

Trainer's Manual for Accredited Drug Shop Sellers

Module 3: Treatment that the ADS can Initiate

Sessions 11–15



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SESSION ELEVEN: CONDITIONS OF THE NOSE, MOUTH, AND THROAT

LEARNING OBJECTIVES:	<p>As a result of actively participating in this session, the individual will be able to:</p> <ol style="list-style-type: none"> 1. Describe how to assess a client for running nose and sneezing. 2. Describe how to assess a client for sores in the mouth. 3. Describe how to assess a client for tonsillitis. 4. Demonstrate how to advise a client/caregiver for treatment of these conditions of the nose, mouth, or throat. 	
DURATION:	4 hr. 45 min.	
METHODOLOGY:	Lecture, Q&A, discussion, small group work	
MATERIALS:	<ul style="list-style-type: none"> • PowerPoint slides • Projector • Flip charts and markers • Notebooks and pens • ADS Seller’s Manual 	
PREPARE IN ADVANCE:	<ul style="list-style-type: none"> • Print enough handouts for exercises 1-3 for all participants 	

Introduction and Overview (10 min.)

PRESENT	slides 1-3
ASK	participants whether they have had customers come to them with conditions of the nose, mouth, or throat, and if so, what those conditions have been.
LISTEN	to their responses.
REMIND	participants that it is important to use language that their clients will understand and feel comfortable with. There is nothing wrong with using the local name for one of these conditions or their symptoms if the client or caregiver knows it by that name.
ASK	what local names the customers of the participants sometimes use to talk

	about these kinds of conditions.
LISTEN	to the responses (no need to write them down).
EXPLAIN	that during the rest of this session, you will: <ol style="list-style-type: none"> 1. Examine how to assess a client with these conditions. 2. Examine how to treat these conditions. 3. Practice how to advise a client/caregiver about the steps for treating these conditions.

Running Nose and Sneezing (45 min.)

PRESENT	slides 4-5
ASK	What does running nose look like?
ENSURE	that they respond (in their own words): <ul style="list-style-type: none"> • Nasal discharge – watery or thick
ASK	What conditions of the nose are often associated with running nose and sneezing?
ENSURE	that they mention: <ul style="list-style-type: none"> ○ Allergic rhinitis ○ Common cold ○ Sinusitis
EXPLAIN	<ul style="list-style-type: none"> • That some symptoms, like running nose, are general and common to allergic rhinitis, common cold, and sinus infection. • That other symptoms can help identify a <i>specific</i> condition, such as: <ul style="list-style-type: none"> ○ Allergic rhinitis (symptoms can last for weeks) ○ Common cold (may have fever) ○ Sinus infection (thick yellow discharge)
REVIEW	the Client Assessment table on slides 23-24
ASK	participants to open their ADS Seller’s Manuals to Session 11, specifically, to page 6, where they will find the same “Client assessment” table.

ADD	that on the following pages of the Manual, they will also find the same medicine recommendation charts that you have shown in the PPT presentation.
EXPLAIN	that they are going to do an exercise about identifying whether a client has common cold, allergic rhinitis, or sinus infection, using the Client Assessment table, and identifying the treatment that can be given in the case of each condition.

Exercise 1 – Conditions of the nose (45 min.)

EXPLAIN	that participants will work in small groups to diagnose what condition of the nose four different clients have, based on the symptoms provided.
DIVIDE	participants into groups of four.
TELL	all participants to use the Client Assessment table in their ADS Seller’s Manual (which they have already opened) AND the medicine recommendations tables on the following pages to help them do this exercise.
GIVE	each group the Exercise #1 handout FACE DOWN, telling them not to turn it over until you say to do so. (See handout for Exercise #1 at the end of this session.)
EXPLAIN	that the members of the first group to finish should raise their hands. Although you will call on that group to present its answers to everyone else, FIRST you will allow everyone else to finish as well.
ADD	that it is important that <u>everyone</u> be able to diagnose the condition – not just some of the participants – because they will all be working by themselves in their shops.
TELL	everyone to begin.
CIRCULATE	to provide assistance, as needed.
NOTE	which team is ready first, and tell the others to continue.

CALL	everyone together again when they are done.
INVITE	the first group to give their answers.
ASK	others whether they have any questions or comments.
THANK	everyone for their work.

Sores in the Mouth (45 min.)

PRESENT	slides 26-44
ASK	What are two kinds of sores in the mouth mentioned in the PPT presentation?
ENSURE	that they respond (in their own words): <ul style="list-style-type: none"> • Oral thrush • Cold sores (fever blisters)
REVIEW	The Client assessment table on slides 43-44
ASK	participants to open their ADS Seller’s Manual to Session 11, specifically to page 13, where they will find the same “Client assessment” table as in the PPT presentation.
ADD	that on the following pages of the Manual, they will also find the same medicine recommendation charts that you have shown in the PPT presentation.
EXPLAIN	that they are going to do an exercise now about identifying whether a client has oral thrush or cold sores, using the Client Assessment table, and identifying the treatment that can be given in case of each condition.

Exercise 2 – Sores in the mouth (45 min.)

EXPLAIN	that participants will work in small groups to diagnose what condition of the mouth four different clients have, based on the symptoms provided.
DIVIDE	participants into groups of four (4).

TELL	all participants to use the Client Assessment table in their ADS Seller's Manual (which they have already opened) AND the medicine recommendations tables on the following pages to help them do this exercise.
GIVE	each group the Exercise #2 handout FACE DOWN, telling them not to turn it over until you say to do so. (See handout for Exercise #2 at the end of this session.)
EXPLAIN	that the members of the first group to finish should raise their hands.
ADD	that although you will call on that group to present its answers to everyone else, FIRST you will allow everyone else to finish as well. <ul style="list-style-type: none"> ○ It is important that <u>everyone</u> be able to diagnose the condition – not just some of the participants – because they will all be working by themselves in their shops.
TELL	everyone to begin.
CIRCULATE	to provide assistance, as needed.
NOTE	which team is ready first, and tell the others to continue.
CALL	everyone together again when they are done.
INVITE	the first group to give their answers.
ASK	others whether they have any questions or comments.
THANK	everyone for their work.

Tonsillitis (the throat) (45 min.)

PRESENT	slides 45-55
ASK	What are the symptoms of a sore throat?
ENSURE	that they respond (in their own words):

	<ul style="list-style-type: none"> • Pain on swallowing • Slight fever (Is this true? If so, how high?)
ASK	What are the symptoms of tonsillitis?
ENSURE	<p>that they respond (in their own words):</p> <ul style="list-style-type: none"> • Pain on swallowing • Fever above 39.5°C • Headache • Vomiting • Swellings of the lymph nodes • Discharge from the tonsils
ASK	How do you know whether the client has a sore throat or has tonsillitis?
ENSURE	<p>that they respond (in their own words):</p> <ul style="list-style-type: none"> • It is likely just a sore throat if the client has pain on swallowing and perhaps even a slight fever, but <u>not</u> if she or he has a high fever (above 39.5°C) or discharge from the tonsils. • It is likely tonsillitis if the client has the following: <ul style="list-style-type: none"> ○ Pain on swallowing ○ Fever above 39.5°C ○ Swellings of the lymph nodes ○ Discharge from the tonsils • The client may also have: <ul style="list-style-type: none"> ○ Headache ○ Vomiting
ASK	If a seven-year-old child is brought to your ADS and the parent tells you that the child is complaining of sore throat, what will you do?
ENSURE	<p>that they respond:</p> <ul style="list-style-type: none"> • Take the child's temperature. • Look in the child's mouth (at the tonsils).
ASK	What symptoms would tell you that the child had tonsillitis?

ENSURE	<p>that they respond:</p> <ul style="list-style-type: none"> ○ Fever above 39.5°C. ○ Discharge from the tonsils.
ASK	<p>participants to open their ADS Seller's Manual to Session 11, specifically to page 17, where they will find the same medicine recommendation charts that you have shown in the PPT presentation.</p>
EXPLAIN	<p>that they are going to do an exercise now to practice identifying whether a client has sore throat or tonsillitis, and identifying the treatment that can be given in the case of each condition.</p>

Exercise 3 – Sore throat or tonsillitis? (45 min.)

