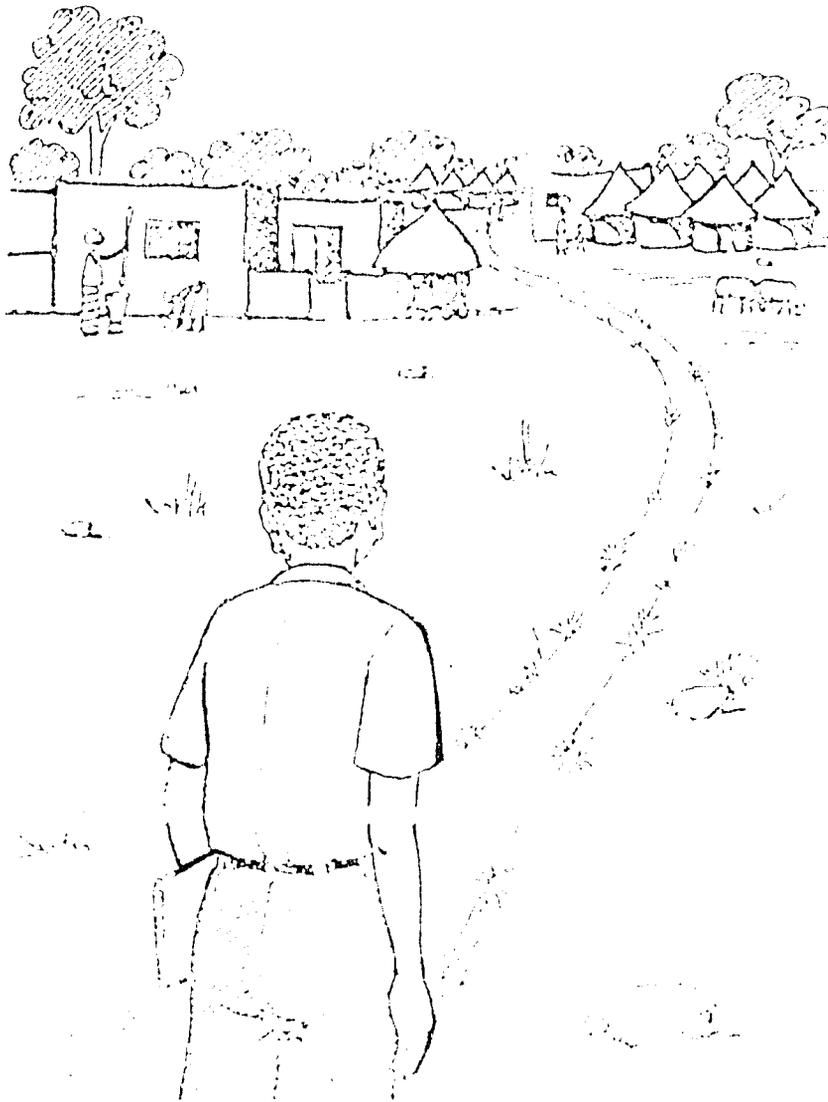


TRAINING FOR THE CONTROL  
OF DIARRHOEAL DISEASES

INTERMEDIATE LEVEL

# FIELD TRAINING WORKBOOK



Management Sciences for Health  
**PRITECH**  
Technologies for Primary Health Care

PN-ABG-797

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# FIELD TRAINING WORKBOOK

**This module was developed with the technical and financial participation of the Diarrhoeal Diseases Control Programme of the World Health Organisation (WHO), Regional Bureau for Africa, Brazzaville.**

**MANAGEMENT SCIENCES FOR HEALTH  
THE PRITECH PROJECT  
USAID FUNDED**

# USING THE FIELD TRAINING WORKBOOK ON DIARRHOEAL DISEASES

<b>This workbook was developed to:</b>	
1. Help the student	By giving him a guide to activities he will have to accomplish during the training period.
2. Help the supervisor at the level of the health care facility	By guiding him as to what he should do to help the student during his field training period (help the student plan his activities).
3. Help the teacher from the health training institution	By giving him a method of evaluating work done by the student (which will be recorded in the workbook by the student during the field training period).

## **The student:**

Will use the workbook during his field training as he accomplishes each of the activities indicated. He will keep the workbook as a reference after it has been checked by the supervisor at the health facility and by the teacher at the health training institution.

## **The teacher from the health training institution:**

Will go over the workbook with the student before the training period and will make sure that the student has received a sufficient theoretical base to be able to perform the training activities. The teacher will evaluate the completed workbook and review weak areas with the students.

## **The health facility supervisor:**

Will become familiar with the workbook prior to the field training period and will make preliminary plans to facilitate the student's work. He will guide the student in the accomplishment of each activity, and upon their completion, will write comments in the column provided for remarks.

