeeding Policy</p>	<p>Classroom</p>
<p>Nutritional Needs of Infants, 4-12 months</p>	<ul style="list-style-type: none"> • Nutrient composition and infant food intake • Principles of providing dietary advice on weaning foods • Principles of multi-mixes and recipes for weaning foods • Counselling material and message 	<p>Unit 7 Transparencies 7.1-7.6</p> <p>Food for demonstrators</p>	<p>Classroom</p>
<p>Working with Mothers and Newborns</p>	<p><i>Practical Work</i></p> <ul style="list-style-type: none"> • Weighing an infant • Dietary assessment of an adult female • Counselling on breast-feeding - positioning of baby, common problems 	<p>Mother Newborn</p>	<p>OB/Gyn Ward</p>

DAY FOUR — NUTRITION — MODULE 3

Topic & Time Needed	Method and Content Outline	Resources	Location
<p>Dietary Assessment of Lactating Mothers</p> <p>2 to 3-day-old Infant being Breastfed</p> <p>60 minutes</p>	<p><i>Case Presentations</i></p>	Unit 9	Classroom
<p>Nutrition Needs of Children</p> <p>13 - 60 months</p> <p>30 min</p>	<ul style="list-style-type: none"> • Continued breast-feeding • Food needs between the ages of one and five years • Counselling material and messages 	<p>Unit 8</p> <p>Transparencies 8.1-8.2.</p> <p>Dry foods</p> <p>A plate</p> <p>A spoon</p>	
<p>Nutrition During Adolescence, Pregnancy and Lactation</p> <p>45 minutes</p>	<p><i>Lecture and discussion</i></p> <ul style="list-style-type: none"> • Nutrition during adolescence • Encouraging prenatal weight gain and diet counselling • Breast examination and breast feeding education of the mother • Nutritional requirements during lactation • Counselling messages and materials 	<p>Unit 9</p> <p>Transparencies 9.1-9.9</p>	Classroom
<p>Dietary Assessment of an Infant</p> <p>Dietary Assessment of a Child 1 - 5 years</p> <p>75 minutes</p>	<p><i>Practical Work</i></p> <ul style="list-style-type: none"> • Assign five participants one infant and five participants a child between one and five years • Conduct dietary assessment and classification • Counselling of mother 	<p>5 infants</p> <p>5 children</p>	OPD
<p>Identification and Nutritional Management of Low Birth Weight Babies</p> <p>30 minutes</p>	<p><i>Lecture and discussion</i></p> <ul style="list-style-type: none"> • Consequences of low birth weight • Characteristics of low birth weight babies • What such babies should be fed and how • Counselling mothers 	<p>Unit 10</p> <p>Transparencies 10.1-10.4</p>	Classroom
<p>Clinical Assessment and Management of Malnutrition</p> <p>60 minutes</p>	<p><i>Lecture and discussion</i></p> <ul style="list-style-type: none"> • Classification of malnutrition • Signs and symptoms of malnutrition • Dietary assessment of Malnourished children • Management of mild and moderate malnutrition • Counselling material and messages 	<p>Unit 11</p> <p>Transparencies 11.1-11.12</p>	Classroom

Topic & Time Needed	Method and Content Outline	Resources	Location
Nutritional Assessment and Management 30 minutes	<i>Practical demonstration and discussion</i> <ul style="list-style-type: none"> • Present a child from the hospital ward suffering from malnutrition • Discuss his/her assessment, classification and management, including counselling 	A child suffering from malnutrition	Classroom
Nutrition Needs during Illness and Convalescence 45 minutes	<i>Lecture and discussion</i> <ul style="list-style-type: none"> • Relationship of illness and malnutrition • Dietary management of a child during illness and the convalescent period • Counselling material and messages 	Unit 12 Transparencies 12.1-12.3	Classroom
Micro-nutrient Deficiencies 75 minutes	<i>Lecture and discussion</i> <ul style="list-style-type: none"> • Iron Deficiency Anemia • Iodine Deficiency Disorders • Vitamin A Deficiency • Vitamin D Deficiency • Counselling Material and messages 	Unit 13 Transparencies 13.1-13.11	Classroom
Nutrition Services in Health Centres Government Nutrition Program and Policies 30 minutes	<i>Lecture and discussion</i> <ul style="list-style-type: none"> • Nutrition related activities in a health centre • Staff assignments • Equipment and material • World Food Program • IDD Control Programme • Breast-feeding and infant feeding programmes 	Unit 15	Classroom
Participants' Evaluation of Nutrition Training Module 10 minutes	<i>Written</i>	Evaluation Questionnaire	Classroom
Assignment for the Evening	Preparation for case study preparation of: <ul style="list-style-type: none"> • a malnourished child; or • meeting immunization and nutritional needs of pregnant and lactating women 		Classroom

TRAINING EVALUATION QUESTIONNAIRE

Nutrition Module

Please fill out this Questionnaire and return it in to your CSTU Coordinator.

1. For each training method listed in the left column, tick (✓) the box which you think best describes the value of the session to you.

Training Method	Very useful	Useful	Somewhat useful	Useless
1. Lecture/Discussion				
2. Practice session with cases				
3. Case studies				
4. Improving case management in your facility				

2. For each activity listed below, check one box to indicate whether time spent in that activity was too short, adequate or too long.

Type of Activity	Time Spent was		
	Too short	Adequate	Too long
1. Lecture and Discussion			
2. Case Study write up and presentation			
3. Practical session			
4. Entire Module on this topic			

3. How could the content and or management of this training session be improved? (Please write your answer on overside).c

Extent of the Problem

Diarrhoea remains the number one killer of Pakistani children. Out of the estimated 700,000 children under five years of age who die in Pakistan every year, over 200,000 die of diarrhoea or diarrhoea-related causes. Most of these children die because they are dehydrated as a result of loss of water and electrolytes during diarrhoea. Dehydration combined with malnutrition accounts for most diarrhoea-related deaths. It is possible to reduce this number greatly by utilizing the simple, inexpensive ORT (Oral Rehydration Therapy) or ORS solution and continuing to feed the children during their illness with diarrhoea.

Even though scientific research has proven that Oral Rehydration Therapy is the safest and most effective treatment for most diarrhoea patients, physicians in Pakistan continue to treat diarrhoea patients with intravenous solutions, antibiotics and antimotility drugs. This practice is not only expensive and often ineffective but in the case of antimotility drugs, it is also harmful. Education of physicians, health workers and parents on proper treatment of diarrhoea will save the lives of many children.

Diarrhoea and the Child Survival Training Units

In March 1989, the Government of Pakistan launched a nation-wide project establishing Diarrhoea Training Units, (DTU) throughout the country, in an effort to educate health professionals about simple, scientific, up-to-date approaches to the prevention and treatment of diarrhoea. Between 1989 and 1991 DTUs were established in 10 teaching hospitals. Beginning in January 1992, these DTUs will be converted into Child Survival Training Units (CSTUs) and new CSTUs will open in the remaining teaching hospitals and selected District Headquarters Hospitals. The CSTUs will provide training in prevention and management of diarrhoea and acute respiratory infection, as well as in immunization services against the six vaccine-preventable diseases and counselling on adequate nutrition for children is also an important component of the course.

Government of Pakistan Policy

In an effort to educate the health professionals and parents in proper case management of children with diarrhoea and in the prevention of diarrhoea, the Government of Pakistan, in 1988, formulated and adapted a diarrhoea treatment policy. This policy is outlined on the next page.

PAKISTAN'S NATIONAL DIARRHOEA TREATMENT POLICY

ORAL REHYDRATION THERAPY(ORT): ORS + BREASTMILK + FOOD

- All diarrhoea cases will drink ORS (or other fluid) prior to leaving.
- All parents will be taught how to mix ORS.
- All parents will be taught how to give ORS (how much, how often, how long). ORS will be given using a cup and spoon or dropper.
- Special care/attention will be given to neonates, especially low birth weight, to avoid excessive use of ORS. Breastfeeding will be encouraged and assisted where needed.
- All parents will be given 1 to 2 ORS packets for home use.

BREASTFEEDING

- Breastfeeding will be encouraged for all infants and continued even during rehydration.

CONTINUED FEEDING

- Feeding appropriate for age will be encouraged to start no later than 4 hours after start of rehydration.
- Milk feeds will not be diluted but may be mixed with cereals and can be offered during maintenance.
- No feeding bottles will be used.

DRUGS

- No anti-diarrhoeal, antiemetic, antispasmodic drugs will be used or prescribed for diarrhoea in children, especially under 5 years.
- Antibiotics will be used only for specified indications to be recorded on the patient record whenever used. This will generally be reserved for bloody dysentery or other systemic infections. Only a single antibiotic will be prescribed.

IV THERAPY

- I.V. will be used only for severe dehydration as demonstrated by objective findings recorded on the patient record form.
- I.V. will be used only for rehydration and stopped within 6 hours of initiation.
- Ringer's lactate is preferred but 0.9% Saline with 5% Dextrose is an acceptable alternative. Glucose/Dextrose solution alone will not be used.
- Patients on I.V. will be started on ORS as soon as they can drink.

IMMUNIZATION

- Ensure that no child leaves before its immunization is up-to-date (especially measles). Similarly, the mother should be given TT immunization.

HYGIENE

- Staff will demonstrate commitment to importance of personal hygiene by washing their hands after handling each patient.

PLEASE ENSURE THAT

- Parents leave only after they can explain in their own words the following:
 1. The Need for the Child to Drink More Fluids than Usual:
 - Mix ORS correctly using local measures.
 - Use ORS correctly offering 1/2 to 1 tea cup for each stool or vomit and more if child desires.
 2. The Need for the Child to Continue Eating:
 - Breastfeed, and if 6 months or older, state the food and the approximate amount of food to feed child.
 3. When to Bring the Child Back:
 - Explain signs of dehydration and indications to bring child back.
 4. How to Prevent Diarrhoea:
 - Explain the importance of handwashing, breastfeeding and danger of bottle feeding.