EXPLAIN	<p>that participants will work in small groups to diagnose whether clients have <i>sore throat</i> or <i>tonsillitis</i>, based on the symptoms provided, and what treatment to recommend.</p>
DIVIDE	<p>participants into groups of four.</p>
REMIND	<p>all participants to use the medicine recommendations table in their ADS Seller's Manual to help them do this exercise.</p>
GIVE	<p>each group the Exercise #3 handout FACE DOWN, telling them not to turn it over until you say to do so.</p> <p>(See handout for Exercise #3 at the end of this session.)</p>
EXPLAIN	<p>that the members of the first group to finish should raise their hands.</p>
ADD	<p>that although you will call on that group to present its answers to everyone else, FIRST you will allow everyone else to finish as well.</p> <ul style="list-style-type: none"> ○ It is important that everyone be able to diagnose these conditions – not just some of the participants – because they will all be working by themselves in their shops.

TELL	everyone to begin.
CIRCULATE	to provide assistance, as needed.
NOTE	which team is ready first, and tell the others to continue.
CALL	everyone together again when they are done.
INVITE	the first group to give their answers.
ASK	others whether they have any questions or comments.
THANK	everyone for their work.

Wrap-up (5 min.)

ASK	When should you refer a client that presents with these conditions of the mouth and throat?
ENSURE	that they respond that you should refer those clients who: <ul style="list-style-type: none"> ○ Fail to respond to treatment. ○ Present with high grade fever (39.5°C). ○ Complain of difficulty in swallowing and opening the mouth. ○ Have severe pain and hoarseness of the voice.
REMIND	participants that the key information about these conditions of the mouth and throat is in their ADS Seller's Manual.

Exercise #1 – Participant's and Trainer's Handouts

PARTICIPANT'S VERSION

Exercise 1 – Handout

Case #1 – Mary

Mary is 6 years old, and her mother brings her to the ADS because she is sick.

Mary has had running nose, blocked nostrils, cough, and itching of the eyes for one week.

What does she have?

What treatment would you give?

Case #2 – John

John is 3 years old, and his mother brings him to the ADS because he is sick.

John has running nose, sneezing, fever, and general body weakness.

What does he have?

What treatment would you give?

Case #3 – Jane

Jane is 10 years old, and her mother brings her to the ADS because she is sick.

Jane has running nose, cough, itching of the eyes all day long, and she sneezes repeatedly in the mornings.

What does she have?

What treatment would you give?

Case #4 – Joseph

Joseph is 20 years old and comes to the ADS because he is sick.

Joseph has had a running nose, headache, and a thick, yellow discharge from the nose for several days.

What does he have?

What treatment would you give?

TRAINER'S VERSION

Exercise 1 – Handout

Case #1 – Mary

Mary is 6 years old, and her mother brings her to the ADS because she is sick.

Mary has had running nose, blocked nostrils, cough, and itching of the eyes for one week.

What does she have? **Allergic rhinitis**

What treatment would you give? **Either chlorpheniramine – 2 mg, 3 times daily for 3 weeks OR cetirizine – 10 mg, 1 time daily for 3 weeks.**

Case #2 – John

John is 3 years old, and his mother brings him to the ADS because he is sick.

John has running nose, sneezing, fever, and general body weakness.

What does he have? **Common cold**

What treatment would you give?

- **Normal saline nasal drop – 1 drop in each nostril 4 times daily for 5 days AND**
- **Cetirizine – 5 mg 1 time daily for 3 weeks.**
- **Paracetamol – 125 mg 1 times daily for 3 days.**

Case #3 – Jane

Jane is 10 years old, and her mother brings her to the ADS because she is sick.

Jane has running nose, cough, itching of the eyes all day long, and she sneezes repeatedly in the mornings.

What does she have? **Allergic rhinitis**

What treatment would you give? **Either chlorpheniramine – 2 mg, 3 times daily for 3 weeks OR cetirizine – 10 mg, 1 time daily for 3 weeks.**

Case #4 – Joseph

Joseph is 20 years old and comes to the ADS because he is sick.

Joseph has had a running nose, headache, and a thick, yellow discharge from the

nose for several days.

What does he have? **Sinusitis**

What treatment would you give? **Referral to a health unit.**

Exercise #2 – Participant's and Trainer's Versions

PARTICIPANT VERSION

Exercise 2 – Handout

Case #1 – Penelope

Penelope is 25 years old, and has come to the ADS because she has sores in her mouth.

Penelope has fever and blisters around her mouth.

What does she have?

What treatment would you give?

Case #2 – Michael

Michael is 10 years old, and has come to the ADS because he has sores in his mouth.

Michael feels pain on swallowing and has white patches on his tongue and cheeks.

What does he have?

What treatment would you give?

Case #3 – Saul

Saul is 30 years old, and he has come to the ADS because he has sores in his mouth. Saul is HIV positive.

What will you recommend?

What treatment would you give?

TRAINER'S VERSION

Exercise 2 – Handout

Case #1 – Penelope

Penelope is 25 years old, and has come to the ADS because she has sores in her mouth.

Penelope has fever and blisters around her mouth.

What does she have? **Cold sores**

What treatment would you give?

- **Keep the infected area clean.**
- **Clean the sores with antiseptic, such as surgical spirit, to dry them out.**

Case #2 – Michael

Michael is 10 years old, and has come to the ADS because he has sores in his mouth.

Michael feels pain on swallowing and has white patches on his tongue and cheeks.

What does he have? **Oral thrush**

What treatment would you give?

- **Nystatin oral suspension – 200,000 IU per dose every 6 hours for 10 days.**
- **Note: Nystatin should be kept in the mouth for at least 10 minutes before swallowing.**

Case #3 – Saul

Saul is 30 years old, and he has come to the ADS because he has sores in his mouth. Saul is HIV positive.

What will you recommend? **Refer Saul to the health unit right away.**

What treatment would you give? **Referral only.**

Exercise #3 – Participant's and Trainer's Versions

PARTICIPANT'S VERSION

Exercise 3 – Handout

Case #1 – George

George is 5 years old, and his mother has brought him to the ADS because he will not eat, is complaining about pain when he swallows, and he has fever.

When you take his temperature, it is 38.7⁰ C.

You look in his mouth and see redness and pus on his tonsils.

What does he have?

What treatment would you give?

Case #2 – Ruth

Ruth is 7 years old, and her mother has brought her to the ADS because she has been complaining of pain when she swallows for two days.

When you take her temperature, you see that she has a slight fever – 37⁰ C.

You look in her mouth and see that there is no redness or pus on the tonsils.

You note that she has running nose.

What does she have?

What treatment would you recommend?

TRAINER'S VERSION

Exercise 3 – Handout

Case #1 – George

George is 5 years old, and his mother has brought him to the ADS because he will not eat, is complaining about pain when he swallows, and he has fever.

When you take his temperature, it is 39.7⁰ C.

You look in his mouth and see redness and pus on his tonsils.

What does he have? **He has tonsillitis.**

What treatment would you give?

- For pain: Paracetamol (250 mg 3 times daily for 3 days).
- To cure the infection: Penicillin V (125 mg 4 times daily for 10 days) OR Amoxicillin (5 ml 3 times daily for 10 days).

Case #2 – Ruth

Ruth is 7 years old, and her mother has brought her to the ADS because she has been complaining of pain when she swallows for two days.

When you take her temperature, you see that she has a slight fever – 37⁰ C.

You look in her mouth and see that there is no redness or pus on the tonsils.

You note that she has running nose.

What does she have? **She has a sore throat that may be caused or made worse by nasal discharge running down her throat.**

What treatment would you recommend?

- For pain: Paracetamol (250 mg 3 times daily for 3 days).
- To help stop the running nose: chlorpheniramine (see package for dose and dosage recommendations).
- Plenty of fluids.

SESSION TWELVE: EYE CONDITIONS

<p>LEARNING OBJECTIVES:</p>	<p>As a result of actively participating in this session, the individual will be able to:</p> <ol style="list-style-type: none"> 1. State which eye conditions the ADS seller can treat and which she or he should refer. 2. Identify where to find the signs and symptoms of the following eye conditions in the ADS Seller’s Manual: <ol style="list-style-type: none"> a. Red eye (conjunctivitis) b. Foreign body in eye c. Sty d. Ophthalmia of the newborn e. Cataract f. Keratitis g. Xerophthalmia 3. Describe the treatment to recommend for bacterial red eye. 4. Describe the treatment to recommend for viral red eye. 5. Describe the treatment to recommend for foreign body in the eye. 6. Describe the treatment to recommend for sty. 7. Explain what to recommend for ophthalmia of the newborn. 8. State the action to take when a client has keratitis. 9. State the action to take when a client has cataract(s). 10. State the action to take when a client has xerophthalmia. 	
<p>DURATION:</p>	<p>2 hr. 45 min.</p>	
<p>METHODOLOGY:</p>	<p>Lecture, Q&A, discussion, small group work</p>	
<p>MATERIALS:</p>	<ul style="list-style-type: none"> • PowerPoint slides 	<ul style="list-style-type: none"> • ADS Seller’s Manual

	<ul style="list-style-type: none"> • Projector • Flip charts and markers • Notebooks and pens 	<ul style="list-style-type: none"> • Handouts for Exercise 1
PREPARE IN ADVANCE:	<ul style="list-style-type: none"> • Print enough handouts for all participants 	

Introduction and Overview (10 min.)