## DIARRHOEA AND ORAL REHYDRATION THERAPY

Learning objectives	Activities to be accomplished during training	Pages to fill out	Signature and re remarks by supervisor/trainer
By the end of the training period the student should be able to:			
1. Describe the extent of diarrhoea in a given community	1.1 Gather data from the records at a health facility 1.2 Gather information by talking with a sampling of mothers in a community	7 8-10	
2. Identify attitudes and behaviour of mothers related to diarrhoea	2. Interview five mothers in the community where you are training	11-13	
3. Identify factors which could cause diarrhoea in a community	3. Do a survey in the same community to determine the different causes of diarrhoea	14	
4. Increase community awareness of ORT and ways to prevent diarrhoeal diseases	4. Hold discussions with one or several influential people in the same community in order to define an action plan for the CDD Programme	15	
5. Evaluate the degree of dehydration in a child suffering from diarrhoea in order to provide appropriate treatment.	5.1 In a health facility or in a home, examine at least three children with diarrhoea, checking for the signs and the degree of dehydration. 5.2 In the presence of a supervisor, implement a plan of treatment for each of the three children examined 5.3 Check on three children who are being treated with ORT every hour, and note the changes in their condition	16 17 18 16-18 19-20 21-22 23-24	
6. Teach mothers about ORT, and about how to feed a child suffering from diarrhoea	6.1 Give at least three health education talks on ORT and the feeding of children suffering from diarrhoea using demonstration and visual aids. 6.2 Make home visits to three mothers who came to the dispensary with children suffering from diarrhoea. (The visit should be the day after the child was seen in consultation)	25 26 27 28 29 30	
7. Supervise a village health worker	7. Supervise a village health worker	31 32	
8. Manage the stock of ORT-packets and other supplies necessary to the program.	8.1 Calculate the ORT-packet needs of a health facility for a period of 3 months 8.2 do a status report on all materials and supplies	33 34	
9. Evaluate the activities of a CDD Programme	9.1 Gather information for an activity report 9.2 Interview five mothers in the community using a questionnaire to find out what impact program-related educational activities are having	35 36 37 38 39 40	

**OBJECTIVE 1**

**Describe the extent of diarrhoeal diseases in a given community.**

**ACTIVITY 1.1**

**GATHER DATA AT A HEALTH FACILITY**

Health Care Facility \_\_\_\_\_ Date: \_\_\_\_\_

**1. Population served by the health facility:**

Number of villages \_\_\_\_\_ Number of persons \_\_\_\_\_

Number of children under 5 years of age \_\_\_\_\_ (estimate 20% of total population)

**2. Recorded cases of diarrhoeal disease:**

Cases of diarrhoeal disease in children under five:	Recorded at the health facility	Recorded by health workers
a. During the month of _____, 19____ (dry season)		
b. During the month of _____, 19____ (rainy season)		

**3. a) Number of cases of diarrhoea in children under five years of age recorded in the month of \_\_\_\_\_ (dry season)**

Total recorded number of children under five years of age seen during the same month \_\_\_\_\_

= Percentage of patients seen for diarrhoeal disease during dry season \_\_\_\_\_%

**b) Number of cases of diarrhoeal in children under five years of age recorded in the month of \_\_\_\_\_ (rainy season)**

Total recorded number of children under five years of age seen during the same month \_\_\_\_\_

= Percentage of patients seen for diarrhoeal disease during the rainy season \_\_\_\_\_%

**4. Patients seen for diarrhoeal disease during the month of \_\_\_\_\_**

Number treated with ORT at the dispensary _____	Number given an O&S packet to prepare at home _____	Number for whom anti-diarrhoeal medicine was prescribed _____	Number referred _____
--	--	--	--------------------------

**5. What conclusions can you draw from information gathered about the extent of diarrhoeal disease in this community?**

**OBJECTIVE 1 and 2**

- 1. The extent of diarrhoeal diseases in a given community**
- 2. Identify attitudes and behaviour of mothers related to diarrhoea.**

**ACTIVITIES 1.2 AND 2:**

**GATHER INFORMATION BY INTERVIEWING FIVE MOTHERS\* IN THE RURAL COMMUNITY WHERE YOU ARE TRAINING**

\*Note: Mothers of children under five years of age.

**First Mother**

VILLAGE \_\_\_\_\_ Age of child under 5 \_\_\_\_\_

1. What illnesses do your children have most frequently?
2. Has this child had diarrhoea during the past two weeks?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, how long did the bout last? \_\_\_\_\_

3. What did you do to treat the child during the last bout of diarrhoea?
4. Have any of your children died of an illness related to a diarrhoeal disease?

YES \_\_\_\_\_ NO \_\_\_\_\_

5. Is diarrhoea dangerous for children?
6. What can it do to children?
7. What are the causes of diarrhoea?
8. Do you feed your child when he/she has diarrhoea?
9. Do you know about ORT/ORS?
10. Have you ever used it?
11. What do you think about ORT/ORS?

**OBJECTIVE 1 and 2**

- 1. The extent of diarrhoeal diseases in a given community**
- 2. Identify attitudes and behaviour of mothers related to diarrhoea.**

**ACTIVITIES 1.2 AND 2:**

**GATHER INFORMATION BY INTERVIEWING FIVE MOTHERS\* IN THE RURAL COMMUNITY WHERE YOU ARE TRAINING**

\*Note: Mothers of children under five years of age.

**Second Mother**

VILLAGE \_\_\_\_\_ Age of child under 5 \_\_\_\_\_

1. What illnesses do your children have most frequently?
2. Has this child had diarrhoea during the past two weeks?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, how long did the bout last? \_\_\_\_\_
3. What did you do to treat the child during the last bout of diarrhoea?
4. Have any of your children died of an illness related to a diarrhoeal disease?  
YES \_\_\_\_\_ NO \_\_\_\_\_
5. Is diarrhoea dangerous for children?
6. What can it do to children?
7. What are the causes of diarrhoea?
8. Do you feed your child when he/she has diarrhoea?
9. Do you know about ORT/ORS?
10. Have you ever used it?
11. What do you think about ORT/ORS?

**OBJECTIVE 1 and 2**

1. The extent of diarrhoeal diseases in a given community
2. Identify attitudes and behaviour of mothers related to diarrhoea.

**ACTIVITIES 1.2 AND 2:**

**GATHER INFORMATION BY INTERVIEWING FIVE MOTHERS\* IN THE RURAL COMMUNITY WHERE YOU ARE TRAINING**

\*Note: Mothers of children under five years of age.

**Third Mother**

VILLAGE \_\_\_\_\_ Age of child under 5 \_\_\_\_\_

1. What illnesses do your children have most frequently?
2. Has this child had diarrhoea during the past two weeks?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, how long did the bout last? \_\_\_\_\_

3. What did you do to treat the child during the last bout of diarrhoea?
4. Have any of your children died of an illness related to a diarrhoeal disease?