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DAY FIVE — DIARRHOEA AND DEHYDRATION — MODULE 4

Topic and Time Needed	Method and Content Outline	Resource	Location
<p>Meeting immunization and nutritional needs of pregnant and lactating women</p> <p>60 minutes</p>	<p><i>Case presentations</i></p>		<p>Classroom</p>
<p>Introduction to Diarrhoeal Management</p> <p>Training Objectives</p> <p>Diarrhoea and dehydration</p> <p>Prevention of diarrhoea</p> <p>Home Treatment of Diarrhoea</p> <p>60 minutes</p>	<p><i>Lecture and discussion</i></p> <p>Explain the extent of the problem and GOP's policies and programmes.</p> <p>Explain the three objectives of the programme.</p> <ul style="list-style-type: none"> • Define diarrhoea • Explain why diarrhoea is dangerous • Explain how diarrhoea causes dehydration • Explain the important points in treatment of diarrhoea. <p>Explain prevention through:</p> <ul style="list-style-type: none"> • Personal hygiene • Improved nutrition • Immunization • Breastfeeding <ol style="list-style-type: none"> 1. Prevent dehydration from occurring. 2. Treat dehydration quickly. 3. Continue to feed the child. <p>Lecture</p>	<p>Trainer's Manual</p> <p>Participant's Manual pages 32-36</p> <p>Management of the Patient with Diarrhoea page 1-3</p> <p>Assessment and Treatment chart</p> <p><u>Management of the Patient with Diarrhoea,</u> pages 6-8</p> <p>page 12</p> <p>chart on page 17.</p>	<p>Classroom</p>

Topic and Time Needed	Method and Content Outline	Resource	Location
<p>Assessment of Dehydration in a Child with Diarrhoea</p> <p>30 minutes</p>	<p><i>Demonstration</i></p> <p>video</p>	<p>1991 WHO Video: <u>Assessment of Dehydration in a Child with Dehydration</u></p>	
<p>Assessment of Dehydration in a Child with Diarrhoea.</p> <p>Preparation of ORS</p> <p>30 minutes</p>	<p><i>Practical work</i></p> <ol style="list-style-type: none"> 1. Assign a child with diarrhoea to each participant if enough cases are available. If not, assign each participant a child without diarrhoea and ask him/her to proceed with the assessment process. Later use as available diarrhoea case to <u>demonstrate</u> to those who did not deal with an actual case, the signs and symptoms present in a dehydrated child. 2. Based on the signs and symptoms present, determine the degree of dehydration. 3. Use Treatment Plan A, B, or C depending on degree of dehydration. <ul style="list-style-type: none"> • Demonstrate how to prepare ORS using the ORS packets <p style="text-align: center;">or</p> <p>When ORS packet is not available, ORS solution can be made following the instruction</p> <ul style="list-style-type: none"> • Demonstrate to mother how much & how frequently to give ORS 	<p><u>Management of the Patient with Diarrhoea</u> page 26, 74-76</p>	<p>ORT Corner</p>

BEST AVAILABLE DOCUMENT

Topic and Time Needed	Method and Content Outline	Resource	Location
<p>Use of drugs for diarrhoea</p> <p>30 minutes</p>	<p>Demonstration - video.</p> <p>Show the video</p> <p>Discuss why drugs are not recommended for diarrhoea and the complications which arise from drug use.</p> <p>Inquire what participants learned from this video.</p>	<p>Video: <u>Vicious Circle</u></p>	<p>Classroom</p>
<p>Management of a Child with Diarrhoea and Dehydration.</p> <p>Preparation of ORS.</p> <p>Counselling of Mothers on Managing of Diarrhoea at Home</p> <p>90 minutes</p>	<p><i>Practical work</i></p>	<p><u>Management of the Patient with Diarrhoea</u> pages 25-26</p>	<p>OPD</p>
<p>Assignments for the Evening.</p>	<p>Complete two case studies from the day's practical work on:</p> <ul style="list-style-type: none"> • A child with diarrhoea and its management • Meeting a child's immunization and nutritional needs. <p>Readings on diarrhoea case management — <u>Management of the Patient with Diarrhoea</u></p> <p>Take-home Test on Diarrhoea Management</p>	<p>Pages 66-70, 80-82</p>	

BEST AVAILABLE DOCUMENT

DAY SIX — DIARRHOEA AND DEHYDRATION — MODULE 4

Topic and Time Needed	Method and Content Outline	Resource	Location
<p>Management of a Child with Diarrhoea, Including Meeting Identified Immunisation and Nutrition Needs.</p> <p>60 minutes</p>	<p><i>Presentation of two cases. Discussion</i></p> <p>Case presentation - Select one or two cases and assist participants with case presentations using assessment and treatment chart.</p> <ol style="list-style-type: none"> 1. Explain what to ask and look for in assessment. <p>Other problems</p> <ul style="list-style-type: none"> - <u>Ask</u> about blood in stool. - <u>Measure</u> duration of diarrhoea in number of days. - <u>Feel</u> for fever. - <u>Look</u> for severe undernutrition. <ol style="list-style-type: none"> 2. Explain treatment and follow-up. 3. Explain referral process for more serious and complicated cases. 	<p>Classroom assessment and treatment chart</p> <p>Also Diarrhoea Management Chart in <u>Management of the Patient with Diarrhoea</u> pages 66-70.</p>	<p>Classroom</p>
<p>Assessment and Treatment of Diarrhoea, Dysentery and Complications of Diarrhoea</p> <p>60 minutes</p>	<p><i>Lecture and Discussion:</i></p>	<p>Diarrhoea Management chart, on pages 66 and 67.</p>	<p>Classroom</p>
<p>Managing a Child with Diarrhoea</p> <p>60 minutes</p>	<p><i>Practical work</i></p>	<p>Pages 71, 80-81.</p>	<p>OPD</p>

Topic and Time Needed	Method and Content Outline	Resource	Location
Drugs: When Should They Be Used for Diarrhoea? 60 minutes	<i>Discussions:</i> Emphasize the need to stick to recommended drugs in treatment of other conditions		Classroom
Diarrhoea — Assessment and Treatment 75 minutes	<i>Practical Work</i>		OPD
Assignment for the Evening 5 minutes	<ul style="list-style-type: none"> • Prepare a case study on dysentery or persistent diarrhoea or complications of diarrhoea. • Readings on ARI — <u>Management of the Young Child with an Acute Respiratory Infection.</u> 	Pages 1-35, 41-73	
Participants Evaluation of Diarrhoea Module 10 minutes	<i>Written</i>	Evaluation Questionnaire	

QUESTIONS ON DIARRHOEA AND DEHYDRATION — MODULE 4

Look at the Diarrhoea Management Chart on page 65 in *Management of the Patient with Diarrhoea* and carefully read Treatment Plan A. It describes what to do to treat a child with no dehydration. Then complete the following exercise.

SHORT-ANSWER EXERCISE

A mother has brought her 11-month-old daughter, Fari, to a community health worker because the child has diarrhoea. Fari is now eating cereal and other foods, and her mother has continued to breast-feed as well. The mother says she lives far from the health worker and might not be able to come back for several days, even if the child gets worse. The mother mentions that usually she gives her children gruel when they get diarrhoea, but heard that the community health worker had something better.

The health worker looks and feels for signs of dehydration but finds none. He finds no signs of problems besides the diarrhoea. He decides to treat according to Plan A.

1. What are the 3 rules for treating diarrhoea at home which are explained in detail in Plan A?
2. What type of extra fluids should the health worker recommend that this mother give Fari? Why?

3. Fill in the blanks:

Fari's mother should continue to _____ Fari and should also give her small amounts of cereal mixed and mashed with other foods at least _____ times a day. She should add 1 to 2 teaspoons of _____ to each serving to add energy. She should give _____ fruit juices and bananas to provide _____. She should continue to give Fari an extra meal each day for _____ weeks after the diarrhoea stops.

4. Fari's mother should bring her back if she is not better in _____ days or if she develops any of the following signs or problems. (Fill in the 3 missing signs below).

- | | |
|----------------------|---------|
| ✦ many watery stools | ✦ |
| ✦ | ✦ fever |
| ✦ marked thirst | ✦ |

5. a) If the clinic uses 500 ml packets of ORS, how many packets should the health worker give to Fari's mother to take home?

b) If the clinic uses 1000 ml packets, how many packets should the health worker give her? Why?
6. a) How much ORS solution should the mother give Fari after each loose stool?

b) What should the health worker do to ensure that the mother understands how much ORS solution to give?
7. What should Fari's mother do if the diarrhoea continues after she runs out of ORS?
8. What should the health worker tell the mother to expect and not to expect from treatment with Plan A?

Use the fold-out assessment chart from page 17 of *Management of the Patient with Diarrhoea* to help you answer the following questions:

9. A 2-year-old child is brought to the clinic. He seems well and alert. His eyes appear normal and have tears. However, the health worker judges that he has a very dry mouth and tongue, and he drinks eagerly when offered a cup of water. A skin pinch goes back quickly. What Treatment Plan should be used?
10. A child has a dry mouth and sunken eyes but is alert and active when the health worker sees her. When pinched, she cries tears, and the pinch goes back quickly. When offered a drink, she takes a sip but does not seem thirsty. What Treatment Plan should be used?
11. A child appears alert and well, and her eyes are not sunken. Her tongue is dry, but she pushes away a drink when it is offered. When pinched, she fusses loudly but does not cry tears. The pinch goes back quickly. What Treatment Plan should be used?

12. A child with diarrhoea has some signs of dehydration. The child weighs 7 kg and is 8 months old. How much ORS solution should be given to him during the first 4 hours?
13. A mother brought her 2-year-old daughter to the health facility. The child was assessed and found to have some dehydration. She weighs 10 kg.
- How much ORS solution should this patient be given in the first 4 hours?
 - After 4 hours, the child still had some dehydration, but she was improving. Assuming that the mother can stay at the facility, what should be done next?
14. A one-year-old child with diarrhoea was brought to the health centre by his grandmother. The child was assessed and found to have some dehydration. There is no scale to weigh the child. The grandmother must leave soon because her bus will be leaving and her home is too far to walk.
- How much ORS solution should the grandmother give in the first 4 hours?
 - How much should she give after that?
 - What should the health worker say about feeding the child?
 - What signs should the grandmother look for to know if she should bring the child back?
15. Asif is 8 months old and weighs 5.5 kgs. He has had diarrhoea for 2½ weeks. His mother has given him an anti-diarrhoeal drug from the pharmacist for the last 3 days, but a neighbour told her she should come to the health centre. Asif's diet includes cow's milk, cooked cereal, and some mashed vegetables. He is not dehydrated.
- Should Asif be referred to the hospital?
 - What should you tell the mother about anti-diarrhoeal drugs?

c) What special advice should you give the mother about feeding Asif?