PRESENT	slides 1-6
ASK	participants whether they have had customers come to them with eye conditions, and if so, what those conditions have been.
LISTEN	to their responses.
REMIND	participants that it is important to use language that their clients will understand and feel comfortable with. There is nothing wrong with using the local name for one of these conditions or their symptoms if the client or caregiver knows it by that name.
ASK	what local names the customers of the participants sometimes use to talk about these kinds of conditions.
LISTEN	to the responses (no need to write them down).
EXPLAIN	<p>that during the rest of this session, you will:</p> <ol style="list-style-type: none"> 1. Examine how to assess a client with these conditions. 2. Examine how to treat these conditions. 3. Practice how to advise a client/caregiver about the steps for treating these conditions.

Conditions of the Eye that the ADS Seller Can Manage (1 hr.)

PRESENT	slides 7-9
ASK	What does red eye or conjunctivitis look like?

ENSURE	<p>that they respond (in their own words):</p> <ul style="list-style-type: none"> • Redness of the white part of the eye.
PRESENT	slides 10-11
TELL	<p>participants to open their ADS Seller’s Manual to page 23, where they will find the “Client assessment for red eye” table that you have just shared with them in the PPT presentation.</p> <p>They can refer to that table to help them answer the following questions (and going forward, in their work as ADS sellers).</p>
ASK	When you are assessing the client, why do you ask how long the client has had one or more red eyes?
ENSURE	<p>that they reply that it helps determine the <i>cause</i> of red eye:</p> <ul style="list-style-type: none"> ○ Short time – probably viral or bacterial conjunctivitis ○ Long time – probably allergic conjunctivitis
ASK	Why do you ask whether the eye produces discharge?
ENSURE	<p>that they reply that it helps determine the <i>cause</i> of red eye:</p> <ul style="list-style-type: none"> ○ Yes – probably bacterial conjunctivitis ○ No – probably viral conjunctivitis
ASK	When you are assessing the client, why do you ask whether the eyes are itching?
ENSURE	<p>that they reply that it helps determine the <i>cause</i> of red eye:</p> <ul style="list-style-type: none"> ○ Itching – probably allergic conjunctivitis ○ No itching – probably viral or bacterial conjunctivitis
ASK	When you are assessing the client, why do you ask whether other people in her or his area have red eye?
ENSURE	<p>that they reply that it helps determine the <i>cause</i> of red eye:</p> <ul style="list-style-type: none"> ○ If other people in the area have red eye, it may be viral

	conjunctivitis because it usually affects many people at the same time.
ASK	When you are assessing the client, why do you ask whether he or she has allergies or asthma?
ENSURE	that they reply that it helps determine the <i>cause</i> of red eye: <ul style="list-style-type: none"> ○ People who have allergies or asthma are more likely to have allergic conjunctivitis. ○ No itching – probably viral or bacterial conjunctivitis.
REMIND	participants that the eye conditions that they can manage at the ADS are red eye/conjunctivitis, foreign body in the eye, and stye. You are going to present information about how to recognize and manage these conditions.
PRESENT	slides 12-18
ADD	that on pages 23-28 of the ADS Seller’s Manual, they will find the same information that you have shown in the PPT presentation, and they may use their Manuals to answer questions during the following exercise.
EXPLAIN	that they are going to do an exercise now about what to do in case of red eye, foreign body in the eye, ophthalmia, and stye.

Exercise 1 – What to do in case of red eye, foreign body in the eye, ophthalmia, and stye (1 hr.)

EXPLAIN	that participants will work in small groups to diagnose what condition each of four different clients has, based on the symptoms provided, and to describe the treatment that should be given to each client.
DIVIDE	participants into groups of four.
TELL	all participants to use the information in their ADS Seller’s Manual (which they have already opened) to help them do

	this exercise.
GIVE	each group the Exercise #1 handout FACE DOWN, telling them not to turn it over until you say to do so. (See handout for Exercise #1 at the end of this session.)
EXPLAIN	that the members of the first group to finish should raise their hands. Although you will call on that group to present its answers to everyone else, FIRST you will allow everyone else to finish as well.
ADD	that it is important that <u>everyone</u> be able to diagnose the condition and describe management of the condition – not just some of the participants – because they will all be working by themselves in their shops.
TELL	everyone to begin.
CIRCULATE	to provide assistance, as needed.
NOTE	which team is ready first, and tell the others to continue.
CALL	everyone together again when they are done.
INVITE	the first group to give their answers.
ASK	others whether they have any questions or comments.
THANK	everyone for their work.

Other Conditions of the Eye That Must Be Referred Right Away (30 min.)

PRESENT	slides 19-22
EXPLAIN	that participants will find information about these three eye conditions – cataracts, keratitis, and xerophthalmia – in their ADS Seller’s Manual on pages 28-31. They can open to those pages now.

ASK	How do you know whether a person has cataracts ?
ENSURE	that they mention the following signs and symptoms: <ul style="list-style-type: none"> ✓ Clouding of the lens inside the eye. ✓ Reduced vision ✓ Pupil is not the normal black colour but is grey, white, brown, or reddish in colour. ✓ Condition is not painful unless caused by trauma. ✓ Eye is not red unless condition is caused by trauma.
ASK	How do you know whether a person has keratitis ?
ENSURE	that they mention the following signs and symptoms: <ul style="list-style-type: none"> ✓ Inflammation of the cornea ✓ Redness of the white part of the eye ✓ The cornea is cloudy (not clear) ✓ Client cannot see clearly ✓ Condition is often in one eye ✓ Eye is painful
ASK	How do you know whether a person has xerophthalmia ?
ENSURE	that they mention the following signs and symptoms: <ul style="list-style-type: none"> ✓ Dryness of the part of the eye ball exposed to air and light ✓ Night blindness ✓ Dryness of the conjunctiva and cornea ✓ Complete cornea damage and total blindness
ASK	What do you do if a client has cataracts, keratitis, or xerophthalmia?
ENSURE	that they respond that they will REFER the person to the hospital for special treatment.

Wrap up (5 min.)

ASK	When should you refer a client that presents with red eye/conjunctivitis, ophthalmia, or stye?
ENSURE	that they respond that you should refer those clients who do not show improvement within a week of starting the treatment you have recommended.
ASK	When should you refer a client that presents with a foreign body in his or her eye?
ENSURE	that they respond that you should refer the client if you cannot safely remove the foreign body.
REMIND	participants that the key information about these eye conditions is in their ADS Seller's Manual, and they should consult that information regularly.

Exercise #1 – Management of red eye, foreign body in the eye, ophthalmia, and stye

PARTICIPANT'S VERSION

Exercise 1 – Handout

Case #1 – Brenda

Brenda is 11 years old, and her mother brings her to the ADS because she has a problem with her eyes. Both of Brenda's eyes are very red. She tells you that sunlight hurts her eyes, and her eyes are producing tears even though she is not sad. When you ask her whether there are others in her compound or who live nearby who have similar symptoms, Brenda answers that several girls in her class at school have the same problem.

What does she have?

What treatment would you give?

Case #2 – Daniel

Daniel is 15 years old, and his father brings him to the ADS because he has a problem with his eye.

Daniel has a swelling on the bottom lid of one of his eyes. He tells you that it itches and is very tender; and sometimes pus comes out.

What does he have?

What treatment would you give?

Case #3 – Grace

Grace is 35 years old, and she comes to the ADS because she has been having problems with her eyes for some time. Both eyes are very red.

Grace tells you that for more than a month, her eyes have been itching all day long, and tears run from her eyes frequently. When you ask her whether she has any allergies or asthma, she tells you that she does not know. When you ask her whether any cats or dogs live with her, she tells you that her two children brought home a dog

about a month ago.

What does she have?

What treatment would you give?

Case #4 – Isaac

Isaac is a newborn child, only one (1) week old. The family asks you to come to their home because Isaac has something wrong with his eyes. When you get there, you see that his eyelids are swollen and there is a pus discharge coming from his eyes.

What does he have?

What would you recommend?

Case #5 – Robert

Robert is 40 years old and comes to you because he has something in his eye and cannot get it out himself. When you look at his eye, you see that there is a small, dark object there. He explains that he was chopping wood when something flew from the wood right into his eye.

What does he have?