YES \_\_\_\_\_ NO \_\_\_\_\_

5. Is diarrhoea dangerous for children?
6. What can it do to children?
7. What are the causes of diarrhoea?
8. Do you feed your child when he/she has diarrhoea?
9. Do you know about ORT/ORS?
10. Have you ever used it?
11. What do you think about ORT/ORS?

**OBJECTIVE 1 and 2**

1. The extent of diarrhoeal diseases in a given community
2. Identify attitudes and behaviour of mothers related to diarrhoea.

**ACTIVITIES 1.2 AND 2:**

**GATHER INFORMATION BY INTERVIEWING FIVE MOTHERS\* IN THE RURAL COMMUNITY WHERE YOU ARE TRAINING**

\*Note: Mothers of children under five years of age.

**Fourth Mother**

VILLAGE \_\_\_\_\_ Age of child under 5 \_\_\_\_\_

1. What illnesses do your children have most frequently?

2. Has this child had diarrhoea during the past two weeks?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, how long did the bout last? \_\_\_\_\_

3. What did you do to treat the child during the last bout of diarrhoea?

4. Have any of your children died of an illness related to a diarrhoeal disease?

YES \_\_\_\_\_ NO \_\_\_\_\_

5. Is diarrhoea dangerous for children?

6. What can it do to children?

7. What are the causes of diarrhoea?

8. Do you feed your child when he/she has diarrhoea?

9. Do you know about ORT/ORS?

10. Have you ever used it?

11. What do you think about ORT/ORS?

**OBJECTIVE 1 and 2**

- 1. The extent of diarrhoeal diseases in a given community**
- 2. Identify attitudes and behaviour of mothers related to diarrhoea.**

**ACTIVITIES 1.2 AND 2:**

**GATHER INFORMATION BY INTERVIEWING FIVE MOTHERS\* IN THE RURAL COMMUNITY WHERE YOU ARE TRAINING**

\*Note: Mothers of children under five years of age.

**Fifth Mother**

VILLAGE \_\_\_\_\_ Age of child under 5 \_\_\_\_\_

1. What illnesses do your children have most frequently?
2. Has this child had diarrhoea during the past two weeks?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, how long did the bout last? \_\_\_\_\_

3. What did you do to treat the child during the last bout of diarrhoea?
4. Have any of your children died of an illness related to a diarrhoeal disease?

YES \_\_\_\_\_ NO \_\_\_\_\_

5. Is diarrhoea dangerous for children?
6. What can it do to children?
7. What are the causes of diarrhoea?
8. Do you feed your child when he/she has diarrhoea?
9. Do you know about ORT/ORS?
10. Have you ever used it?
11. What do you think about ORT/ORS?

Activities 1.2 and 2 (continued)

**SUMMARY PAGE**

1. Make a list of the diseases mentioned by at least 3 out of the 5 mothers.
2. How many of the children concerned had suffered a bout of diarrhoea during the past 2 weeks? \_\_\_\_\_
3. How many mothers had had a child die of illness related to diarrhoea? \_\_\_\_\_
4. For the most recent bout of diarrhoea:

Number of mothers who gave ORT/ORS: _____	Number of mothers who went to a health facility: _____	Number of mothers used traditional treatment: _____	Number of mothers used anti-diarrhoeal medicine: _____	Number of mothers who did nothing: _____
--	---	--	---	---

5. List the consequences of diarrhoea mentioned by at least 3 out of 5 mothers.
6. List the causes of diarrhoea listed by at least 3 out of 5 mothers.
7. List ideas about feeding mentioned by at least 3 out of 5 mothers.
8. How many mothers knew about ORT/ORS? \_\_\_\_\_
9. How many had used it? \_\_\_\_\_
10. List main reactions that mothers had to ORT/ORS:

**OBJECTIVE 3**  
**Identify factors which could cause diarrhoea in a community.**

**ACTIVITY 3:**

**DO A SURVEY IN THE SAME COMMUNITY TO DETERMINE THE DIFFERENT CAUSES OF DIARRHOEA**

(5-10 households)

**VISIT TO A COMMUNITY**

(Do a survey in a neighborhood to identify factors which can cause diarrhoea. Specify action you could take or promote to solve the problem.)

COMMUNITY VISITED: \_\_\_\_\_

FACTORS	PROBLEMS ENCOUNTERED	ACTION TO BE TAKEN
WATER (source of supply, water storage method, water treatment, drinking containers, etc.)		
PERSONAL HYGIENE (handwashing, cleanliness of children)		
KITCHEN/COOKING AREA (washed containers, drained containers, food storage, insect control, etc.)		
SANITARY FACILITIES (use of latrines, maintenance, place for defecation)		
AUTRES		

**OBJECTIVE 4**

**Increase community awareness of  
ORT and ways to prevent  
diarrhoea.**

**ACTIVITY 4.1**

**HOLD DISCUSSIONS WITH ONE OR SEVERAL  
INFLUENTIAL PEOPLE IN THE SAME  
COMMUNITY IN ORDER TO DEFINE AN  
ACTION PLAN FOR THE CDD PROGRAM.**

Place: \_\_\_\_\_

Person(s) you talked with: \_\_\_\_\_

What did they perceive as problems linked to diarrhoea in the community?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What solutions did you discuss with them:

a) about ORT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) about hygiene and sanitation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who would be responsible:

1. For carrying out planned activities

2. For follow-up within the community

**OBJECTIVE 5**

Evaluate the degree of dehydration in a child suffering from diarrhoea in order to provide appropriate treatment.