After 5 days have passed, Asif is brought back to the health centre. The mother says that the diarrhoea has not stopped.

d) What should you tell his mother to do?

16. Ahmed is 3 years old and weighs 13 kg. He lives in an area where cholera has been recently diagnosed. Ahmed's diarrhoea started yesterday. He has had 6 large watery stools and started vomiting this morning. The health worker notices that he is very sleepy, has very sunken and dry eyes, and a very dry tongue. A pinch of his skin goes back very slowly. IV therapy is available at the health facility.

a) How would you treat Ahmed's dehydration?

b) In addition to treating Ahmed's dehydration, what other treatment should you give?

17. A child named Aisha is brought to you for treatment of diarrhoea. Aisha is 2 years old and weighs 11 kg. You assess her and find that she has no signs of dehydration. You find that she has a fever of 38.5° and blood and mucus in the stool. There is no malaria in the area.

a) What treatment should you give Aisha?

b) After 2 days Aisha stools are still bloody. What should you do?

c) After 2 more days Aisha's stools are still bloody. What does she need now?

18. A 4-year-old patient who was severely dehydrated has now improved and been put on Plan B. There is cholera in the area. What should you give the child in addition to treatment with ORS solution?

19. A 3-month-old boy weighing 4 kg has been treated for severe dehydration for 6 hours. He has received ORS solution in addition to IV fluids for the last 3 hours. The child has been assessed again. He is improving but still has some dehydration. (Complete the following sentence to show the correct treatment).

Give _____ mls of _____ within the next _____ hour(s).

20. A severely dehydrated 2-year-old weighing 11 kg needs IV therapy. You are not trained to give IV therapy or nasogastric tube therapy. The nearest hospital is two hours away. You manage to coax the patient to take some sips of ORS solution. What should you do now?
21. A 9 kg child who is very drowsy and cannot drink is brought to a small health centre. There is no IV equipment at the health centre, and the nearest hospital is an hour away, but the health worker knows how to use a nasogastric tube. How much ORS solution should be given through the nasogastric tube in the first hour?

TRAINING EVALUATION QUESTIONNAIRE

Diarrhoea & Dehydration Module

Please fill out this evaluation questionnaire. Your feedback will help us improve the training for others in the future.

1. Briefly describe your responsibilities in the area of diarrhoea case management:

In what type of setting(s) do you work (e.g., private practice, health centre, hospital)?

2. For each activity listed in the left columns, tick (✓) the box which you think best describes the value of the session for you.

	Very useful	Useful	Somewhat useful	Useless
"Management of the Patient with Diarrhoea" Module				
Presentation I: Principles of Clinical Management of Acute Diarrhoea				
Presentation II: Management of Diarrhoea				
Presentation III: Prevention of Diarrhoea Drills				
Practice sessions with cases				
Drills				
Additional exercises				
Video: Assessment of Dehydration				
Improving case management in your own facility				

3. During your practice sessions, did you have the opportunity to treat patients according to

- Plan A (no signs of dehydration)?
- Plan B (some dehydration)?
- Plan C (severe dehydration)?

Do you feel confident managing each of these types of patients?

4. Did you find any aspects of your training at this facility especially difficult? Why?

5. For each activity listed below, check one box according to whether you thought the time spent on that activity was too short, adequate, or too long.

Type of Activity	Time spent was:		
	Too short	Adequate	Too long
"Management of the Patient with Diarrhoea" Module			
Case presentations			
Practice sessions with cases			
Drills			
Additional exercises			
Video: Assessment of dehydration			
Improving Case Management in your own Facility			
Entire training module			

6. What additional support, if any, do you think you may need after this training to enable you to improve diarrhoea case management in your own facility?

7. How could the content and/or management of this training course be improved for future participants?

INTRODUCTION TO ACUTE RESPIRATORY INFECTIONS — MODULE 5

Children with respiratory infections make up a large portion of patients seen by health workers in health centres and other first level care facilities. Most children have about four to six acute respiratory infections each year. These infections tend to be even more frequent in urban communities than in rural areas.

Respiratory infections include infections in any area of the respiratory tract including the nose, ears, throat (pharynx), voice box (larynx), windpipe (trachea), air passages (bronchi or bronchioles), or lungs.

Many areas of the respiratory tract can be involved in an illness, and there can be a wide variety of signs and symptoms of infection. These include:

- Cough,
- Difficult breathing,
- Sore throat,
- Runny nose, or
- Ear problem.

Fever is common in acute respiratory infections. Fortunately, most children with respiratory symptoms have only a mild infection, such as a cold or bronchitis. They may cough because the nasal discharge from a cold drips down the back of the throat, or because they have a viral infection of the bronchi (bronchitis). They are not seriously ill and can be treated well at home by their families without antibiotics.

However, some children may develop pneumonia. If this lung infection is not treated with an antibiotic, death may result either by diminishing the intake of oxygen, or by an overwhelming infection from bacteria entering the bloodstream (called sepsis or septicemia). About one-fourth of all children less than five years of age who die in developing countries die of pneumonia. It is, in fact, one of the two most common causes (with diarrhoea) of death in children. In some areas, pneumonia is the most common cause of death. Many of these deaths are in young infants less than 2 months of age.

Therefore, the proper treatment of children who have pneumonia can greatly reduce deaths. In order to treat these children, the health worker must be able to carry out the difficult task of identifying the few very sick children among the many children with respiratory infections that are not serious.

The Pakistan ARI Control Programme has the following two objectives:

1. To reduce mortality from ARI, in particular pneumonia, in children under five years of age.
2. To reduce the inappropriate use of antibiotics and other drugs for the treatment of ARI in children.

DAY SEVEN - ACUTE RESPIRATORY INFECTIONS — MODULE 5

Topic and Time Needed	Method and Content Outline	Resource	Location
<p>Dysentery, Persistent Dysentery and Complications of Diarrhoea, Including Meeting Immunization and Nutritional Needs</p> <p>60 minutes</p>	<p><i>Two case presentations</i></p>		<p>Classroom</p>
<p>Introduction to ARI Module</p> <p>Training objectives</p> <p>Assessment and Classification of a Child with Cough or Difficult Breathing</p> <p>60 minutes</p>	<p><i>Lecture</i></p> <p>Extent of the problem; the Government of Pakistan's policy</p> <p>Explain the three objectives in the module.</p> <p><i>Lecture and discussion</i></p> <p>Explain the need to follow case management procedure: instruct participants in completing the ARI case record form</p> <ol style="list-style-type: none"> 1. Ask - review the six questions to ask mother. 2. Look, listen - Emphasize the need for child to be calm during search for the seven signs of ARI. Emphasize the need to count respiration for one full minute. 3. Classify illness - based on the symptoms and age of the child, use the appropriate chart to classify his/her condition. 	<p>Trainer's Manual, Module 5</p> <p>Participant's Manual, pages 56-58</p> <p><u>Management of the Young Child with an Acute Respiratory Infection.</u> Classification and Treatment Charts pages 11-17, 19-21, 35, 42</p>	<p>Classroom</p>

BEST AVAILABLE DOCUMENT

Topic and Time Needed	Method and Content Outline	Resource	Location
Case Management of a Child with a Cough or Difficult Breathing 30 minutes	<p><i>Demonstration - video</i></p> <ul style="list-style-type: none"> Follow instructions for showing the video. Stop the video when instructed. Have participants follow instructions such as looking, listening and counting of respiration. 	WHO Video Case Management of a Child with a Cough and Difficult Breathing	Classroom
Assessing, Classifying and Treating ARI Cases 60 minutes	<p><i>Practical work</i></p> <p>Assign one or two cases of ARI to each participant.</p> <ul style="list-style-type: none"> Have participant ask mother six questions and look for seven signs of ARI. Using the charts and above information classify illness Using appropriate chart decide on treatment Give antibiotic (if indicated) and teach mother to give antibiotic at home 		MO Room, OPD
Treatment of Cough or Difficult Breathing 90 minutes	<p><i>Lecture and discussion</i></p> <ul style="list-style-type: none"> Giving antibiotics Teaching mother to give antibiotic at home Advising mother on home care Treatment of fever Treatment of wheezing 	Management of the Young Child with an Acute Respiratory Infection pages 59-73	Classroom
Assignments for the evening	<ul style="list-style-type: none"> Prepare two case studies on pneumonia, including meeting immunization and nutrition needs. Readings on acute respiratory infection. Take-home test on ARI Management. 	Management of the Young Child with an Acute Respiratory Infection pages 83-88, 91-96	Classroom

DAY EIGHT — ACUTE RESPIRATORY INFECTION — MODULE 5

Topic and Time Needed	Method and Content Outline	Resource	Location
<p>ARI Case Management (on Pneumonia, if Cases are Available) Including Meeting Immunization Needs</p> <p>60 minutes</p>	<p>Case presentation of two case studies. Discussion.</p> <p>Use chart.</p>	<p>Assessment and Treatment Chart.</p>	<p>Classroom</p>
<p>Management of a child with an ear problem or sore throat</p> <p>(continued)</p>	<p><i>Lecture and discussion</i></p> <p>Have participants look at assessment and treatment chart.</p> <p>Upon completion of case presentations discuss how the classification was done and treatment selected — referring to the charts.</p> <p>Explain assessment, classification and treatment process for an ear problem.</p> <p><u>Assessment</u></p> <ul style="list-style-type: none"> • Ask mother two questions: <ul style="list-style-type: none"> • Ear pain? • Drainage from ear? • Look for pus draining from the ear. • Feel for tenderness and swelling behind ears <p><u>Classification</u></p> <ul style="list-style-type: none"> • Mastoiditis? • Acute ear infection? • Chronic ear infection? <p><u>Treatment Instruction?</u></p> <ul style="list-style-type: none"> • Dry the ear by wicking • Give antibiotic • Give paracetamol for pain or high fever 	<p>Assessment and Treatment Chart, pages 83-88</p>	<p>Classroom</p>