What treatment would you give?

TRAINER'S VERSION

Exercise 1 – Handout

Case #1 – Brenda

Brenda is 11 years old, and her mother brings her to the ADS because she has a problem with her eyes. Both of Brenda's eyes are very red. She tells you that sunlight hurts her eyes, and her eyes are producing tears even though she is not sad. When you ask her whether there are others in her compound or who live nearby who have similar symptoms, Brenda answers that several girls in her class at school have the same problem.

What does she have? **She has viral conjunctivitis.**

What treatment would you give? **No treatment is needed because it should go away by itself in one to two weeks. If it does not go away, Brenda should come back so that you can refer her to the health unit for further treatment.**

You tell her and her mother the following ways to prevent viral conjunctivitis:

- ✓ Regularly wash hands with soap.
- ✓ Avoid touching the eyes with hands.
- ✓ Use a clean towel and handkerchief daily.
- ✓ Don't share towels or handkerchiefs.
- ✓ Avoid shaking hands with an infected person.

Case #2 – Daniel

Daniel is 15 years old, and his father brings him to the ADS because he has a problem with his eye.

Daniel has a swelling on the bottom lid of one of his eyes. He tells you that it itches and is very tender; and sometimes pus comes out.

What does he have? **He has a sty.**

What treatment would you give? Tell Daniel that the sty will go away by itself, but

he can do the following in the meantime:

- ✓ Apply a warm/hot compress to the eye.
- ✓ Apply **tetracycline eye ointment 1%** 2-4 times daily.
- ✓ Avoid rubbing the eye to prevent spreading the infection.

Case #3 – Grace

Grace is 35 years old, and she comes to the ADS because she has been having problems with her eyes for some time. Both eyes are very red and there is a yellow discharge from them.

Grace tells you that for more than a week, her eyes seem stuck together when she wakes up in the morning. Also, she feels as though she has something in her eye, but there does not seem to be anything there.

What does she have? **Bacterial conjunctivitis**

What treatment would you give? **She should apply tetracycline eye ointment 3 times daily for 7 days. If by the end of the week there is no improvement, she should return to see you so that you can refer her for more specialized treatment.**

Case #4 – Isaac

Isaac is a newborn child, only one (1) week old. The family asks you to come to their home because Isaac has something wrong with his eyes. When you get there, you see that his eyelids are swollen and there is a pus discharge coming from his eyes.

What does he have? **Ophthalmia**

What would you recommend? **REFER the child to the nearest health facility immediately.**

Case #5 – Robert

Robert is 40 years old and comes to you because he has something in his eye and cannot get it out himself. When you look at his eye, you see that there is a small, dark object there. He explains that he was chopping wood when something flew from

the wood right into his eye.

What does he have? **Foreign body (FB) in eye.**

What treatment would you give? **The following steps:**

- ✓ **Make a thin “finger” of moistened cotton wool.**
- ✓ **Move the eyelid out of the way.**
- ✓ **Gently remove the FB.**

If you are not able to remove the foreign body, refer Robert to an eye specialist.

SESSION THIRTEEN: DISEASES AFFECTING THE RESPIRATORY TRACT

<p>LEARNING OBJECTIVES:</p>	<p>As a result of actively participating in this session, the individual will be able to:</p> <ol style="list-style-type: none"> 1. Explain the difference between acute cough and chronic cough. 2. Explain the difference between productive cough and dry cough. 3. Describe how to assess an adult with cough. 4. Describe how to manage an adult’s cough with OTC medicines. 5. Describe how to assess a child five years or younger with cough. 6. Describe how to count the breathing rate of a child five years or younger. 7. Describe how to manage the cough of a child five years or younger with OTC medicines. 8. State the pre-referral treatment of a child five years or younger with cough with chest in-drawing. 	
<p>DURATION:</p>	<p>5 hours and 45 minutes</p>	
<p>METHODOLOGY:</p>	<p>Lecture, Q&A, discussion, small group work</p>	
<p>MATERIALS:</p>	<ul style="list-style-type: none"> • PowerPoint slides • Projector • Flip charts and markers • Notebooks and pens 	<ul style="list-style-type: none"> • ADS Seller’s Manual • Handouts for exercise
<p>PREPARE IN ADVANCE:</p>	<ul style="list-style-type: none"> • Print enough handouts for all participants 	

Introduction and Overview (10 min.)

PRESENT	slides 1-6
ASK	participants whether they have had customers come to them with cough, and if so, what kinds of cough have they been.
LISTEN	to their responses.
REMIND	participants that it is important to use language that their clients will understand and feel comfortable with. There is nothing wrong with using the local name for one of these conditions or their symptoms if the client or caregiver knows it by that name.
ASK	what local names the customers of the participants sometimes use to talk about these kinds of coughs.
LISTEN	to the responses (no need to write them down).
EXPLAIN	that during the rest of this session, you will: <ol style="list-style-type: none"> 1. Examine how to assess adults and children with cough. 2. Examine how to manage different kinds of cough. 3. Practice how to advise a client/caregiver about the steps for treating those coughs.

Assessing and Managing Cough in Children Older Than Five and Adults (45 min.)

PRESENT	slides 7-9
EXPLAIN	that participants will find the table, “Assessing an adult with cough,” in their ADS Seller’s Manual on pages 33-34. They may wish to open to that page now to help them answer the questions you are going to ask.
ASK	If a client tells me that he has had a cough for one week, does that mean his cough is <i>chronic</i> or <i>acute</i> ?

ENSURE	that they respond that it is ACUTE.
ASK	How long does a cough go on before we say that it is CHRONIC?
ENSURE	that they answer “3 weeks.”
ASK	Why do you need to ask about whether a cough is <i>productive</i> or <i>dry</i> ?
ENSURE	that they answer that a <i>dry cough</i> needs different treatment than a <i>productive</i> one.
ASK	When a client has a productive cough, why do you need to ask about the colour of mucus or sputum that the cough produces?
ENSURE	that they answer: <ul style="list-style-type: none"> • White or clear mucus or sputum means there is no infection. • Yellow, green, or brown mucus or sputum means there is infection. • You need to REFER a client that has an infection.
ASK	What are some other reasons to REFER a client with cough?
ENSURE	that they mention the following reasons: <ul style="list-style-type: none"> • The client has fever and chest pain. • The client’s cough is severe during the night. • The client smokes cigarettes. • The client has wheezing and/or asthma.
ASK	Why do you need to ask what other medicines the client has already tried?
ENSURE	that they mention the following reasons: <ul style="list-style-type: none"> • You will probably not recommend a medicine the client has already tried if the medicine did not work. • You may need to REFER the client if he or she has already tried the recommended treatment for his or her cough, and it did not work.

ASK	Are there medicines that help relieve a productive cough? What is that kind of medicine called?
ENSURE	that they mention “expectorant.”
ASK	What are the names of some expectorants you are familiar with?
ENSURE	that what they name are in fact expectorants (such as guaiphenesin and sodium citrate).
ASK	Are there medicines that help clear mucus that is difficult to expel? What is that kind of medicine called?
ENSURE	that they mention “mucolytic.”
ASK	What are the names of some mucolytics you are familiar with?
ENSURE	that what they name are in fact mucolytics (such as carbocysteine).
ASK	For which kind of cough would you recommend a preparation with codeine, dextromethorphan, or diphenhydramine?
ENSURE	that they mention “dry cough.”
SHOW	slides 11-12
EXPLAIN	that this diagram summarizes the decision making that guides how you treat an adult’s cough.
REVIEW	the diagram with participants.
TELL	participants that they will find this diagram in their ADS Seller’s Manual on page 35.
REMIND	Participants that asking their clients the right questions and using their answers to guide your recommendations will be important to your success as ADS sellers.

Assessing Cough in Children 5 Years and Younger (15 min.)

PRESENT	slide 12
ASK	participants to take out their iCCM Job Aid.
REVIEW	<p>Steps 1, 2, and 3 of the job aid with them.</p> <p>(Step 1 = Ask the caregiver, “How old is the child?”</p> <p>Step 2 = Ask the caregiver, “Does the child have cough, diarrhoea or fever? If the child has cough, check for fast breathing.</p> <p>Step 3 = Ask about and look for DANGER SIGNS.)</p>
EXPLAIN	that participants are now going to do an exercise to practice identifying fast breathing rates in children under 5 years of age.

Exercise 1 – Breathing rates in children under five (45 min.)