**ACTIVITIES 5.1. AND 5.2.**

**5.1: IN A HEALTH FACILITY OR IN A HOME, EXAMINE AT LEAST THREE CHILDREN WITH DIARRHEOA, CHECKING FOR THE SIGNS AND THE DEGREE OF DEHYDRATION.**

**5.2: IN THE PRESENCE OF A SUPERVISOR, IMPLEMENT A PLAN OF TREATMENT FOR EACH OF THE THREE CHILDREN EXAMINED**

**FIRST CHILD**

NAME OF THE CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_

**QUESTIONS FOR THE MOTHER:**

**ANSWERS**

How many stools has your child had?

\_\_\_\_\_

How many days has he/she had diarrhoea?

\_\_\_\_\_

What is the consistency of his/her stools?

\_\_\_\_\_

Is there blood in the stools?

\_\_\_\_\_

How many times has he/she urinated during the past 6 hours?

\_\_\_\_\_

**OBSERVATIONS:** (Points to check: dry eyes, dry lips, sunken fontanel)

**PHYSICAL EXAMINATION:** (Check for elasticity of skin)

**CONCLUSIONS:** (Degree of dehydration)

\_\_\_\_\_

**TREATMENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you referred the child?

For what reasons?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**COMMENTS:**

**OBJECTIVE 3**  
**Evaluate the degree of dehydration in a child suffering from diarrhoea in order to provide appropriate treatment.**

**ACTIVITIES 5.1. AND 5.2.**

**5.1: IN A HEALTH FACILITY OR IN A HOME, EXAMINE AT LEAST THREE CHILDREN WITH DIARRHEOA, CHECKING FOR THE SIGNS AND THE DEGREE OF DEHYDRATION.**

**5.2: IN THE PRESENCE OF A SUPERVISOR, IMPLEMENT A PLAN OF TREATMENT FOR EACH OF THE THREE CHILDREN EXAMINED**

**SECOND CHILD**

NAME OF THE CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_

**QUESTIONS FOR THE MOTHER:**

**ANSWERS**

How many stools has your child had?

\_\_\_\_\_

How many days has he/she had diarrhoea?

\_\_\_\_\_

What is the consistency of his/her stools?

\_\_\_\_\_

Is there blood in the stools?

\_\_\_\_\_

How many times has he/she urinated during the past 6 hours?

\_\_\_\_\_

**OBSERVATIONS:** (Points to check: dry eyes, dry lips, sunken fontanel)

**PHYSICAL EXAMINATION:** (Check for elasticity of skin)

**CONCLUSIONS:** (Degree of dehydration)

\_\_\_\_\_

**TREATMENT:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you referred the child?

For what reasons?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMMENTS:**

**OBJECTIVE 5**

Evaluate the degree of dehydration in a child suffering from diarrhoea in order to provide appropriate treatment.

**ACTIVITIES 5.1. AND 5.2.**

**5.1: IN A HEALTH FACILITY OR IN A HOME, EXAMINE AT LEAST THREE CHILDREN WITH DIARRHOEA, CHECKING FOR THE SIGNS AND THE DEGREE OF DEHYDRATION.**

**5.2: IN THE PRESENCE OF A SUPERVISOR, IMPLEMENT A PLAN OF TREATMENT FOR EACH OF THE THREE CHILDREN EXAMINED**

**THIRD CHILD**

NAME OF THE CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_

**QUESTIONS FOR THE MOTHER:**

**ANSWERS**

How many stools has your child had?

\_\_\_\_\_

How many days has he/she had diarrhoea?

\_\_\_\_\_

What is the consistency of his/her stools?

\_\_\_\_\_

Is there blood in the stools?

\_\_\_\_\_

How many times has he/she urinated during the past 6 hours?

\_\_\_\_\_

**OBSERVATIONS:** (Points to check: dry eyes, dry lips, sunken fontanel)

**PHYSICAL EXAMINATION:** (Check for elasticity of skin)

**CONCLUSIONS:** (Degree of dehydration)

\_\_\_\_\_

**TREATMENT:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you referred the child?

For what reasons?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMMENTS:**

**OBJECTIVE 5**

Evaluate the degree of dehydration in a child suffering from diarrhoea in order to provide appropriate treatment.

**ACTIVITY 5.3**

CHECK ON THREE CHILDREN WHO ARE BEING TREATED WITH ORT EVERY HOUR AND NOTE THE CHANGES IN THEIR CONDITION.

**FIRST CHILD**

Follow a moderately dehydrated child for 4 hours. The child may be followed at a health facility or at home.

NAME OF THE CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_

Place of care: \_\_\_\_\_

For how long a period has he/she had diarrhoea? \_\_\_\_\_

How many stools has the child passed today? \_\_\_\_\_

At what time did you begin to keep track of the child? \_\_\_\_\_

	Clinical signs	Weight (if possible)	Quantity of ORS/hr.	Number of stools/hr.	Number of times urinated/hr.	Comments
At beginning of surveillance						
After 1 hour						
After 2 hours						
After 3 hours						
After 4 hours						

**DIARRHOEA: ACTIVITY 5.3**

**First child (continued)**

1. What signs indicate an improvement in the child's condition? \_\_\_\_\_

2. What kind of ORS solution was used? \_\_\_\_\_

\_\_\_\_\_

How was it prepared? \_\_\_\_\_

\_\_\_\_\_

What quantity was used? \_\_\_\_\_

\_\_\_\_\_

3. List the problems you encountered and explain what you did about them:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OBJECTIVE 5**

Evaluate the degree of dehydration in a child suffering from diarrhoea in order to provide appropriate treatment.

**ACTIVITY 5.3**

CHECK ON THREE CHILDREN WHO ARE BEING TREATED WITH ORT EVERY HOUR AND NOTE THE CHANGES IN THEIR CONDITION.

**SECOND CHILD**

Follow a moderately dehydrated child for 4 hours. The child may be followed at a health facility or at home.