Topic and Time Needed	Method and Content Outline	Resource	Location
<p>Management of a child with a sore throat</p> <p>60 minutes</p>	<p><i>Practical work</i></p> <p>Assessment</p> <ul style="list-style-type: none"> • Ask if able to drink • Look & feel for nodes • Look for exudate on throat <p>Classification</p> <ul style="list-style-type: none"> • Throat abscess • Streptococcal throat <p>Treatment instructions</p> <p>Based on classification, select appropriate treatment</p> <p>Give first dose of antibiotic (if indicated).</p> <p>Teach the mother to give antibiotics at home.</p> <p>Advise mother on home care and when to bring child back to the facility.</p>	<p><u>Management of the Young Child with an Acute Respiratory Infection,</u> pages 91-96</p>	
<p>Assessing and treating of a Child with a Cough, Difficult Breathing, Ear Problem or Sore Throat</p> <p>90 minutes</p>	<p><i>Practical work</i></p> <p>Assign a child with ARI to each participant, (if available, if not assign a child without ARI) and have participant carry out assessment, classification, treatment and instructions to mother on ARI.</p> <p>Have participants assess immunization and nutrition needs of the child and counsel mother accordingly.</p>		<p>OPD, MO Room</p>
<p>Referring a child to hospital</p>	<p>Lecture and discussion</p> <p>Routine referrals</p> <p>What to do when referral is not possible</p>	<p><u>Management of the Young Child with an Acute Respiratory Infection,</u> pages 102-103, 104-107</p>	

Topic and Time Needed	Method and Content Outline	Resource	Location
<p>Role of mother and facility staff in meeting child's identified immunization and nutrition needs and in providing appropriate services to a child with an acute respiratory infection</p> <p>60 minutes</p>	<p>Lecture and discussion</p> <p>Using the charts and information from the ARI cases of the morning, select one case and go through case management step by step, identifying, the mother's and health staffs' activities, at home and at the facility.</p>	<p>Assessment and Treatment Chart and Home Care instruction</p>	<p>Classroom</p>
<p>Management of ARI in a Child Under Two Months of Age.</p>		<p><u>Management of the Young Child with an Acute Respiratory Infection,</u> page 41-51</p>	<p>Classroom</p>
<p>Assignment for the evening</p>	<ul style="list-style-type: none"> • Prepare a case study on the management of a child with an acute respiratory infection 		
<p>Participant's Evaluation of ARI Module</p> <p>10 minutes</p>	<p><i>Written</i></p>		<p>Classroom</p>

QUESTIONS ON ACUTE RESPIRATORY INFECTIONS — MODULE 5

1. Read the case study of Amjad, below. In the following exercise you will assess Amjad, classify his illness, and identify a treatment plan

Amjad

Amjad's mother brought her one-year-old son to your health centre because he has had a cough for one week and is now having a problem breathing. She tells you that Amjad has refused all food but is breast-feeding.

In response to your assessment questions, Amjad's mother adds that he has not had a fever or convulsions. When you examine Amjad, you find that he is breathing 63 times a minute. The lower part of his chest goes in when he breathes in. There is no noise as he breathes. His body does not feel hot. Although he appears weak, he is alert to sounds around him and is of normal weight for his age.

- (a) List all of Amjad's signs of illness in the space below.
- (b) List only those signs you will use to classify Amjad's illness.
- (c) Using the chart on page 35 of Management of the Young Child with an Acute Respiratory Infection, classify Amjad's illness.
- (d) Look at the treatment plan under the classification in which you put Amjad. List the steps that would be carried out in management of this case.

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2. In this exercise you will review the differences between managing (that is, assessing, classifying and treating) a child age 2 months to 5 years and managing a young infant (less than 2 months), who has cough or difficult breathing.

(a) List four differences between managing a young infant and managing a child age 2 months to 5 years: (Refer to chart on page 35 and page 42 of Management of the Young Child with an Acute Respiratory Infection).

(1)

(2)

(3)

(4)

3. In this exercise, you will read the assessment information, classify the illness, and identify a treatment plan for two young infants. Refer to the case management chart on page 42, of Management of the Young Child with an Acute Respiratory Infection and write your answers for the exercise in the space provided.

CASE ONE: Ayesha

A mother brought her small baby girl, Ayesha, to the health centre because she was not nursing as well as she should have been and was having unusual breathing. Upon questioning, the health worker learns that the mother's breasts are engorged, and she thinks Ayesha has been taking less than one-half her usual amount of breast milk. Ayesha is 13 days old and was born after a very long and difficult labor. Her mother tells you that the young infant has not had a fever. She does not think the baby has had convulsions, and says that Ayesha has been difficult to wake.

The young infant's breathing rate is 62. On the next count, the rate has gone down to 55. There is mild chest indrawing. There is no noise when she breathes. The baby is very sleepy and cannot be wakened, even when shaken. You feel her armpits and calves, and find that she is neither too hot nor too cold.

(a) List all of Ayesha's signs of illness in the space below.

(b) Record how you would classify Ayesha's illness in the space below. Also list the signs you used to classify her illness.

7000 210011000 1020

- (c) Look at the treatment plan under the classification in which you put Ayesha and write what you would do in the space below.

CASE TWO: Tariq

Tariq is about three weeks old. His mother has brought him to the health centre today because he is coughing. She is having some difficulty breast-feeding him but he is still taking almost normal amounts of milk. She says that he has felt hot but has had no convulsions. When you examine Tariq you do not find chest indrawing nor do you hear unusual sounds when he breathes. The first time you count his breathing, you find he is breathing 60 times per minute. The second time you count, you find he is breathing 50 times per minute. Tariq responds to your voice and looks at your face as you move in front of him. He has a temperature of 37.8C.

- (a) List all of Tariq's signs of illness in the space below.
- (b) Record how you would classify Tariq's illness by writing the classification in the space below. Also list the signs you used to classify the illness.
- (c) Look at the treatment plan under the classification in which you put Tariq, and write what you would do in the space below.

4. In this exercise, you will assess and classify the illnesses of two children. Then, you will describe in detail how you would provide treatment. Refer to the chart on page 35 of Management of the Young Child with an Acute Respiratory Infection, and write your answers for the exercise in the space provided.

CASE ONE: Azra

Azra is two years old. Her mother tells you that yesterday Azra became sick very suddenly. She had had a cough and runny nose for two days, but her mother did not think she needed any treatment. Yesterday Azra stopped playing, and her mother saw that she was breathing faster than normal.

In response to your assessment questions, you find out from her mother that Azra has been able to drink water and eat a little bit. Her mother does not think that Azra has had a fever, and there is no malaria in the area.

When you count Azra's breathing, you find that she is breathing 36 times per minute. When her mother undresses her, you see that Azra does not have chest indrawing. She is wheezing, and her mother says this is the first time she has heard Azra make this noise. She does not appear to be abnormally sleepy. She weighs about 11 kgs. Azra has a temperature of 39.5C.

- (a) List all of Azra's signs of illness in the space below.

- (b) Record how you would classify Azra's illness in the space below. Also list the signs you used to classify the illness.

- (c) Look at the treatment plan under the classification in which you put Azra, and write what you would do in the space below.

- (d) For each medicine Azra will receive, state the dose, how often she will receive it each day, and the number of days she will receive it.

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CASE TWO: Naveed

Naveed is 11 months old and weighs 8 kgs. His mother brought him to see the health worker three days ago because he had a cough and felt hot. At that time Naveed was taking 36 breaths per minute and had no chest indrawing. Naveed was unwilling to eat but was able to drink. His temperature was 39.1C, and there was no malaria in the area. The health worker gave him paracetamol and advised his mother to bring Naveed back if he became sicker or if his breathing became difficult or fast.

Naveed's mother brought him back today because she thinks he is sicker and is having difficulty breathing. In response to your questions, Naveed's mother tells you that he has been coughing for more than one week. He is still able to drink. When you look at Naveed, you find that he is taking 62 breaths per minute. He has no chest indrawing. His temperature is 37.8C.

- (a) List all of Naveed's signs of illness in the space below.

- (b) Record how you would classify Naveed's illness in the space below. Also list the signs you used to classify his illness.

- (c) Look at the treatment plan under the classification in which you put Naveed, and record what you would do in the space below.

- (d) For what reason did the health worker give Naveed paracetamol three days ago?

- (e) You have paracetamol, a safe cough remedy made in the health centre, and adult cotrimoxazole tablets (80 mg tablets) to treat sick children. Which medicine would you give Naveed now?

How much and how often should Naveed receive the medicine?

- (f) What would you tell Naveed's mother about how to treat her child at home? What would you do to help her treat him at home? Write your plan here.

with an ear problem. Refer to the case management chart on page 86 of Management of a Young Child with an Acute Respiratory Infection and write your answers for the exercise in the space provided.

Nadia

A mother brought her 13-month daughter Nadia to the health centre because she has had slight fever and has been irritable (crying and easily upset) for about one week. She has had liquid draining from her ear for two days.

You examine Nadia and find that in addition to the pus draining from her ear, she has fever of 39.2 degrees. There is no malaria in the area. There is no swelling behind the ear.

- (a) List all Nadia's signs of illness in the space below.
 - (b) Record how you would classify Nadia's illness in the space below. Also list the signs you used to classify the illness.
 - (c) Look at the treatment plan under the classification in which you put Nadia, and record what you would do in the space below.
 - (d) List the instructions you would give Nadia's mother below:
6. In this exercise you will assess, classify the illness, and identify the appropriate treatment for a child with a sore throat. Answer the questions below by referring to the case management chart on page 94 of Management of a Young Child with an Acute Respiratory Infection. Write your answer in the space provided on this page.

Raza

Raza has had a fever off and on for two days and has complained of a sore throat. He has no signs of difficult breathing and he has not been coughing. His mother brought him in to see you today because he is refusing to eat, although he is still able to drink clear soup. Raza is four years old.

You feel Raza's neck and find that his glands are swollen and tender. He has white exudate on the throat. His temperature is 39.7 degrees centigrade. There is no malaria in the area.

- (a) List all of Raza's signs of illness in the space below.
- (b) Record how you would classify Raza's illness in the space below. Also list signs you used to classify his illness.
- (c) Look at the treatment plan under the classification in which you put Raza, and record what you would do in the space below.
- (d) List instructions you would give Raza's mother:

TRAINING EVALUATION QUESTIONNAIRE

Acute Respiratory Infections Module

Please fill out this evaluation form and return it in to your CSTU Coordinator. Your feedback will help us to improve this training course for others in the future.

1. For each training method listed in the left column, tick (✓) the box which you think best describes the value of the session to you.