GIVE	<p>the following explanation of the exercise:</p> <ol style="list-style-type: none"> 1. Every participant will receive 2 pieces of paper: one green and one red. 2. The facilitator will present a slide showing the <u>age</u> of a child and one or two <u>breathing rates</u> for that child. 3. Every participant will identify whether the breathing rate shown on the screen is fast or normal. If it is fast, the participant should hold up the red paper; if it is normal, the participant should hold up the green paper. 4. All participants may use their iCCM job aid to help them determine whether the rate is fast or normal.
GIVE	every participant 2 pieces of paper: one green and one red.
LEAD	<p>a demonstration of the exercise:</p> <ol style="list-style-type: none"> 1. Present the “Demonstration” slide (slide13). 2. Ask participants to hold up their green papers if it is a

	<p>normal breathing rate for that age child or their red papers if it is a fast breathing rate.</p> <p>3. Ensure that everyone holds up their RED cards (because a breathing rate of 54 for a 3-week-old child is fast breathing).</p> <p>4. If one or more participants have held up a green card, ask someone who held up a red card to explain why she or he held a red card up.</p>
LEAD	<p>the exercise (slides 14-19)</p> <p>NOTE: Repeat step 4 above, as needed, to ensure that everyone understands why each breathing rate is fast or normal.</p> <p>NOTE: The correct answers are in the following table.</p>

FOR THE TRAINER

Slide #	Age	Rate	RED or GREEN
12	3 weeks	54 breaths per minute	RED
13	3 months	55 and 60 breaths per minute (60 is the rate recorded on the second measurement)	RED
14	3 months	53 and 45 breaths per minute	GREEN
15	6 weeks	75 and 70 breaths per minute	RED
16	9 months	45 and 49 breaths per minute	GREEN
17	1 year	60 and 65 breaths per minute	RED
18	3 years	55 and 60 breaths per minute	RED

Checking a Child for Fast Breathing (Estimate: 2.5 hours)

SHOW	slide 20
EXPLAIN	that you are going to show participants a video that demonstrates how to check a child for <u>fast breathing</u> .
SHOW	the video.
EXPLAIN	that participants are now going to practice measuring each other’s breathing rates. Add that when they do their field practice, they will have an opportunity to observe someone counting a <u>child’s</u> breathing rate, and they will have an opportunity to practice doing it themselves. It is important for them to practice on each other now in preparation for later.
DEMONSTRATE	how to count (measure) someone’s breathing rate using one of the participants as your “client.” NOTE: To ensure that every participant can see and hear clearly every step that you take, you may have to do the demonstration several times with small groups of participants. NOTE: Because these ADS sellers may not always have timers available to measure a client’s breathing rate, show them how to use a clock or a phone to time in seconds.
ASK	participants to pair up.
GIVE	each pair a timer.
SHOW	slide 21 (Exercise 2: Counting breathing rates).
REVIEW	the instructions listed on slide 21 for “Use a <u>timer</u> to count breathing rates.”
TELL	participants to practice in their pairs, making sure that each participant practices measuring the other’s <i>normal</i> breathing and then his or her <i>fast</i> breathing.
CIRCULATE	and provide support or assistance, as needed.

CALL	them all together again.
SHOW	slide 22 (Exercise 2: Counting breathing rates (cont.))
REVIEW	the instructions for “Use a <u>clock or phone</u> to count breathing rates.”
TELL	participants to practice in their pairs, making sure that each participant practices measuring the other’s <i>normal</i> breathing and then his or her <i>fast</i> breathing.
CIRCULATE	to provide assistance and support, as needed.
CALL	all participants together again when they have finished their practice.

Chest In-Drawing (15 min.)

SHOW	slide 23 and the video on chest in-drawing.
EXPLAIN	that when participants do their field practice, they will have an opportunity to observe someone checking a child for chest in-drawing, and they will have an opportunity to practice doing it themselves.
GIVE	links to participants so they can view videos on their own: Fast breathing: https://www.youtube.com/watch?v=gndR3Li8xnA Chest in-drawing: https://www.youtube.com/watch?v=mDw5gMXkc_I

Managing Cough in Children 5 Years and Younger (1 hr.)

EXPLAIN	that now that participants have examined how to assess a child with cough and when to refer a child, you will now examine how to manage the cough of a child who you have determined does not need to be referred.
SHOW	slide 24
REVIEW	the upper box (the “If ... then ...” table) with participants, being sure to emphasize the following important point:

	<ul style="list-style-type: none"> All three statements – “No danger signs”, “Fast breathing present”, and “Cough has lasted less than 2 weeks” – must be true for you to take the two actions listed under “Then.”
ASK	If the child shows one or more danger signs, should you do the 2 steps listed in the “Then” column?
ENSURE	that they say NO.
ASK	What would you do in that case?
ENSURE	that they answer (in their own words): If the child has one or more danger signs, I will REFER the child.
ASK	If the child does <u>not</u> have fast breathing, should you do the 2 steps listed in the “Then” column?
ENSURE	that they say NO.
ASK	What would you do in that case?
ENSURE	that they answer (in their own words): If the child does not have fast breathing, I will recommend an OTC medicine to help with the cough.
ASK	If the cough has lasted for 3 weeks, should you do the 2 steps listed in the “Then” column?
ENSURE	that they say NO.
ASK	What would you do in that case?
ENSURE	that they answer (in their own words): If the child has a cough that has lasted for 3 weeks, I will REFER the child.
SHOW	slide 25
REVIEW	the first row of the “If ... then ...” table with participants, being sure to remind them:

	<ul style="list-style-type: none"> Both statements - “No fast breathing” and “No other symptom” – must be true for you to take the two actions listed under “Then.”
REVIEW	the second row with participants, reminding them that their customers will appreciate the good news.
REVIEW	the last row, emphasizing the importance of referring children when they need more highly skilled care.
SHOW	slide 26
REVIEW	the referral guidelines listed there.
SHOW	slide 27
ASK	Why should you give the child an initial treatment before referring him or her to more highly skilled care?
ENSURE	<p>that they make the following points:</p> <ul style="list-style-type: none"> Children are more vulnerable than adults. A child’s condition may worsen more quickly than an adult’s condition. Therefore, the child needs immediate help. It may take the mother or caregiver considerable time to reach the health unit, and the treatment will help the child until they can reach it.
REVIEW	the referral guidelines listed on the slide.
SHOW	slide 28
REVIEW	the prevention advice listed there.

Wrap up (5 min.)

REMIND	<p>participants that they have a great responsibility to select and recommend the very best treatment for their clients:</p> <ul style="list-style-type: none"> <i>Antibiotics</i> are not always needed.
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	<ul style="list-style-type: none">• <i>OTC</i> medicines are often all that is needed.• <i>Referral</i> can save lives.
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SESSION FOURTEEN: DISEASES AFFECTING THE GASTROINTESTINAL TRACT

<p>LEARNING OBJECTIVES:</p>	<p>As a result of actively participating in this session, the individual will be able to:</p> <ol style="list-style-type: none"> 1. Explain how to assess an adult's diarrhoea. 2. State when to manage an adult's diarrhoea at the ADS and when to refer the adult. 3. Explain how to manage an adult's diarrhoea at the ADS. 4. Explain how to assess a child's diarrhoea. 5. State when to manage a child's diarrhoea at the ADS and when to refer the child. 6. Explain how to manage a child's diarrhoea at the ADS. 7. Explain how to assess an adult's heartburn. 8. State when to manage an adult's heartburn at the ADS and when to refer the adult. 9. Explain how to manage an adult's heartburn at the ADS. 10. Explain how to assess an adult's constipation. 11. State when to manage an adult's constipation at the ADS and when to refer the adult. 12. Explain how to manage an adult's constipation at the ADS. 	
<p>DURATION:</p>	<p>5 hours and 30 minutes</p>	
<p>METHODOLOGY:</p>	<p>Lecture, Q&A, discussion, small group work</p>	
<p>MATERIALS:</p>	<ul style="list-style-type: none"> • PowerPoint slides • Projector • Flip charts and markers • Notebooks and pens 	<ul style="list-style-type: none"> • ADS Seller's Manual
<p>PREPARE IN ADVANCE:</p>	<ul style="list-style-type: none"> • Handouts for exercises 1 and 2 	

DIARRHOEA

Introduction and Overview (10 min.)

PRESENT	slides 1-3
ASK	participants whether they have had clients come to them with diarrhoea, both adults or children.
LISTEN	to their responses.
REMIND	participants again that it is important to use language that their clients will understand and feel comfortable with. There is nothing wrong with using local names for conditions or symptoms if the client or caregiver is more comfortable with those terms.
ASK	what local names the customers of the participants sometimes use to talk about diarrhoea.
LISTEN	to the responses (no need to write them down).
EXPLAIN	that during the first part of this session, you will: <ol style="list-style-type: none"> 1. Examine how to assess adults and children with diarrhoea. 2. Examine how to manage diarrhoea (including referral). 3. Practice advising a client/caregiver about managing diarrhoea.