NAME OF THE CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_

Place of care: \_\_\_\_\_

For how long a period has he/she had diarrhoea? \_\_\_\_\_

How many stools has the child passed today? \_\_\_\_\_

At what time did you begin to keep track of the child? \_\_\_\_\_

	Clinical signs	Weight (if possible)	Quantity of ORS/hr.	Number of stools/hr.	Number of times urinated/hr.	Comments
At beginning of surveillance						
After 1 hour						
After 2 hours						
After 3 hours						
After 4 hours						

**Second child (continued)**

1. What signs indicate an improvement in the child's condition? \_\_\_\_\_

2. What kind of ORS solution was used? \_\_\_\_\_

\_\_\_\_\_

How was it prepared? \_\_\_\_\_

\_\_\_\_\_

What quantity was used? \_\_\_\_\_

\_\_\_\_\_

3. List the problems you encountered and explain what you did about them:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**OBJECTIVE 5**

Evaluate the degree of dehydration in a child suffering from diarrhoea in order to provide appropriate treatment.

**ACTIVITY 5.3**

CHECK ON THREE CHILDREN WHO ARE BEING TREATED WITH ORT EVERY HOUR AND NOTE THE CHANGES IN THEIR CONDITION.

**THIRD CHILD**

Follow a moderately dehydrated child for 4 hours. The child may be followed at a health facility or at home.

NAME OF THE CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_

Place of care: \_\_\_\_\_

For how long a period has he/she had diarrhoea? \_\_\_\_\_

How many stools has the child passed today? \_\_\_\_\_

At what time did you begin to keep track of the child? \_\_\_\_\_

	Clinical signs	Weight (if possible)	Quantity of ORS/hr.	Number of stools/hr.	Number of times urinated/hr.	Comments
At beginning of surveillance						
After 1 hour						
After 2 hours						
After 3 hours						
After 4 hours						

**Third child (continued)**

1. What signs indicate an improvement in the child's condition? \_\_\_\_\_

2. What kind of ORS solution was used? \_\_\_\_\_

\_\_\_\_\_

How was it prepared? \_\_\_\_\_

\_\_\_\_\_

What quantity was used? \_\_\_\_\_

\_\_\_\_\_

3. List the problems you encountered and explain what you did about them:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**OBJECTIVE 6**

**Teach mothers about ORT/ORS and about how to feed a child suffering from diarrhoea.**

**ACTIVITY 6.1**

**GIVE AT LEAST 3 HEALTH EDUCATION TALKS ON ORT AND THE FEEDING OF CHILDREN SUFFERING FROM DIARRHOEA, USING DEMONSTRATION AND VISUAL AIDS.**

**FIRST SESSION**

Meeting held at \_\_\_\_\_

Number of mothers present \_\_\_\_\_

Length of meeting \_\_\_\_\_

1. List of teaching materials used (printed material and utensils used for demonstration)

\_\_\_\_\_  
\_\_\_\_\_

2a. How many mothers already know about ORT? \_\_\_\_\_

2b. How many know how to correctly prepare ORS? \_\_\_\_\_

2c. Summarize advice given about ORT \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3a. What do the mothers think a child with diarrhoea should eat? \_\_\_\_\_

3b. Summarize advice given about feeding \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4a. Describe the demonstration as it happened \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4b. How many mothers actively participated in a demonstration? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Comments from mothers during the talk

\_\_\_\_\_  
\_\_\_\_\_

6. Problems encountered in peoples' understanding of the message or in the process of the meeting

\_\_\_\_\_  
\_\_\_\_\_

7. How could the next meeting be improved? (Give your own suggestions.)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OBJECTIVE 6**

**Teach mothers about ORT/ORS and about how to feed a child suffering from diarrhoea.**

**ACTIVITY 6.1**

**GIVE AT LEAST 3 HEALTH EDUCATION TALKS ON ORT AND THE FEEDING OF CHILDREN SUFFERING FROM DIARRHOEA, USING DEMONSTRATION AND VISUAL AIDS.**

**SECOND SESSION**

Meeting held at \_\_\_\_\_

Number of mothers present \_\_\_\_\_

Length of meeting \_\_\_\_\_

1. List of teaching materials used (printed material and utensils used for demonstration)

\_\_\_\_\_  
\_\_\_\_\_

2a. How many mothers already know about ORT? \_\_\_\_\_

2b. How many know how to correctly prepare ORS? \_\_\_\_\_

2c. Summarize advice given about ORT \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3a. What do the mothers think a child with diarrhoea should eat? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3b. Summarize advice given about feeding \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4a. Describe the demonstration as it happened \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4b. How many mothers actively participated in a demonstration? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Comments from mothers during the talk

\_\_\_\_\_  
\_\_\_\_\_

6. Problems encountered in peoples' understanding of the message or in the process of the meeting

\_\_\_\_\_  
\_\_\_\_\_

7. How could the next meeting be improved? (Give your own suggestions.)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OBJECTIVE 6**

**Teach mothers about ORT/ORS and about how to feed a child suffering from diarrhoea.**

**ACTIVITY 6.1**

**GIVE AT LEAST 3 HEALTH EDUCATION TALKS ON ORT AND THE FEEDING OF CHILDREN SUFFERING FROM DIARRHOEA, USING DEMONSTRATION AND VISUAL AIDS.**

**THIRD SESSION**

Meeting held at \_\_\_\_\_

Number of mothers present \_\_\_\_\_

Length of meeting \_\_\_\_\_

1. List of teaching materials used (printed material and utensils used for demonstration)

\_\_\_\_\_

2a. How many mothers already know about ORT? \_\_\_\_\_

2b. How many know how to correctly prepare ORS? \_\_\_\_\_

2c. Summarize advice given about ORT \_\_\_\_\_

\_\_\_\_\_

3a. What do the mothers think a child with diarrhoea should eat? \_\_\_\_\_

3b. Summarize advice given about feeding \_\_\_\_\_

\_\_\_\_\_

4a. Describe the demonstration as it happened \_\_\_\_\_

\_\_\_\_\_

4b. How many mothers actively participated in a demonstration? \_\_\_\_\_

\_\_\_\_\_

5. Comments from mothers during the talk

\_\_\_\_\_

6. Problems encountered in peoples' understanding of the message or in the process of the meeting

\_\_\_\_\_

7. How could the next meeting be improved? (Give your own suggestions.)

\_\_\_\_\_

\_\_\_\_\_

**OBJECTIVE 6**

Teach mothers about ORS/ORT and about how to feed a child suffering from diarrhoea.