Training Method	Very useful	Useful	Somewhat useful	Useless
1. Lecture and Discussion				
2. Practice sessions				
3. Case studies				
4. Improving case management in your facility				

2. For each activity listed below, check one box to indicate whether time spent in that activity was too short, adequate or too long.

Type of Activity	Time spent was		
	Too short	Adequate	Too long
1. Lecture and Discussion			
2. Case study write-up and presentation			
3. Practical sessions			
4. Training Module, as a whole			

3. How could the content and or management of this training session be improved? (Please continue your answer on overside)

INTRODUCTION TO GENERIC CASE MANAGEMENT — MODULE 6

Traditionally, diseases and their treatment have been the focus of medical training. However, the experiences of health service providers all over the world have gradually broadened this thinking.

It is now recognized that children's health status is determined by many factors including biological, psychological and social factors. Biological factors are those having to do with growth and development. Psycho-social factors are environmental influences such as: family income; size and composition of the family; educational level of parents or caretaker; family customs, habits and home remedies; and available health care services.

The realization that focusing only on treatment of illness is inadequate and inappropriate has resulted in a change in medical curricula. The focus now is increasingly on the child as a growing and developing person with basic health needs that vary according to age. Health needs can be answered by health promotion services, such as the giving of required vaccines, or by the diagnosis and treatment of disease.

In this training module you are expected to help participants apply the knowledge and skills they have acquired during the previous nine days of training to meet both the health and the medical needs of children coming to a facility.

In the design of this course, there were three reasons for focussing first on health promotion and illness prevention. First, these are areas which, in the past, have received minimal attention. Second, if attention is not given to health promotion and illness prevention activities, the morbidity rate will remain high even if the mortality rate is brought down. Third, if children are visiting a facility regularly for services such as growth monitoring and immunization, their illnesses may be identified at an earlier stage. These visits also provide the opportunity for the health professional to counsel parents about personal hygiene and diet at home.

Participants need to be convinced that every child coming to a facility may have unrecognized health or medical needs, or both. Once the child's needs are identified, participants must be directed to counsel a parent and to work out with him or her a plan for the child's health care.

The Generic Case Management Guidelines (Participants Manual, page 76) have been developed as part of the Government of Pakistan's new child-focussed integrated approach to training. This guideline is meant to be used in assessing all children coming to the facility.

DAY NINE — GENERIC CASE MANAGEMENT — MODULE 6

Topic and Time Needed	Method and Content Outline	Resource	Location
<p>Management of a Child with ARI</p> <p>60 minutes</p>	<p><i>Case presentation</i></p> <p>Have participants present two cases, going to the steps to assess, classify and treat. Compare with charts. Review home care instructions to mother.</p>	<p>Assessment and Treatment Chart</p>	<p>Classroom</p>
<p>Introduction to Generic Case Management Module</p> <p>Training Objectives</p> <p>Generic Case Management Guidelines for a Child Coming to the Facility</p> <p>60 minutes</p>	<p><i>Lecture and discussion</i></p> <p>Child-focussed training using Generic Case Management Guidelines</p> <p>Explain the three training objectives of the module</p> <ul style="list-style-type: none"> • Rationale of CS Training • Importance of communication among health training members within a facility and between facilities • The importance of teaching and consulting mothers <ul style="list-style-type: none"> • Assessment and management of a wide range of health and medical needs of children • Making referrals • Making follow up plans <p>Explain that in order to identify children at risk each child coming to the facility needs to be assessed in all four intervention areas. This results in early intervention, thereby minimizing the seriousness of the problem.</p> <p>Emphasize the importance of treating and managing those problems which are identified first.</p> <p>Encourage participants to explain to the mother that at her next visit, she will be instructed on the prevention of illness and ways to promote the well-being of her child.</p> <p>To mothers who bring their children for immunization and growth monitoring, take the time to explain the immunization schedule, and her role in fully immunizing the child. Review the growth chart of her child and give appropriate nutrition advice and a demonstration based on the child's age and his/her nutritional needs.</p>	<p>Trainer's Manual, Module 6</p> <p>Participant's Manual, pages 74-76</p> <p>Participant's Manual, pages 76, 77</p>	<p>Classroom</p> <p>Classroom</p>

Topic and Time Needed	Method and Content Outline	Resource	Location
<p>Management of a Child Coming to the Facility</p> <p>120 minutes</p>	<p><i>Practical Work</i></p> <p>Assign 3 children to each participant</p> <p>Using Generic Case Management Guidelines, have participant complete:</p> <ul style="list-style-type: none"> • Assessment • Classification • Treatment • Counselling mother including follow-up plan <p>Spot check to see that each participant is using all of the essential steps in case management.</p> <p>Provide assistance as required by each participant</p>	<p>30 children</p> <p>Participants' Manual, pages 76, 77</p> <p>Assessment and treatment charts</p> <p>Growth charts</p> <p>Immunization cards</p> <p>ARI & diarrhoea case management forms</p>	<p>OPD</p>
<p>Role of MO in Providing Improved Child Health Services in Fear Intervention Areas</p> <p>60 minutes</p>	<p><i>Review and discussion</i></p> <p>Review medical officer's role and responsibilities in providing appropriate care in immunization, nutrition, diarrhoea, acute respiratory infections and other problems</p>		<p>Classroom</p>
<p>Assignment for the evening</p> <p>5 minutes</p>	<p>Review appropriate material for cases seen during the day and prepare presentation</p> <p>The three case presentation should include:</p> <ul style="list-style-type: none"> • Assessment and management of nutritional and immunization needs • If case is diarrhoea or ARI. Complete process from assessment to treatment • Counselling with mothers including follow-up plan • Management of other problems 		

DAY TEN — GENERIC CASE MANAGEMENT — MODULE 6

Topic and Time Needed	Method and Content Outline	Resource	Location
Management of a Child Coming to the Facility 60 minutes	<i>Case presentations</i>		Classroom
Role and Responsibilities of Facility Staff and Parents in Improving Child's Health Status 60 minutes	<i>Discussion.</i> <ul style="list-style-type: none"> • Why is a single health professional unable to meet a child's health needs? • Why is the health facility staff alone unable to meet child's medical and health needs? • Why are mothers/parents unable to meet all of their children's health needs? Why does the health service provider and parent need to discuss jointly ways to improve children's health status? • Identify the reasons for the inadequacy of the present approach to health delivery services. • Discuss the following constraints: <ul style="list-style-type: none"> • Attitudes of health service providers and parents. • Behaviour of health service providers and parents. 		Classroom
Case Management 90 minutes	<i>Practical work</i> Assign children to each participant to assess, classify and manage their health and medical needs.		OPD
Making a Referral and a Follow-up Plan 30 minutes	<i>Lecture and discussion.</i> Explain <ul style="list-style-type: none"> • The situations that require referral. • How to make a referral. • The role health service providers and parents have in making the process of referral work. • The need for a follow-up plan in promoting a child's well being. 	Participant's Manual page 78	Classroom
Improving Child Health Services at the Facility and at Home 90 minutes	<i>Lecture and discussion.</i> <ul style="list-style-type: none"> • Make a list of changes required in attitude, behaviour/practices of health service provider, supervisors and parents in improving the well being of Pakistani children. • Discuss and identify those areas in which you as an individual can bring about changes. • Discuss and list how you could bring about these changes. 	Flip charts Markers A moderator	Classroom
Assignment for the Evening	Reading and reviewing appropriate manuals for cases seen during the day.		

DAY ELEVEN — GENERIC CASE MANAGEMENT— MODULE 6

Topic and Time Needed	Method and Content Outline	Resource	Location
Improving Case Management at a Facility 90 minutes	Three presentations on improving case management at a facility		Classroom
Changing Attitudes and Practices of Health Service Providers and Parents in your Facility 60 minutes	<p><i>Group work and discussion</i></p> <p>Summarize major points of discussion and make a list of suggestions on what needs changing and how you will go about bringing these changes in health service to your facility</p> <ul style="list-style-type: none"> • Action Plan • Floor Plan 	<p>Flip charts</p> <p>Markers</p> <p>Participant's Manual, page 84</p>	Classroom
Managing a Child Coming to a Facility 120 minutes	<p><i>Practical Work</i></p> <p>Assign 3-4 cases each per participant for completing the case management process in delivering appropriate care to the child</p>		OPD
The Individual Health Professional and Continuing Education 60 minutes	<p><i>Discussion</i></p> <ul style="list-style-type: none"> • Lead a discussion on need for continuing education • List sources of continuing education • Employer • Journals • Professional agencies • Radio/TV/Newspaper • Ways to make proper utilization of available educational opportunities 	<p>Flip charts</p> <p>Markers</p>	Classroom
Assignment for the Evening	<ul style="list-style-type: none"> • Reading and reviewing training material relating to practical cases seen during the day • Preparing for presentation of Action Plan for improving case management upon return to facility • Preparation of an individual plan for obtaining essential continuing education 		

DAY TWELVE — GENERIC CASE MANAGEMENT — MODULE 6

Topic and Time Needed	Method and Content Outline	Resource	Location
Plan for Improved Case Management 90 minutes	Presentation of 3 plans by teams of participants from similar facilities such as DHQ, RHC, BHU		Classroom
Plan for Obtaining Continuing Education 30 minutes	Present a plan for next five years on ways to obtain continuing education		Classroom
Participant's Evaluation of Generic Case Management Module	<i>Written</i>	Evaluation Questionnaire	Classroom
Closing Session 90 minutes	<ul style="list-style-type: none"> • Select one or two participants to talk to all participants and draw up a list of what each gained from this training. • Invite significant health officials to the closing session. • Have one or two participants present what they gained from the course. • What support do they require for implementing newly acquired knowledge and skill? • Present this at the end of the session. 		Classroom

QUESTIONS ON GENERIC CASE MANAGEMENT — MODULE 6

1. Do all health professionals need to participate in continuing education activities?
 - a. Yes No
 - b. Why?

2. Doctors are able to meet all of the health and medical needs of children under five.
True False

3. There are no differences in the ways we need to manage the illness of a child and the illness of an adult.
True False

4. Mothers who come from a village are illiterate and unable to communicate with a health professional.
True False

5. A medical officer is unable to bring about any change in attitude or behaviour of other staff at the facility.
True False

6. What are the four essential points of a referral?
 - (a)
 - (b)
 - (c)
 - (d)

7. Three-year-old Asif is brought to a BIU. Asif looks thin and tall. His mother says he has always been sick, ever since he was born. He does not take any kind of food when offered except breast milk. The mother says he is not growing like other children in spite of her giving him breast milk on demand. The mother is pregnant and is worried that the milk may be bad for him.