Assessing and Managing Diarrhoea in Children Older Than Five and Adults (45 min.)

PRESENT	slides 4-10
ASK	What are causes of diarrhoea?
ENSURE	that they name: <ul style="list-style-type: none"> • Viruses • Bacteria

	<ul style="list-style-type: none"> • Protozoa • Malnutrition
ASK	Which is the most common kind of diarrhoea?
ENSURE	that they answer “viral diarrhoea.”
ASK	What are the symptoms of viral diarrhoea?
ENSURE	that they answer: <ul style="list-style-type: none"> • Frequent, watery bowel movements • Abdominal cramps • Low grade fever • Diarrhoea lasting for 3-7 days
ASK	What are the actions you take to manage viral diarrhoea?
ENSURE	that they answer: <ul style="list-style-type: none"> • Give ORS (oral rehydration solution) after every bowel movement. • Give zinc tablets. • Give paracetamol.
ASK	What are the symptoms of bacterial diarrhoea?
ENSURE	that they answer: <ul style="list-style-type: none"> • Vomiting • Fever • Severe abdominal cramps or abdominal pain • Stools containing mucus, pus, or bright red blood
ASK	What actions do you take when a client has bacterial diarrhoea?
ENSURE	that they answer:

	<ul style="list-style-type: none"> • REFER the client to a health facility. • Give ORS; to be taken after every bowel movement on the way to the health facility.
ASK	What are the symptoms of diarrhoea caused by protozoa?
ENSURE	that they answer: <ul style="list-style-type: none"> • Vomiting • Severe abdominal cramps or abdominal pain • Diarrhoea • Foul-smelling gas • Greasy or fatty stools
ASK	What are some ways in which a person can become infected by protozoa?
ENSURE	that participants mention: <ul style="list-style-type: none"> • Eating unwashed/contaminated fruits or vegetables. • Eating food from dishes that are not clean. • Eating food that has not been protected from flies. • Not washing hands with soap and water before eating.
ASK	What actions do you take when a client has diarrhoea caused by protozoa ?
ENSURE	that they answer: <ul style="list-style-type: none"> • Give metronidazole 2 g after food daily for 3 days (adult) or 30 mg/kg (max: 1.2 g) per dose (child).

Assessing and Managing Dehydration in Children Older Than Five and Adults (30 min.)

SHOW	slides 11-13
ASK	What is dehydration?
ENSURE	that they mention (in their own words): <ul style="list-style-type: none"> • Dehydration is the excessive loss of body fluids.
ASK	How do you test someone for dehydration?
ENSURE	that they name the following steps: <ul style="list-style-type: none"> • Pinch the skin (of the abdomen in children or forehead in adults) between your thumb and index finger and then suddenly let go. • If the skin goes back very slowly, the person is dehydrated. • In adults, sunken eyes are usually a sign of severe dehydration.
ASK	What actions do you take when a client has dehydration?
ENSURE	that they answer: <ul style="list-style-type: none"> • REFER immediately. • Give ORS: to be taken after every bowel movement on the way to the health facility.
ASK	What action do you take if your client reports passing thick, black stool?
ENSURE	that they answer: <ul style="list-style-type: none"> • REFER immediately.

Assessing and Managing Diarrhoea in Children Under Five Years (30 min.)

PRESENT	slides 14-15
ASK	participants to take out their iCCM Job Aids.

REVIEW	<p>the iCCM job aid with them:</p> <ul style="list-style-type: none"> • Review the entire job aid. • Ask the specific questions included below about the assessment and treatment of diarrhoea.
ASK	What are some reasons to REFER a child under five who has diarrhoea?
ENSURE	<p>that they answer:</p> <ul style="list-style-type: none"> • Diarrhoea that lasts for 14 days or more. • Diarrhoea with blood. • Diarrhoea with one or more danger signs.
ASK	When you REFER a child that has diarrhoea, what pre-referral treatment do you give?
ENSURE	<p>that they answer:</p> <ul style="list-style-type: none"> • ORS; give immediately and tell the caregiver to continue giving it to the child on the way to the health facility. • Zinc; give immediately.
ASK	What advice do you give a caregiver when the child has had diarrhoea for fewer than 14 days and there is <u>no blood</u> ?
ENSURE	<p>that they answer:</p> <ul style="list-style-type: none"> • ORS; Mix and give it to the child. • Advise the caregiver to give the child as much as she or he will take (but at least ½ cup) after each loose stool. • Give caregiver 2 ORS packets to take home and tell her how to mix it. • Give the caregiver zinc supplements, tell her how much to give the child each day, and tell her to give it to the child for ten (10) days. • Help the caregiver give the child the first dose of zinc now. • Advise the caregiver to give the child more fluids and continue

	<p>breastfeeding.</p> <ul style="list-style-type: none"> • Tell the caregiver to return with the child after three (3) days, even if the child is better.
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Assessing For and Managing Dehydration in Children Under 5 Years (15 min.)

SHOW	slides 16-22
ASK	participants to open their ADS Seller’s Manuals to page 43 where they will find the assessment chart you have just presented in the slides.
EXPLAIN	that they are going to do a short exercise in small groups to review how to assess and manage dehydration in children under 5 years.
DIVIDE	participants into groups of three.

Exercise 1 – Assessing for and managing dehydration in children under 5 years (45 min.)

GIVE	<p>the following explanation of the exercise:</p> <ol style="list-style-type: none"> 1. They will work in groups of three . 2. Each participant will receive a handout with descriptions of three different children under five years who have been brought to the ADS for assessment. 3. Each member of the group will take one of the descriptions, read it, and: <ol style="list-style-type: none"> a. Tell the other two members whether the child has dehydration. b. If so, what kind. c. Explain the actions that the ADS should take to manage the child’s condition.
GIVE	every participant the handout for Exercise 1.

TELL	everyone that they have 15 minutes to work and to begin now.
CIRCULATE	and provide assistance and support, as needed.
CALL	all participants back together when they have finished the exercise.
ASK	<p>a volunteer who worked on Case #1 to read the case out loud and tell the rest of the participants:</p> <ul style="list-style-type: none"> • Whether the child has dehydration, and if so, what kind. • What actions should be taken to manage the child's condition.
LISTEN	without comment.
ASK	the other participants whether they agree or disagree (and resolve any questions that arise).
ASK	<p>a volunteer who worked on Case #2 to read the case out loud and tell the rest of the participants:</p> <ul style="list-style-type: none"> • Whether the child has dehydration, and if so, what kind. • What actions should be taken to manage the child's condition.
LISTEN	without comment.
ASK	the other participants whether they agree or disagree (and resolve any questions that arise).
REPEAT	this process with Case #3.
ASK	whether participants have any questions.
RESPOND	to their questions.

TRAINER'S VERSION

Exercise 1:

Assessing for and managing dehydration in children under 5 yrs.

Case #1

Onyango, aged 4 years, is brought to the drug shop by his mother, who tells you that he has had diarrhoea and loss of appetite for 2 days. There is no blood in the stool and no fever. When you do a skin pinch, you see that the skin goes back a little bit slowly.

1. Does the child have dehydration? **YES**
2. If so, what kind? **MILD**
3. What actions should you take to manage the child's condition?
 - a. **GIVE ORS AND ZINC.**
 - b. **COUNSEL THE MOTHER TO CONTINUE BREASTFEEDING.**
 - c. **DO FOLLOW-UP ON THE CLIENT WITHIN 2 DAYS TO ASSESS IMPROVEMENT.**

Case #2

Nsungwa, aged two and a half years, is brought to you by her mother, who tells you that her daughter has had diarrhoea for one (1) day. The child seems alert and well, the mother tells you that she is drinking normally, and when you do a skin pinch, Nsungwa's skin goes back quickly.

1. Does the child have dehydration? **NO**
2. If so, what kind? **(not applicable)**
3. What actions should you take to manage the child's condition?
 - a. **GIVE ORS AND ZINC.**
 - b. **COUNSEL THE MOTHER TO CONTINUE BREASTFEEDING.**

Case #3

Sanyu, aged one and one half, is brought to you by her mother and father, who tell you that the child has had diarrhoea for 3 days. The child is unconscious, her eyes are

sunken, and when you do a skin pinch, it goes back very slowly.