**ACTIVITY 6.2**

MAKE HOME VISITS TO 3 MOTHERS WHO CAME TO THE DISPENSARY WITH CHILDREN SUFFERING FROM DIARRHOEA. (THE VISIT SHOULD BE THE DAY AFTER THE CHILD WAS SEEN IN CONSULTATION.)

**FIRST MOTHER**

1. Name of the mother \_\_\_\_\_ Address \_\_\_\_\_
2. Age of the child with diarrhoea: \_\_\_\_\_
3. How many days has the child had diarrhoea? \_\_\_\_\_
4. What did the mother do to treat the child:
  - a) before coming to the dispensary
  - b) after coming to the dispensary
5. Did she get advice at the dispensary? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, what does the mother remember about what she was told during the consultation?
6. How did she prepare the ORS? (Do a demonstration for the mother)
7. How did she administer the ORS?
8. (If she did not prepare the ORS, why not?)
9. Based on the responses the mother gave, and on what she did after consulting at the dispensary, would you say that the advice she got was:
  - a) appropriate \_\_\_\_\_
  - b) understood \_\_\_\_\_
10. Give suggestions on how to improve the situation, if needed.

**OBJECTIVE 6**

Teach mothers about ORS/ORT and about how to feed a child suffering from diarrhoea.

**ACTIVITY 6,2**

MAKE HOME VISITS TO 3 MOTHERS WHO CAME TO THE DISPENSARY WITH CHILDREN SUFFERING FROM DIARRHOEA. (THE VISIT SHOULD BE THE DAY AFTER THE CHILD WAS SEEN IN CONSULTATION.)

**SECOND MOTHER**

1. Name of the mother \_\_\_\_\_ Address \_\_\_\_\_
2. Age of the child with diarrhoea: \_\_\_\_\_
3. How many days has the child had diarrhoea? \_\_\_\_\_
4. What did the mother do to treat the child:
  - a) before coming to the dispensary
  - b) after coming to the dispensary
5. Did she get advice at the dispensary? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, what does the mother remember about what she was told during the consultation?
6. How did she prepare the ORS? (Do a demonstration for the mother)
7. How did she administer the ORS?
8. (If she did not prepare the ORS, why not?)
9. Based on the responses the mother gave, and on what she did after consulting at the dispensary, would you say that the advice she got was:
  - a) appropriate \_\_\_\_\_
  - b) understood \_\_\_\_\_
10. Give suggestions on how to improve the situation, if needed.

**OBJECTIVE 6**

**Teach mothers about ORS/ORT and about how to feed a child suffering from diarrhoea.**

**ACTIVITY 6.2**

**MAKE HOME VISITS TO 3 MOTHERS WHO CAME TO THE DISPENSARY WITH CHILDREN SUFFERING FROM DIARRHOEA. (THE VISIT SHOULD BE THE DAY AFTER THE CHILD WAS SEEN IN CONSULTATION.)**

**THIRD MOTHER**

1. Name of the mother \_\_\_\_\_ Address \_\_\_\_\_
2. Age of the child with diarrhoea: \_\_\_\_\_
3. How many days has the child had diarrhoea? \_\_\_\_\_
4. What did the mother do to treat the child:
  - a) before coming to the dispensary
  - b) after coming to the dispensary
5. Did she get advice at the dispensary? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, what does the mother remember about what she was told during the consultation?
6. How did she prepare the ORS? (Do a demonstration for the mother)
7. How did she administer the ORS?
8. (If she did not prepare the ORS, why not?)
9. Based on the responses the mother gave, and on what she did after consulting at the dispensary, would you say that the advice she got was:
  - a) appropriate \_\_\_\_\_
  - b) understood \_\_\_\_\_
10. Give suggestions on how to improve the situation, if needed.

**OBJECTIVE 7****Supervise a village health worker****ACTIVITY 7.****SUPERVISE A VILLAGE HEALTH WORKER.**

Place: \_\_\_\_\_

Health worker's name: \_\_\_\_\_

1. Has the VHW been trained in ORT? YES \_\_\_\_\_ NO \_\_\_\_\_

2. Does he/she use:

a) packets YES \_\_\_\_\_ NO \_\_\_\_\_

b) water, sugar, salt solution YES \_\_\_\_\_ NO \_\_\_\_\_

3. Does he demonstrate how to prepare the solution, or does he only explain how to make the solution to the mothers?

\_\_\_\_\_  
(If he uses the solution, ask him to do a demonstration, preferably in the presence of the mothers).

4. If he prepares the solution, check what materials are used: \_\_\_\_\_

5. Observe the VHW while he consults with a mother and note the explanations he gives.  
(If this is impossible, use the questions below when talking with the VHW to ascertain his procedure with the mothers.)

- the measures he suggests are correct YES \_\_\_\_\_ NO \_\_\_\_\_

- he correctly explains how to administer the solution YES \_\_\_\_\_ NO \_\_\_\_\_

- he correctly explains how to feed the child YES \_\_\_\_\_ NO \_\_\_\_\_

6. How many cases of diarrhoea in children has he seen in the past month? \_\_\_\_\_  
(See the record or ask the VHW to estimate the number.)