- (a) In which areas would you assess him?
- (b) What additional information would you ask of the mother?
- (c) What procedures would you carry out?
- (d) What would you advise the mother?

You take the weight and temperature. His weight is 10 kg and his temperature is 37°C. His respiratory rate is 34 per minute. He does not have any other symptoms.

- (e) How would you classify his condition?
- (f) What treatment would you prescribe?
- (g) What points would you include in teaching the mother to care for him?
- (h) What question would you ask the mother relating to her condition?

You notice that with Asif and his mother is a healthy-looking girl. Upon enquiry you learn that she is Asif's five-year-old sister, who has been healthy all her life. Do you need to ask any questions about her?

(a) Yes No

(b) Why?

TRAINING EVALUATION QUESTIONNAIRE

Generic Case Management Module

Please fill out this evaluation questionnaire and turn it in to your CSTU Coordinator. Your feed back will enable us to improve the training for others in the future.

1. For each training method listed in the left column, tick (✓) the box which you think best describes the value of the session to you.

Training method	Very useful	Useful	Somewhat useful	Useless
1. Lecture/discussions				
2. Practice session with cases				
3. Case studies				
4. Improving case management in your facility				

2. For each activity listed below, check one box to indicate whether time spent in that activity was too short, adequate or too long.

Type of activity	Time spent was		
	Too short	Adequate	Too long
1. Lecture and discussions			
2. Case study write- ups and presentations			
3. Practical session(s)			
4. Future training module on this topic.			

3. How could the content and or management of this training session be improved? (Please use overside).

3. AGENDA FOR TRAINING

3. AGENDA FOR TRAINING

Day One

Introduction

- 8:00 - 8:15 Registration
- 8:15 - 9:00 Welcome
Introduction to the Course
- 9:00 - 9:30 Introduction to Integrated Child Survival Training
- 9:30 - 10:00 Tea break

Interpersonal Communication

- 10:00 - 11:30 Interpersonal Communication
- 11:30 - 12:30 *Practical Work*
Communication Techniques in Counselling

Immunization

- 12:30 - 2:00 *Lecture, and discussion*
Introduction to Immunization
Immunization Module Training Objectives
Vaccines and How to Look After Them
Immunization Schedules; When and How to Give Vaccines
- 2:00 - 5:00 Lunch and rest
- 5:00 - 8:00 *Assignments*
- Readings on Communications — Participant's Manual, pages 5-15
 - Prepare case presentation on involving mother in child care, from history taking to counselling prior to leaving the facility
 - Readings on Immunization - Immunization in Practice, pages 21 to 166

Day Two

- 8:00 - 9:00 Case Presentations (2) on Involving Mother in Child Care. *Discussion*
- 9:00 - 10:00 *Lecture and demonstration*
Assessment of Immunization Status of Women and Children; Side Effects of Vaccines
- 10:00 - 10:30 Tea break
- 10:30 - 12:00 *Practical Work*
Assessing Immunization Status; Giving Vaccinations and Counselling Mothers
- 12:00 - 12:30 *Demonstration and practical work*
Recording and Reporting
- 12:30 - 1:45 *Lecture and demonstration*
Ensuring Safe and Adequate Immunization Services
- 1:45 - 2:00 Participant's Evaluation of Immunization Module
- 2:00 - 5:00 Lunch and rest
- 5:00 - 8:00 *Assignments*
- Prepare case study on meeting the immunization needs of a child or woman of child-bearing age
 - Readings from Participant's Nutrition Manual
 - Exercise: Improving Immunization Services for Children and Women. Participant's Manual, page 24.
 - Home test on immunization

Day Three

8:00 - 9:00 Case Presentation on Meeting the Immunization Needs of a Child or Women of Child-bearing age

Nutrition

- 9:00 - 9:30 *Lecture and discussion* (Unit 1)
Introduction to Nutrition Training (Unit 15)
Nutrition Learning Objectives
- 9:30 - 10:20 Assessment of Growth in Infants and Young Children (Unit 2)
- 10:20 - 10:50 Tea break
- 10:50 - 12:20 *Practical work*
Demonstration of Assessment of Growth in an Infant or Young Child
- 12:20 - 2:00 *Lecture and discussion*
Risk Factor Assessment (Unit 4)
Dietary Assessment/Counselling (Unit 5)
Nutritional Needs of an Infant, Birth - 4 months (Unit 6)
- 2:00 - 5:00 Lunch and rest
- 5:00 - 5:30 Breast-feeding
- 5:30 - 6:15 Nutritional Needs of Infants 4 - 12 months (Unit 7)
- 6:15 - 8:00 *Practical work (for females) in ob/gyn ward*
Working with mothers and new-borns

Day Four

- 8:00 - 9:00 *Presentation and Discussion of Case Studies*
Dietary assessment and counselling of a lactating mother; two to three-day-old infant being breast fed
- 9:00 - 9:30 *Lecture and discussion*
Nutrition Needs of Children 13 - 60 Months (Unit 8)
- 9:30 - 10:15 Nutrition During Adolescence, Pregnancy and Lactation (Unit 9)
- 10:15 - 10:45 Tea break
- 10:45 - 12:00 *Practical work*
Dietary assessment of an infant (under 1 year); and between one and five years of age
- 12:00 - 12:30 *Lecture and discussion*
Identification and Nutritional Management of Low Birth Weight Babies (Unit 10)
- 12:30 - 1:30 *Lecture and discussion*
Clinical Assessment and Management of Malnutrition (Unit 11)
- 1:30 - 2:00 *Practical demonstration and discussion*
Demonstration with a child from hospital suffering from malnutrition
- 2:00 - 5:00 Lunch and rest
- 5:00 - 5:45 *Lecture and discussion*
Nutrition Needs During Illness and Convalescence (Unit 12)
- 5:45 - 7:00 Micronutrient Deficiencies (Unit 13)
- 7:00 - 7:30 Nutrition Services in Health Centers (Unit 14)
Government Nutrition Programme and Policies
- 7:30 - 7:40 Participant's Evaluation of Nutrition Training Module
- 7:40 - 8:00 Preparation for case study presentation:
(1) on a malnourished child; or
(2) meeting immunization and nutritional needs of pregnant and lactating women

Day Five

Diarrhoea

- 8:00 - 9:00 *Case presentations (2)*
(1) The malnourished child; and
(2) Meeting immunization and nutritional needs of pregnant and lactating women
- 9:00 - 10:00 *Lecture and discussion*
Introduction to Diarrhoeal Management
Diarrhoea Module Training Objectives
Diarrhoea and Dehydration; Prevention of Diarrhoea; Home Treatment of Diarrhoea
- 10:00 - 10:30 Tea break
- 10:30 - 11:00 Diarrhoea management video: Assessment of Dehydration In a Child With Diarrhoea
- 11:00 - 11:30 *Practical work*
Assessment of Dehydration in a Child with Diarrhoea
- 12:00 - 12:30 Use of Drugs for Diarrhoea
Video: Vicious Circle
- 12:30 - 2:00 *Practical work*
Management of the child with diarrhoea and dehydration; preparation of ORS
- 2:00 - 5:00 Lunch and rest
- 5:00 - 8:00 *Assignments*
- Complete two case studies from the days' practical work on:
(1) a child with diarrhoea and its management; and
(2) meeting a child's immunization and nutritional needs.
 - Readings on diarrhoea case management - Management of the Patient with Diarrhoea, pages 66-70 and 80-82.
 - Take-home test on diarrhoea management.

Day Six

- 8:00 - 9:00 *Case presentations (2)*
Management of a child with diarrhoea, including meeting identified immunization and nutritional needs
- 9:00 - 10:00 Assessment of Diarrhoea , Dysentery and Complications of Diarrhoea
- 10:00 - 10:30 Tea break
- 10:30 - 11:30 *Practical Work*
Managing a Child with Diarrhoea
- 11:30 - 12:30 *Discussion*
Drugs: When Should They be Used for Diarrhoea?
- 12:30 - 1:45 *Practical work*
Diarrhoea - Assessment and Treatment
- 1:45 - 2:00 Participants' Evaluation of the Diarrhoea Module
- 2:00 - 5:00 Lunch and rest
- 5:00 - 8:00 *Assignments*
- Prepare a case study on dysentery or persistent diarrhoea or complications of diarrhoea
 - Readings on ARI - Management of the Young Child with an Acute Respiratory Infection, pages 1-35, 41-73.

Day Seven

- 8:00 - 9:00 *Case presentations (2)*
Choice from the following:
dysentery • persistent diarrhoea • complications of diarrhoea, including meeting immunization and nutritional needs

Acute Respiratory Infection

- 9:00 - 10:00 *Lecture*
Introduction to ARI Management
ARI Module Training Objectives
- Lecture and discussion*
Assessment and Classification of a Child with a Cough or Difficult Breathing
- 10:00 - 10:30 Tea break
- 10:30 - 11:30 *Video*
Case Management of a Child with Cough or Difficult Breathing
- 11:30 - 12:30 *Practical work*
Assessment, classifying and treating ARI cases
- 12:30 - 2:00 *Lecture and discussion*
Treatment of cough or difficult breathing
- 2:00 - 5:00 Lunch and rest
- 5:00 - 8:00 *Assignments*
- Prepare two case studies on pneumonia, including meeting immunization and nutrition needs.
 - Readings on acute respiratory infections - Management of Child with an Acute Respiratory Infection pages 83-88 and 91-96.
 - Take-home test on ARI Management.

BEST AVAILABLE DOCUMENT

Day Eight

- 8:00 - 9:00 *Case presentation (2)*
ARI Case Management (on pneumonia, if a case is available), Including Meeting Immunization Needs
- 9:00 - 10:00 *Lecture and discussion*
Management of a Child with Ear Problem or Sore Throat
- 10:00 - 10:30 Tea break
- 10:30 - 12:00 *Practical work*
Assessing and Treating a Child with a Cough, Difficult Breathing, Ear Problem or Sore Throat
- 12:30 - 1:00 *Lecture and discussion*
Referring a Child to Hospital
- 1:00 - 1:45 *Lecture and discussion*
Role of Mother and Facility Staff in Meeting a Child's Needs

Management of ARI in a child under two months of age
- 1:45 - 2:00 Participants' Evaluation of ARI Module
- 2:00 - 5:00 Lunch and rest
- 5:00 - 8:00 *Assignments*
Prepare a case study on the management of a child with an acute respiratory infection

Day Nine

8:00 - 9:00 *Case Presentation*
Management of a Child with ARI. Discussion

Generic Case Management

9:00 - 10:00 Introduction to Module: Management of a Child Coming to the Facility.