1. Does the child have dehydration? **YES**
2. If so, what kind? **SEVERE**
3. What actions should you take to manage the child's condition?
 - a. **REFER SANYU IMMEDIATELY TO THE NEAREST HEALTH CENTER.**
 - b. **GIVE ORS AND TEACH THE PARENTS HOW TO GIVE IT TO THE CHILD IF SHE RECOVERS CONSCIOUSNESS AS THEY MOVE TO THE HEALTH CENTRE.**
 - c. **URGE THE PARENTS TO QUICKLY TAKE SANYU TO THE NEAREST HEALTH UNIT BECAUSE SHE IS IN GREAT DANGER.**

PARTICIPANT'S VERSION

Exercise 1:

Assessing for and managing dehydration in children under 5 yrs.

Case #1

Onyango, aged 4 years, is brought to the drug shop by his mother, who tells you that he has had diarrhoea and loss of appetite for 2 days. There is no blood in the stool and no fever. When you do a skin pinch, you see that the skin goes back a little bit slowly.

1. Does the child have dehydration?
2. If so, what kind?
3. What actions should you take to manage the child's condition?

Case #2

Nsungwa, aged two and a half years, is brought to you by her mother, who tells you that her daughter has had diarrhoea for one (1) day. The child seems alert and well, the mother tells you that she is drinking normally, and when you do a skin pinch, Nsungwa's skin goes back quickly.

1. Does the child have dehydration?
2. If so, what kind?
3. What actions should you take to manage the child's condition?

Case #3

Sanyu, aged one and one half, is brought to you by her mother and father, who tell you that the child has had diarrhoea for 3 days. The child is unconscious, her eyes are sunken, and when you do a skin pinch, it goes back very slowly.

1. Does the child have dehydration?
2. If so, what kind?
3. What actions should you take to manage the child's condition?

Skin Pinch to Test for Dehydration (20 min.)

SHOW	slide 23
EXPLAIN	that participants will now view a video about how to assess for dehydration in a child under five (5) and will do a number of exercises during the video.
PLAY	the video, stopping it when instructed to allow the participants to do the exercises that are built into the video.
DEMONSTRATE	how to do the skin pinch on another facilitator or on a willing participant.
TELL	participants to take turns practicing the skin pinch on each other.
GIVE	participants the link to the video, so they can watch it on their own: Skin-pinch test: https://www.youtube.com/watch?v=q-fPnkWtMjY

Prevention of Diarrhoea (10 min.)

SHOW	slides 24-25
INVITE	participants to take turns reading out loud each of the statements about how to prevent diarrhoea.
ASK	participants to comment on when are good opportunities to advise people about how to prevent diarrhoea.
LISTEN	to their suggestions.
MENTION	that the ADS seller should look for many opportunities to advise people about how to prevent diarrhoea, especially BEFORE they have it!

HEARTBURN

Introduction and Overview (10 min.)

PRESENT	slides 26-27
ASK	participants whether they have had clients come to them with heartburn.
LISTEN	to their responses.
REMIND	participants again that it is important to use language that their clients will understand and feel comfortable with. There is nothing wrong with using local names for conditions or symptoms if the client or caregiver is more comfortable with those terms.
ASK	what local names the customers of the participants sometimes use to talk about heartburn.
LISTEN	to the responses (no need to write them down).
EXPLAIN	that during this part of this session, you will examine: <ol style="list-style-type: none"> 1. The signs and symptoms of heartburn. 2. The causes of heartburn. 3. General measures and drug treatment to manage heartburn. 4. When to refer someone with heartburn.

Causes, Signs and Symptoms, and Management of Heartburn (30 min.)

SHOW	slides 28-34
MENTION	that when you are showing slide 33, participants will find information about heartburn, including the dose and dosage information, in their ADS Seller’s Manual.
STATE	that you are going to describe a client’s case and ask the participants some questions about they would do for that client. <ul style="list-style-type: none"> • Kazimingi, aged 53 years, a known alcoholic and cigarette

	<p>smoker, presents at your drug shop with a complaint of heartburn.</p> <ul style="list-style-type: none"> • When you ask what medicines he is currently taking, he tells you that he has been using diclofenac to treat his backache for the past 1 month. <ol style="list-style-type: none"> 1. What do you think is wrong with Kazimingi? 2. What would you advise him to do?
ENSURE	<p>that participants give the following responses (in their own words):</p> <ol style="list-style-type: none"> 1. Kazimingi has heartburn. 2. I would advise him to: <ol style="list-style-type: none"> a. Take Magnomint tablets (or another antacid) to get rid of his heartburn (chew 2 tablets 3 - 4 times a day for 2 weeks). b. Stop drinking alcohol. c. Stop smoking cigarettes. d. Switch from diclofenac to acetaminophen to treat his back pain.
ASK	<p>participants to state reasons to refer a client who has heartburn.</p>
ENSURE	<p>that they state the following reasons:</p> <ul style="list-style-type: none"> • If the client has severe heartburn. • If the client’s heartburn fails to respond to antacids. • If the client vomits blood. • If the client has heartburn that keeps coming back.

CONSTIPATION

Introduction and Overview (10 min.)

PRESENT	slides 35-36
ASK	participants whether they have had clients come to them with

	constipation.
LISTEN	to their responses.
REMIND	participants again that it is important to use language that their clients will understand and feel comfortable with. There is nothing wrong with using local names for conditions or symptoms if the client or caregiver is more comfortable with those terms.
ASK	what local names the customers of the participants sometimes use to talk about constipation.
LISTEN	to the responses (no need to write them down).
EXPLAIN	that during this part of this session, you will examine: <ol style="list-style-type: none"> 1. The signs and symptoms of constipation. 2. The causes of constipation. 3. General measures and drug treatment to manage constipation. 4. When to refer someone with constipation.

Causes, Signs and Symptoms, and Management of Constipation (15 min.)

SHOW	slides 37-41
STATE	that you are going to describe a client's case and ask the participants some questions about they would do for that client. <ol style="list-style-type: none"> 1. John, aged 40 years, presents at your drug shop with a complaint of passing very hard stool and pain on defecation. 2. What do you think is wrong with John? 3. What suggestions would you give him?
ENSURE	that participants give the following responses (in their own words): <ol style="list-style-type: none"> 1. John has constipation. 2. Suggestions to give him:

	<ul style="list-style-type: none"> a. Take more exercise, such as walking and riding a bicycle. b. Drink more water, at least 8 cups a day. c. Eat more fruits, such as paw paws, sweet bananas, avocados,– and more vegetables, especially green, leafy vegetables.
ASK	participants to state why you would refer a client who has constipation.
ENSURE	that they respond that you refer a client if his or her condition does not improve after she or he has followed your suggestions.

Exercise 2 – Assessing for and managing gastrointestinal infections (1 hr.)

GIVE	<p>the following explanation of the exercise:</p> <ol style="list-style-type: none"> 1. You will present brief descriptions of the symptoms of four different clients that come to the ADS for help. 2. For each client, you will give participants three minutes to answer the following questions: <ul style="list-style-type: none"> a. What is wrong with the client? b. What will the ADS seller do? 3. Participants will write their answers in their notebooks. 4. You will do this for all four clients. 5. Then you will tell everyone to stop writing, and you will ask for a volunteer to read what she or he has written for the first client. 6. As a group, you will decide whether the answers are correct, incorrect, complete, need more details, etc.
READ	the first client description on the paper below, giving participants three minutes to write their answers afterwards.
GIVE	participants three minutes to answer the questions.

READ	the second client description on the paper below, giving participants three minutes to write their answers afterwards.
GIVE	participants three minutes to answer the questions.
REPEAT	this process two more times (or until you have read them all and the participants have answered them).
READ	the first description again.
INVITE	a volunteer to answer the questions: <p style="text-align: center;">a. What is wrong with the client? b. What will the ADS seller do?</p>
ASK	the other participants whether they agree or disagree (and resolve any questions that arise).
REPEAT	this process with the other three client descriptions.
ASK	whether participants have any questions.
RESPOND	to their questions.

TRAINER'S VERSION

**Exercise 2:
Assessing for and managing gastro-intestinal infections**

Client #1

Samuel, aged 3 ½ years, is brought to the drug shop by his mother, who tells you that he has had diarrhoea and little appetite for 3 days. There is no blood in the stool and no fever. When you do a skin pinch, you see that the skin goes back a little bit slowly.

1. What is wrong with the client? **DIARRHOEA AND MILD DEHYDRATION**
2. What actions will the ADS seller take?
 - a. **ORS**
 - b. **ZINC**

- c. LOTS OF FLUIDS
- d. RETURN IN 2 DAYS TO SEE WHETHER HE IS BETTER.

Client #2

Beatrice, aged 23 years and 7 months pregnant, presents with burning pain in her chest.