7. In how many cases has he advised or given ORT? \_\_\_\_\_

8. Does the VHW use anti-diarrhoeal medicine? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, which ones and why: \_\_\_\_\_

**ACTIVITY 7 (continued)**

9. Does the VHW have teaching material about ORT? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_

10. If yes, how does he use it? \_\_\_\_\_

\_\_\_\_\_

11. Does he know how to explain the material to mothers? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ask him to explain the teaching materials to mothers in your presence.

12. Ask several mothers in the village to explain what they do when their child has a bout of diarrhoea.

\_\_\_\_\_

\_\_\_\_\_

13. Do their responses indicate that the advice given by the VHW has been effective?

YES \_\_\_\_\_ NO \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

14. What problems does the VHW have with ORT? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. What did you recommend after your discussion with the VHW? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OBJECTIVE 8****Manage the stock of ORS-packets****ACTIVITY 8.1.****CALCULATE THE ORS PACKET NEEDS OF A HEALTH FACILITY FOR A PERIOD OF 3 MONTHS.**

1. How many children under 5 years of age were treated for diarrhoea in the health system during the past three months?

Period from \_\_\_\_\_ to \_\_\_\_\_ 19\_\_.

	In the health facility	By the VHW's	TOTAL
Number of cases treated			
Number of Packets used			

2. How many packets are in stock?

Number of packets received during the past 3 months	Number of Packets used	Number of packets in stock

3. Do you foresee an increase in the rate of use of ORS packets in the next 3 months?

YES \_\_\_\_\_ NO \_\_\_\_\_

Explain:

\_\_\_\_\_

\_\_\_\_\_

Give an estimate:

\_\_\_\_\_

4. How many packets will be used in the next 3 months?

a) by VHW \_\_\_\_\_

b) by the health facility \_\_\_\_\_

5. How many should be ordered? \_\_\_\_\_

6. When should they be ordered? \_\_\_\_\_

7. What is the procedure for ordering?

Explain

\_\_\_\_\_

**OBJECTIVE 8**  
**Manage the stock of ORS packets and other supplies necessary for the program.**

**ACTIVITY 8.2.**

**DO A STATUS REPORT ON ALL MATERIAL AND SUPPLIES.**

DESCRIPTION OF	QUANTITY RECEIVED SUPPLIES	QUANTITY USED DURING	QUANTITY IN STOCK DURING TRIMESTER	COMMENTS TRIMESTER

Comments on use of materials and supplies

Estimate of needed stock and supplies

**OBJECTIVE 9.**

Evaluate the activities of a program to control diarrhoeal diseases.

**ACTIVITY 9.1.****GATHER INFORMATION FOR AN ACTIVITY REPORT**

(Complete this form using the records from the health facility where you are training)

**NATIONAL PROGRAM FOR CONTROL OF DIARRHOEAL DISEASES  
EVALUATION OF ACTIVITIES: TRIMESTRIAL REPORT**

Region \_\_\_\_\_ Period from \_\_\_\_\_ to \_\_\_\_\_ 198\_\_

Place \_\_\_\_\_

**1. PEOPLE WHO HAVE ATTENDED ORT SEMINAR**

Categories of Personnel	Number trained in trimestre	Total trained to present	Total number left to train	% of total already trained
Physicians				
Nurses and midwives				
Social workers				
Teachers				
Literacy workers				
Water resource personnel				
Other trainers				
First-aid teams and VHW				
Village birth attendants				
Others				

**2. DISTRIBUTION OF ORS-PACKETS (FOR TRIMESTER)**

Packets used by health facilities:	
Packets distributed to mothers:	

**3. SUPPLY OF PACKETS IN STOCK**

Quantity stocked by health facilities:	
Quantity stocked by VHW's:	
Quantity at pharmacies, warehouses, etc.:	

4. DISTRIBUTION OF TEACHING MATERIAL

Category:	Number distributed	Quantity in stock
Large posters		
Small posters		
Booklets/Memory aids		
Other		

5. CLINICAL TREATMENT OF CASES OF DIARRHOEA IN HEALTH FACILITIES

Children under 5 years treated in health facility unit by ORT	
Children under 5 years seen for diarrhoea WITHOUT DEHYDRATION	
Children under 5 years seen for diarrhoea WITH DEHYDRATION (other than cholera)	
Children under 5 years seen with cholera	

6. RECORDED DEATHS

Total recorded deaths for children under 5 years for the month:	
Number of deaths in children under 5 years with diarrhoea as principal cause of death:	

7. GROUP TRAINING SESSIONS ABOUT ORT

Number of training sessions given by health personnel:

Number of informal talks:	Number of neighbourhood meetings:
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8. COMMENTS (difficulties, suggestions):

Person responsible for the report: \_\_\_\_\_

Date: \_\_\_\_\_

**OBJECTIVE 9**

**Evaluate the activities of a CDD program.**

**ACTIVITY 9.2.**

**USING A QUESTIONNAIRE, INTERVIEW 3 MOTHERS IN THE COMMUNITY TO FIND OUT WHAT IMPACT THE PROGRAM'S EDUCATIONAL ACTIVITIES ARE HAVING**

**EVALUATION SURVEY OF EDUCATIONAL ACTIVITIES**

**INTERVIEW 3 MOTHERS WITH AT LEAST ONE CHILD UNDER FIVE YEARS OF AGE**

	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
1. Name of the mothers _____			
2. Age of mother interviewed _____			
3. How many children do you have under 5 years? _____			
4. When was the last time one of your children (under 5) had a bout of diarrhoea? a) less than 2 weeks ago _____			
b) more than 2 weeks, (specify) _____ ago			
5. What did you do FIRST ? a) I treated him/her at home _____			
b) I took him/her to the local healer _____			
c) I took him/her to the first-aid VHW or to the village birth attendant _____			
d) I took him/her to a health facility (specify which one) _____			
e) I did nothing. (GO TO QUESTION 23.) _____			
f) Other (specify): _____			
IF THE ANSWER IS (b),(c), OR (d) GO TO QUESTION 20.			
6. If the child was treated at home, what treatment did you use FIRST? 1. Traditional remedy. Note what and how much you gave: _____			
2. ORS-packet _____			
3. ORS water/sugar/salt _____			
4. Modern medicine:(specify) _____			
7. Did the child accept the treatment? 1. Yes _____			
2. No _____ If NO, WHY NOT? (vomiting, for example)			
8. Did the child's condition improve after treatment? 1. Yes _____			
2. No _____			