- Introduction
- Training objectives
- Generic case management guidelines

10:00 - 11:00 Tea break

11:00 - 1:00 *Practical work*
Management of a Child Coming to a Facility

1:00 - 2:00 Role of MO in Providing Improved Child Health Services

2:00 - 5:00 Lunch and rest

5:00 - 8:00 *Assignment*

- Reading and reviewing appropriate material for cases seen during practical hours
- Preparation of presentation

Day Ten

- 8:00 - 9:00 *Case Presentations (2)*
Management of a Child Coming to a Facility. Discussion
- 9:00 - 10:00 Role and Responsibilities of Facility Staff and Parents in Dealing About Improved Child Health Status
- 10:00 - 10:30 Tea break
- 10:30 - 12:00 *Practical work*
Case Management
- 12:00 - 12:30 Making a Referral and a Follow-up Care Plan
- 12:30 - 2:00 Improving Child Health Services at the Facility and at Home
- 2:00 - 5:00 Lunch and rest
- 5:00 - 8:00 *Assignment*
- Reading and reviewing appropriate material for cases seen during practical session
 - Preparation of presentations on "Improving Case Management"

Day Eleven

- 8:00 - 9:30 *Presentations (3)*
Improving Case Management
- 9:30 - 10:30 Changing Attitudes and Practices of Health Service Providers and Parents in your Facility
- 10:30 - 11:00 Tea break
- 11:00 - 1:00 *Practical work*
Case Management
- 1:00 - 2:00 *Discussion*
The Individual Health Professional and Continuing Education
- 2:00 - 5:00 Lunch and rest
- 5:00 - 8:00 *Assignment*
- Reading and reviewing training material relating to the day's practical cases
 - Preparation for presentation — Action Plan for improving case management upon return to facility
 - Preparation of an individual plan for obtaining essential continuing education

Day Twelve

- 8:00 - 9:30 *Presentations (3)*
Plans to improve case management at:
- A DHQ Hospital/Teaching Hospital
 - A Rural Health Centre
 - A Basic Health Unit
- 9:30 - 10:00 *Presentation and Discussion*
Plans to Obtain Continuing Education
- 9:50 - 10:00 Participants' Evaluation of the Module
- 10:00 - 10:30 Tea break
- 10:30 - 1:00 Closing session
- 1:00 - 2:00 Lunch
- 2:00 Departure

APPENDICES

- A. Resources, Equipment and Supplies for Child Survival Training**
- B. Course Management, Monitoring and Evaluation**

A. RESOURCES, EQUIPMENT AND SUPPLIES FOR CHILD SURVIVAL TRAINING

General

Audio Visual Equipment

- Overhead projector and transparency marker
- TV
- Video player
- Slide projector and screen
- White board or blackboard with marker & chalk
- Photocopier

Furniture

- Classroom chairs and tables 18
- Table for speaker 1
- Rostrum 1

Stationary

- Pencils with rubber
- Folders
- Writing pads

Interpersonal Communication - Module 1.

1. Resource Material

- Participant's Manual, Integrated Child Survival Training Course for Medical Officers of First Level Care Facilities (PCSP, BHS Cell, Government of Pakistan). Draft 1991
- Trainer's Manual, Integrated Child Survival Training Course for Medical Officers of First Level Care Facilities (PCSP, BHS Cell, Government of Pakistan). Draft 1991

2. Furniture, Equipment & Supplies

- Chairs or benches to sit on during counselling
- 2 flip chart easels and pads
- 6 Magic Markers
- Masking tape
- Video camera and tripod (if available)
- VCR and monitor
- RUI Checklist handouts

Immunization - Module 2

1. Resource Material

- Participant's Manual, Child Survival Training Course for Medical Officers of First Level Care Facilities. (PCSP, BHS Cell, Government of Pakistan). Draft 1991
- Trainers Manual, Child Survival Training Course for Medical Officers of First Level Care Facilities. (PCSP, BHS Cell, Government of Pakistan). Draft 1991
- Immunization in Practice: A Guide for Health Workers Who Give Vaccines. World Health Organization (Oxford University Press, 1989).
- W.H.O. Wall Chart: Standard Guidelines for Immunization (Ministry of Health, Government of Pakistan, 1989).

2. Forms/Registers

- EPI/Permanent Register: Vaccination
- EPI Register: Daily Performance
- Immunization cards for child and mother.

3. Equipment

Cold Chain

- Refrigerator
- Ice packs
- Vaccine carrier
- Thermometer to record temperature
- Temperature record chart

For Sterilization

- Steam sterilizer or boiling pan
- Small container for needles
- Stove
- Matches
- Timer clock

For Injections

- Syringes - 5cc, 0.5cc, 1.00cc
- Needles for mixing vaccines, intramuscular, subcutaneous, and intradermal.
- Forceps - 2 pairs
- Small tray with lid to place syringes
- Metal file to open ampoules
- Small dishes for swabs (Two small dishes for swabs, one dry, one with spirit)
- Cotton (to clean and press injection site)
- Cotton cloth to hold ampoules

For Cleaning

- A bowl to soak used syringes and needles
- Box or bag to collect trash
- Box to take garbage away
- Handwashing items - soap, water, clean towel etc.

4. Vaccines

- Tetanus Toxoid
- Polio Oral Trivalent
- B.C.G. Vaccine (Dried)
- D.P.T. Vaccine
- Diphtheria and Tetanus Vaccine
- Measles Virus Vaccine (Live, Attenuated, Dried)

Nutrition - Module 3

1. Resources

- Participant's Manual, Nutrition Training for Primary Health Care Worker (PCSP, BHS Cell, Government of Pakistan). Draft 1991
- Trainer's Manual, Nutrition Training for Primary Health Care Workers (PCSP, BHS Cell, Government of Pakistan). Draft 1991

2. Equipment and Teaching Aids

- Hanging spring balance or beam balance for weighing infants
- Standard weights of 1kg, 5kg, 10kg and 20kg for calibration (these can be increased if necessary)
- Beam balance for weighing older children and adults
- Growth charts
- Posters and flip charts on recommended feeding practices and other information needed for counselling
- Calendar of local events and Islamic Calendar
- Transparencies for Units 1-15

Diarrhoea and Dehydration - Module 4

1. Resource Material

- Participant's Manual, Integrated Child Survival Course for Medical Officers of First Level Care Facilities. (PCSP, BHS Cell, Government of Pakistan). Draft 1991
- Trainer's Manual, Integrated Child Survival Course for Medical Officers of First Level Care Facilities, (PCSP, BHS Cell, Government of Pakistan, 1991).
- Wall chart: Management of the Patient with Diarrhoea, (World Health Organization, 1990).
- Management of the Patient with Diarrhoea, (World Health Organization, 1991).
- Videotape: Assessment of Dehydration in a Child with Diarrhoea (Produced by the World Health Organization).
- Videotape: Vicious Circle (Produced by I.T.V.).

2. Forms

- Diarrhoea Case Record Forms (W.H.O.)

3. Equipment

- Jars marked with volume measurement
- Bed or table with arrangement to suspend bottles for I.V. fluid
- Scalp vein butterfly
- Baby scale and adult scale
- Plastic cups and spoons
- Cotton Gauze
- Droppers
- Syringes
- Thermometers
- Soap
- Garbage/trash bin
- Wash basin
- Bench/chairs for mothers
- Clock
- Water cooler
- Nasogastric tube

4. Drugs

For Rehydration

- O.R.S. packets
- Ringers Lactate with giving set

Antibiotics

Cholera

- Tetracycline
- Doxycycline
- Furazolidone
- Trimethoprim - Sulfamethoxazole

Shigella Dysentery

- Trimethoprim - Sulfamethoxazole
- Nalidixic Acid
- Ampicillin

Intestinal amebiasis

- Metronidazole

Giardiasis

- Metronidazole
- Quinacrine

Acute Respiratory Infection - Module 5

1. Resource Material

- Participant's Manual, Integrated Child Survival Training Course for Medical Officers of First Level Care Facilities. (PCSP, BHS Cell, Government of Pakistan). Draft 1991
- Trainer's Manual, Integrated Child Survival Training Course for Medical Officers of First Level Care Facilities (PCSP, BHS Cell, Government of Pakistan). Draft 1991
- Management of the Young Child with an Acute Respiratory Infection. (Ministry of Health, Government of Pakistan, 1991). Adapted from the WHO Manual of the same title.
- Wall chart: Management of a Child with Cough or Difficult Breathing (World Health Organization).
- Videotape: Assessment of the Child with Cough or Difficult Breathing (Produced by the World Health Organization).

2 Forms/Register

- Acute Respiratory Infection Case Record forms
- ARI prescribed register for O.P.D.

3. Equipment

- Otoscope
- Torch
- Tongue depressor
- Suction machine
- Nasogastric tube
- Weighing scale
- Nebulizer
- Watch (each trainee should have one for counting respiration)
- Thermometer

4. Drugs

Antibiotics

- Cotrimoxazole Tab. (Trimethoprim + sulphamethoxazole)
- Amoxicillin
- Ampicillin
- Procaine penicillin
- Benzyl penicillin
- Kanamycin, gentamicin (amino-glycoside)
- Chloramphenicol
- Cloxacillin, flucloxacillin, oxacillin

Other drugs

- Amino phylene
- Epinephrine and adrenaline 1/1000
- Sal- butamol table
- Paracetamol

5. Other supplies

- Cotton

B. COURSE MANAGEMENT, MONITORING AND EVALUATION

Project Director's Role in Child Survival Training

The Project Director is the Government of Pakistan administrative head of the Child Survival Project at the provincial level. He/she works closely with the Professor of Pediatrics, Chief Provincial Officer, Training Coordinator and CSTU staff in implementing the training activities and reports to the Director General of Health Services.