1. What is wrong with the client? **HEARTBURN**
2. What actions will the ADS seller take?
 - a. **RECOMMEND THAT SHE CHEW HER FOOD VERY CAREFULLY BEFORE SWALLOWING.**
 - b. **RECOMMEND THAT SHE NOT EAT CLOSE TO BED TIME.**
 - c. **RECOMMEND THAT SHE TAKE AN ANTACID SUCH AS MAGNOMINT TABLETS (DOSE/DOSAGE = 2 TABLETS 3 TIMES A DAY).**

Client #3

Moses, aged 45, presents at the ADS with infrequent, small bowel movements and pain in the abdomen.

1. What is wrong with the client? **CONSTIPATION**
2. What actions will the ADS seller take?
 - a. **RECOMMEND THAT HE DRINK AT LEAST 8 CUPS OF WATER A DAY.**
 - b. **RECOMMEND THAT MOSES EXERCISE MORE – WALKING, RIDING A BICYCLE, ETC.**
 - c. **RECOMMEND THAT MOSES EAT MORE FRUITS (PAW, PAWS, SWEET BANANAS, AVOCADOS) AND VEGETABLES.**

Client #4

Harriet, aged 4, is brought to the drug shop by her mother, who tells you that today she has had diarrhoea with blood in it, is weak, and feels hot.

1. What is wrong with the client? **BACTERIAL DIARRHEA**
2. What actions will the ADS seller take?

- a. REFER HER IMMEDIATELY TO A HEALTH UNIT.
- b. GIVE HER PRE-REFERRAL TREATMENT OF ORS AND ZINC.
- c. STRONGLY URGE THE MOTHER TO TAKE THE CHILD QUICKLY BECAUSE SHE IS IN DANGER.

NOTE: There is no participant's version because participants will write their answers in their notebooks.

SESSION FIFTEEN: MALNUTRITION

LEARNING OBJECTIVES:	<p>As a result of actively participating in this session, the individual will be able to:</p> <ol style="list-style-type: none"> 1. Match signs and symptoms with the following conditions of malnutrition: <ol style="list-style-type: none"> a. Wasting b. Stunting c. Bilateral oedema d. Anaemia e. Overnutrition 2. Refer children who have signs of these conditions of malnutrition. 3. Refer clients – especially pregnant women – who have signs of anaemia. 	
DURATION:	1 hr. 45 min.	
METHODOLOGY:	Lecture, Q&A, discussion, small group work	
MATERIALS:	<ul style="list-style-type: none"> • PowerPoint slides • Projector • Flip charts and markers • Notebooks and pens 	<ul style="list-style-type: none"> • ADS Seller’s Manual • Handouts for Exercise 1
PREPARE IN ADVANCE:	<ul style="list-style-type: none"> • Enough sets of cards for the matching exercise for each small group to have its own set. (NOTE: One set comprises four “Form of malnutrition” cards and all of the “Sign and symptoms” cards for the four forms of malnutrition.) 	

Introduction and Overview (10 min.)

PRESENT	slides 1-7
ASK	participants whether they have had clients present with malnutrition.
LISTEN	to their responses.
REMIND	participants again that it is important to use language that their clients will understand and feel comfortable with. There is nothing wrong with using local names for conditions or symptoms if the client or caregiver is more

	comfortable with those terms.
ASK	what local names the customers of the participants sometimes use to talk about malnutrition.
LISTEN	to the responses (no need to write them down).
EXPLAIN	that during this session, you will: <ol style="list-style-type: none"> 1. Examine how to recognize signs and symptoms of wasting, stunting, bilateral oedema, and overnutrition in young children. 2. Examine how to recognize signs and symptoms of anaemia in all clients.

Recognizing Malnutrition in Young Children (45 min.)

PRESENT	slide 8, explaining that you are going to be examining these forms of malnutrition in children.
PRESENT	slide 9
ASK	participants whether they have seen children with wasting .
INVITE	one or two participants who have seen children with wasting to say a few words about the impact of the child's condition on the child and on the family.
PRESENT	slide 10
ASK	participants whether they have seen children with bilateral oedema .
INVITE	one or two participants who have seen children with bilateral oedema to say a few words about the impact of the child's condition on the child and on the family.
PRESENT	slide 11
ASK	participants whether they have seen children with stunting .

INVITE	one or two participants who have seen children with stunting to say a few words about the impact of the child's condition on the child and on the family.
PRESENT	slides 12-15
ASK	participants whether they have seen clients – children, teenagers, or adults – with anaemia .
INVITE	one or two participants who have seen clients with anaemia to say a few words about the impact of the condition on the individual and on the family.
PRESENT	slide 16
ASK	participants whether they have seen clients – children, teenagers, or adults – with the consequences of overnutrition .
INVITE	one or two participants who have seen clients who are overweight or obese to say a few words about the impact of the condition on the individual and on the family.
EXPLAIN	that participants are going to do a MATCHING exercise to help them recall the signs and symptoms of each of these forms of malnutrition.
PRESENT	slide 17

Exercise 1: Recognizing signs and symptoms of malnutrition (45 min.)

EXPLAIN	that participants will work in small groups to match signs and symptoms with forms of malnutrition, just as they have done in previous sessions.
DIVIDE	participants into groups of 4 or 5.
GIVE	each group one set of cards for the forms of malnutrition - WASTING, BILATERAL OEDEMA, STUNTING, AND ANAEMIA .

TELL	<p>participants that you are going to give each group cards for signs and symptoms of these forms of malnutrition.</p> <p>They will work together (involving all members of the group) to match the signs and symptoms to the forms of malnutrition.</p> <p>They will create 4 different piles of cards – one each for WASTING, BILATERAL OEDEMA, STUNTING, and ANAEMIA.</p>
PLACE	<p>FACE DOWN one set of “signs and symptoms” cards on each group’s table.</p> <p>(Make sure the cards are all mixed up/not in order.)</p>
ADD	<p>that when the group has completed all four piles, the members of the group should raise their hands.</p>
EXPLAIN	<p>that you will note which group has finished first, and when all of the groups have finished the task, you will call upon the <u>first</u> group to present one of the piles.</p> <p>The second group to finish will be called upon to present a <u>second</u> pile of cards.</p> <p>The third group to finish will be called upon to present a <u>third</u> pile of cards.</p> <p>And the fourth group to finish will be called upon to present the <u>last</u> pile of cards.</p>
ADD	<p>that the facilitator will decide which pile each group will present, so every group should be sure to complete <u>all</u> of the matching before raising their hands.</p>
TELL	<p>everyone to start.</p>
NOTE	<p>which group finishes first, second, third, and fourth.</p> <p>(You may wish to prepare slips of paper with 1, 2, 3, or 4 on them and give the appropriate paper to each group as</p>

	the members finish the task.)
INVITE	the first group to present its matches.
ASK	other participants to comment on the matches. Do they agree with them? If not, why not?
INVITE	the second group to present its matches.
ASK	other participants to comment on the matches: Do they agree with them? If not, why not?
INVITE	the third group to present its matches.
ASK	other participants to comment on the matches: Do they agree with them? If not, why not?
INVITE	the fourth group to present its matches.
ASK	other participants to comment on the matches: Do they agree with them? If not, why not?

Wrap-up (5 min.)

PRESENT	slide 18
EXPLAIN	that ADS sellers should be especially careful to notice signs of malnutrition in these groups of people, who are at greater risk of malnutrition.
ASK	participants to name the forms of malnutrition that can affect young children that you have examined during this session.
ENSURE	that they mention: <ul style="list-style-type: none"> • Wasting • Bilateral oedema • Stunting

	<ul style="list-style-type: none"> • Anaemia • Overnutrition
ASK	participants to name the form of malnutrition that can affect <u>all</u> individuals that you have examined during this session.
ENSURE	that they answer, “anaemia.”
EXPLAIN	that although the ADS seller will be expected to do a <i>clinical</i> assessment of malnutrition, there is also supplementary information about malnutrition, including how to assess an individual’s nutritional status using MUAC measurement and using a growth chart, in the Annex to Session 15 in the ADS Seller’s Manual.

FOR THE TRAINER

Exercise 1: Matching

Sign or symptom	Form of malnutrition
1. Low weight for height	Wasting
2. Muscle wasting, especially at buttocks	
3. Boniness	
4. Wise old man/woman facial appearance	
1. Swelling of both feet	Bilateral oedema
2. You press on the foot with fingers, remove the fingers, and the indentation remains	
1. Appears to be normally proportioned	Stunting
2. Low height for age	
1. Pale lips, gums, palm, and tongue	Anaemia
2. Dizziness	
3. Rapid breathing	
4. Heat palpitations	