**ACTIVITY 9.2**

9. If you took your child to a health facility, how was he treated?  
(YOU MAY ACCEPT MORE THAN ONE RESPONSE)

1st 2nd 3rd

- With ORS right there \_\_\_\_\_
- We gave ORS-packet(s) to the mother to prepare at home \_\_\_\_\_
- Another medicine was prescribed (state which \_\_\_\_\_)
- The child was put on IV \_\_\_\_\_
- A nasogastric tube was inserted for treatment \_\_\_\_\_
- A traditional medicine was given (state precisely what was given and how) \_\_\_\_\_
- The mother was told to go home and give water/sugar/salt \_\_\_\_\_


10. During the bout of diarrhoea did you:

- a) continue breastfeeding or feeding \_\_\_\_\_
- b) diminish breastfeeding or feeding \_\_\_\_\_
- c) stop breastfeeding or feeding \_\_\_\_\_


11. After the bout of diarrhoea, did you give the child the same amount and kind of food as usual, more than usual, or less than usual?

- a) the usual amount \_\_\_\_\_
- b) more than usual \_\_\_\_\_
- c) less than usual \_\_\_\_\_


12. Have you heard anyone talk about the water/sugar/salt solution?

- a) Yes \_\_\_\_\_
- b) No \_\_\_\_\_


13. How does one prepare the water/sugar/salt solution?

CHECK THAT THE CORRECT QUANTITIES ARE BEING  
MEASURED BY ASKING THE MOTHER TO DO A  
DEMONSTRATION

How did you measure the water?

- a) correct amount (THE 1 LITRE CUP) \_\_\_\_\_
- b) incorrect amount (more than) \_\_\_\_\_
- c) incorrect amount (less than) \_\_\_\_\_
- d) does not know \_\_\_\_\_


**ACTIVITY 9.2**

14. How did you measure the sugar?  
 a) correct amount (8 cubes or 8 teaspoons) \_\_\_\_\_  
 b) incorrect amount (too much) \_\_\_\_\_  
 c) incorrect amount (too little) \_\_\_\_\_  
 d) does not know \_\_\_\_\_

1st 2nd 3rd


15. How much salt did you use?  
 a) correct amount (2 pinches using 3 fingers) \_\_\_\_\_  
 b) incorrect amount (too much) \_\_\_\_\_  
 c) incorrect amount (too little) \_\_\_\_\_  
 d) does not know \_\_\_\_\_


16. Have you heard anyone talk about oral rehydration packets?  
 a) yes \_\_\_\_\_  
 b) no (GO TO QUESTION 33) \_\_\_\_\_


17. How should you prepare the solution using the packet?  
 How much water?  
 a) correct amount \_\_\_\_\_  
 b) incorrect amount (too much) \_\_\_\_\_  
 c) incorrect amount (too little) \_\_\_\_\_  
 d) does not know \_\_\_\_\_


18. How many packets should you use?  
 a) less than one packet \_\_\_\_\_  
 b) one whole packet (CORRECT ANSWER) \_\_\_\_\_  
 c) more than one packet \_\_\_\_\_  
 d) does not know \_\_\_\_\_


19. What is the ORS solution used for?  
 (YOU MAY ACCEPT MORE THAN ONE ANSWER)
- to prevent tiredness \_\_\_\_\_
  - to stop diarrhoea \_\_\_\_\_
  - to replace lost fluid; rehydration \_\_\_\_\_
  - other, explain \_\_\_\_\_
  - does not know \_\_\_\_\_


**ACTIVITY 9.2.**

1st 2nd 3rd

20. How much solution should be given? (BE SURE AND CHECK AMOUNTS MENTIONED)

- a) half-litre or more per day \_\_\_\_\_
- b) less than half-litre per day \_\_\_\_\_
- c) other, explain \_\_\_\_\_
- d) does not know \_\_\_\_\_


21. When should ORT be started?

- a) at the onset of the first diarrhoeal stool \_\_\_\_\_
- b) the next day \_\_\_\_\_
- c) another answer, explain \_\_\_\_\_
- d) does not know \_\_\_\_\_


22. Have you ever prepared ORS solution by yourself?

ORS packet

- a) Yes \_\_\_\_\_
- b) No \_\_\_\_\_


water/sugar/salt

- a) Yes \_\_\_\_\_
- b) No \_\_\_\_\_


23. Should a child with diarrhoea be brought to a health facility?

- a) Yes \_\_\_\_\_
- b) No \_\_\_\_\_


24. IF YES, when? (YOU MAY ACCEPT MORE THAN ONE RESPONSE)

- right away \_\_\_\_\_
- if diarrhoea continues \_\_\_\_\_
- if the child is tired, listless \_\_\_\_\_
- if the child has a fever \_\_\_\_\_
- if the child cannot drink \_\_\_\_\_
- if the child vomits \_\_\_\_\_
- other, explain \_\_\_\_\_


25. If NO, why? \_\_\_\_\_  
\_\_\_\_\_

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26. Can diarrhoeal disease be avoided?

- a) Yes \_\_\_\_\_
- b) No \_\_\_\_\_
- c) Does not know \_\_\_\_\_


27. If YES, how?

- a) by cleanliness \_\_\_\_\_
- b) does not know \_\_\_\_\_
- c) other answer, explain \_\_\_\_\_