The duties of the Project Director fall under three broad categories: Management and Coordination; Implementation and Supervision; Monitoring and Evaluation.

1. Management and Coordination

- The Project Director coordinates Child Survival Training activities with the Director General of Health Services, Professors of Pediatrics, Medical Supervisors of DHQ Hospital(s), EPI & CDD, ARI and Nutrition Program Coordinators and District Health Officers. He/she regularly calls provincial meetings to provide updates on the Child Survival Project, and coordinates with the PPA.
- The Project Director follows the Training Committee Policy Guidelines and develops training plans for the provincial Child Survival Training Programme.
- He/she reviews with the District Health Officer, Assistant District Health Officer and Health Inspector Child Survival-related job responsibilities.
- He/she reviews requests from all CSTU coordinators regarding staff, supplies, equipment and other necessary items, and makes arrangements for their timely delivery.
- The Project Director reviews district requests for annual Child Survival training budgets, forwards them to the Health Directorate with recommendations, and facilitates their passage.
- He/she coordinates arrangements with the Pakistan Pediatric Association, especially with private physicians, pediatricians and assistants for seminars, the provision of training materials and the training of trainers.
- He/she ensures that monthly data received from CSTUs is entered in the computer, tabulated and analyzed and that the results are distributed back to the units and explained to them.
- He/she receives the annual performance reviews of CSTU training coordinators from Medical Supervisor or District Health Officer and forwards them to the Health Directorate.

2. Implementation and Supervision

- The Project Director assists the Training Team with the development of an annual training plan, and identifies, with the District Health Supervisor, hospital sites for district level training.
- He/she selects trainers for district level training positions and directs DHOs to select and send Rural Health MOs and paramedics to designated training units.
- He/she ensures adequate space and number of trainers for each training unit and visits each unit at least quarterly to assess the quality of the programme, participating in the workshops as is required or feasible.
- He/she meets with the M.S., DHO and other training and supervisory staff to discuss the implementation of the training plan, to identify facility needs and, to provide guidance in acquiring assistance.

3. Monitoring and Evaluation

The Project Director receives monthly reports from all Training Units, and a supervisory checklist from each of the supervisors; he/she prepares a quarterly report on:

- Number of MOs and paramedics invited, number registering and number completing the workshop;
- any problems related to attendance and participation in the workshops; tries to remedy any difficulties; status of trainers;
- whether program is on schedule; if not, gives reasons;
- status of teaching material;
- any unplanned or unexpected events;
- number of visits made by supervisor to each facility and any problems noted on supervisory checklist or in supervisor's report.

He/she meets quarterly with the M.S. and DHO and discusses their input into training activities.

The Project Director submits annual reports to the Directorate of Health Services on Child Survival, on training achievements, on problems and on plans for the following year. He/she includes in this report information on assistance required from the Directorate to implement the training plan, on the impact of training on service delivery, and on the percentage of patients receiving care according to case management guidelines on ARI, CDD, immunization and nutrition.

Supervisor's Role in Child Survival Training

A professor of Pediatrics at a teaching hospital or Medical Superintendent at a Divisional or District Headquarter Hospital is responsible for the daily supervision and implementation of the Child Survival Training Plan for that institute. In addition, he/she is expected to participate in the training sessions, in the classroom, OPD and in-patient areas. He/she supervises the Training Coordinator in the implementation of the training plan.

The Supervisor reports to the Principal or Medical Superintendent. His/her responsibilities fall into three broad categories: Management and Coordination, Training and Supervision.

1. Management and Coordination

- The Supervisor is responsible for the preparation of the integrated training plan for the CSTU in his institute. He/she participates, along with the Project Director and the Divisional Director, in the selection of the CSTU Training Coordinator and the Master Trainers.
- The Supervisor meets with the Project Director and Director of Health Services on a quarterly basis to review the training plan's implementation and progress and meets, at least every two weeks, with the CSTU Training Coordinator, to review training activities.
- He/she reviews the monthly report from the CSTU Training Coordinator and forwards it to the Child Survival Project Director.
- The Supervisor is responsible for ensuring that all necessary drugs, supplies, and equipment for the proper implementation of case management guidelines for diarrhea and dehydration, acute respiratory infections, and immunizations are consistently available at the CSTU.
- He/she prepares the annual performance report of the CSTU Training Coordinator and forwards it to the Project Director, PCSP.

2. Training

- The Supervisor is responsible for the Training Coordinator's orientation to the Child Survival Training Plan for his institute. He/she reviews the training activities, periodically identifying weak areas in theoretical and/or practical training. He/she assists in the training where it is weak or arranges for assistance from another specialist.
- The Supervisor participates in theoretical and practical training, taking at least one lecture and one practical class per session. He/she reviews the Child Survival Training Plan and makes recommendations for improvements.

3. Supervision

- The Supervisor monitors the training plan through regular visits, to ensure that it is accurately following the established curriculum. He/she observes and critiques each trainer's approach and training, identifying positive and negative elements in the knowledge, skills and attitudes of both trainers and trainees; he/she reinforces positive points and makes suggestions for improvement.
- The Supervisor oversees the proper utilization of the resources provided (e.g. reference materials, audio visual aids) and prioritizes overall supervision to ensure that staff in pediatric units are trained in, and implementing, proper case management in the four child survival intervention areas.

District Health Officer/Medical Superintendent's Role in Child Survival Training

The District Health Officers' responsibilities in the Child Survival Training Unit system are as follows:

1. Management and Coordination

- The District Health Officer identifies staff requiring training and sends a list to the concerned Child Survival Training Unit Training Coordinator.
- He/she arranges for some staffing coverage for those attending a Child Survival training course, to ensure minimal interruption in critical services and to allow the trainee to attend the entire session.
- He/she ensures that all necessary resource materials for the implementation of CDD, ARI, immunization and Nutrition counselling are available when his/her staff return from training.

2. Supervision

- The District Health Officer visits each facility initially once a month to supervise his/her staff's post-training performance to see if new skills are being used; provides necessary assistance.
- He/she completes the supervisory checklist and, after discussing it with the Training Coordinator, forwards it to the PCSP Project Director.

Responsibilities of the Child Survival Training Unit Training Co-ordinator

The CSTU Training Coordinator has the overall responsibility for the day-to-day implementation of the institute's Child Survival Training Plan. His/her duties fall under three broad categories: coordination and management, training and monitoring, and record keeping.

1. Coordination and Management Prior to Training

- Two weeks prior to each training session, the coordinator obtains names of trainees from the PCSP Project Director for the CSTU teaching hospital and from the DHO for district-level training. He/she also obtains names of staff requiring Child Survival Training from the Supervisor of the CSTU pediatric unit and schedules such training for them.
- The coordinator meets at least twice a month with his immediate supervisor and once a month with the Medical Superintendent or District Health Officer and CSTU trainers. He/she reviews achievements in implementation of the training plan.
- He/she prepares a monthly training plan, which includes:
 - Making any needed improvements in the facility in coordination with Federal and Provincial ning team members and hospital officials.

- Obtaining names of trainers, assigning topics to be covered by each, determining hours to be spent in theory and practical training.
 - Meeting each trainer prior to the beginning of the training session, providing training materials and reviewing their assignments with them.
 - Preparing a list of local substitute trainers for each topic in case of last minute "no shows" or cancellations with notice.
- The coordinator assembles all training materials (Appendix A) for trainers and trainees in separate packages as per schedule prior to the training session.

During the Training

- A few days prior to the start of each training session, the coordinator reviews training schedule plans to be sure that all necessary measures have been taken so that the training plan can be implemented with minimal interruptions. This includes confirming the participation of each trainer at special times, and checking that all required drugs, supplies, equipment, audio-visual and other teaching materials are in place for each training session.
- He/she remains on the premises during the whole training session, orienting the participants to the training package as a whole in the first session, and introducing each trainer and his/her topic(s) daily. He/she is always available to answer trainers' and trainees' questions and concerns.
- The coordinator plans clinical rotation for each trainee in consultation with his supervisor and/or trainers, and collects their "Checklist of Clinical Skills" at the end of each module.
- He/she is responsible for: assigning readings so participants can prepare for the next days' classes; distributing take-home tests at the end of the first day of each module, correcting and returning the tests to participants within 48 hours; assessing case presentations each evening; and distributing and collecting evaluation questionnaires at the end of each training module.
- The coordinator is responsible for distributing and collecting evaluation forms at the end of each module and for organizing the closing session.

3. Monitoring and Record Keeping

- After each training session, the coordinator summarizes information from the participants' evaluations, reviews the evaluation results with his supervisor, and modifies the next session, if indicated.

He/she prepares a monthly report on CSTU activities, including the monitoring form and summary of participants' evaluations. This is forwarded to the project director, through the supervisor.

- Finally, the coordinator is responsible for keeping a chronological file of monthly training reports.

Monitoring and Evaluating the Training

Monitoring the Training

This course is to be monitored as it is being conducted to ensure that the training progresses smoothly. The following persons can assist with monitoring:

- supervisors of the Child Survival Training Unit
- the CSTU Training Coordinator
- supervising officers - District Health Officer/Assistant District Health Officer, Health Inspector/Assistant Health Inspector
- Project Staff

The following steps are involved in monitoring:

1. Monitoring the overall progress
 - Check that training is proceeding according to plan. If necessary, modify the plan and communicate the changes to all concerned.
 - Make sure essential materials for training and service are available in sufficient quantity.
2. Monitoring the progress of participants
 - Assign each trainer the same participant to monitor (each should be assigned two participants).
 - Encourage each participant to check the activities he/she has accomplished each day and to bring to the assigned trainer's attention his/her progress and particular needs.
3. Monitoring instructor and staff
 - Visit classroom and clinic to see how trainers and participants are following the training materials and plan.
 - Give feedback on your findings as needed.

Evaluating the Training

1. Collect evaluation forms from participants after each module. Summarize evaluations and review results with the supervisor.
2. Prepare monthly report on CSTU activities
3. Conduct follow-up, on-the-job evaluations to assess impact of training on service delivery.
 - The facility supervising officer, Additional Medical Superintendant or Health Inspector or Inspectoress will visit the facility prior to the training, and within three months following the training, to determine if there has been an improvement in child survival services.

For this, a checklist (known as the Facility Board Survey) has been developed for supervisors to complete after observing facility operations. This survey will be included in the supervisor's Training Manual.