

# **Trainer's Manual for Accredited Drug Shop Sellers**

## **Module 3: Treatment that the ADS can Initiate**

### **Sessions 6–10**



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**SESSION SIX: SKIN DISEASES IN ADULTS**

<b>LEARNING OBJECTIVES:</b>	<p>As a result of actively participating in this session, the individual will be able to:</p> <ol style="list-style-type: none"> <li>1. Match the signs and symptoms of common skin diseases affecting adults with those diseases.</li> <li>2. Locate the guidelines for management of those common skin diseases in the ADS Seller’s Manual.</li> <li>3. Demonstrate how to advise the client about treatment for a skin disease.</li> </ol>	
<b>DURATION:</b>	2 hr. 30 min.	
<b>METHODOLOGY:</b>	Lecture, Q&A, discussion, small group work	
<b>MATERIALS:</b>	<ul style="list-style-type: none"> <li>• PowerPoint slides</li> <li>• Projector</li> <li>• Flip charts and markers</li> <li>• Notebooks and pens</li> <li>• ADS Seller’s Manual</li> </ul>	
<b>PREPARE IN ADVANCE:</b>	<ul style="list-style-type: none"> <li>• Cards for Exercise 1</li> </ul>	

**Introduction and Overview (5 min.)**

<b>PRESENT</b>	slides 1-3
<b>ASK</b>	participants whether they know of local names for some of the skin diseases that are mentioned in this presentation.
<b>WRITE</b>	their responses on flipchart paper.
<b>REMIND</b>	participants that it is important to use language that their clients will understand and feel comfortable with, and so there is nothing wrong with using the local name for a skin disease if the client or caregiver knows it by that name.
<b>EXPLAIN</b>	<p>that during the rest of this session, you will:</p> <ol style="list-style-type: none"> <li>1. All examine information about five skin diseases that affect many adults: athlete’s foot, body ringworm, pimples, herpes zoster, and boils.</li> </ol>

	<p>2. Then you will all do a sorting exercise to match the skin disease with its signs and symptoms.</p> <p>3. Finally, participants will work in small groups to prepare very short role plays about advising patient client on how to manage the skin disease that he or she has.</p>
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**Athlete’s Foot (15 min.)**

PRESENT	slides 4-11
ASK	What does athlete’s foot look like?
ENSURE	<p>that their responses include the following:</p> <ul style="list-style-type: none"> <li>• Itching between the toes.</li> <li>• Peeling of the skin between toe webs.</li> <li>• Skin between toes becomes white.</li> <li>• Unpleasant smell of the feet.</li> <li>• Pain on walking.</li> </ul>
ASK	Where do we see athlete’s foot on the body?
ENSURE	<p>that their responses include the following:</p> <ul style="list-style-type: none"> <li>• On the skin between the toes</li> </ul>
ASK	What makes athlete’s foot worse?
ENSURE	<p>that their responses include the following:</p> <ul style="list-style-type: none"> <li>• Wearing closed shoes all the time.</li> <li>• Poor foot hygiene.</li> </ul>
ASK	What are the general measures to take for athlete’s foot?
ENSURE	<p>that their responses include the following:</p> <ul style="list-style-type: none"> <li>• Dry the feet after bathing.</li> <li>• Use dry cotton stockings.</li> <li>• Apply antifungal powders to the feet if they are giving off an unpleasant smell.</li> <li>• Wear open shoes during free time.</li> </ul>

ASK	When should you refer a client with athlete’s foot?
ENSURE	that they mention that they should refer clients who: <ul style="list-style-type: none"> <li>• Fail to respond to treatment after 4 weeks.</li> <li>• Have diabetes or HIV infection.</li> <li>• Have developed wounds in the affected area.</li> </ul>

**Body Ringworm (10 min.)**

PRESENT	slides 12-19
ASK	What does body ringworm look like?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> <li>• Round-shaped skin patches.</li> <li>• Itchy skin rash.</li> <li>• Scaling/peeling of the skin.</li> <li>• Patches slowly grow bigger.</li> </ul>
ASK	Where do we normally see body ringworm on the body?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> <li>• Chest</li> <li>• Back</li> <li>• Arms</li> <li>• Waist</li> <li>• Buttocks</li> </ul>
ASK	How do you get body ringworm?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> <li>• Body to body contact with an infected person.</li> <li>• Walking barefoot.</li> <li>• Sharing unwashed clothes or hairbrushes.</li> <li>• Poor hygiene practices.</li> </ul>

ASK	When should you refer a client with body ringworm?
ENSURE	that they mention that they should refer clients who: <ul style="list-style-type: none"> <li>• Fail to respond to treatment.</li> <li>• Have widespread body ringworm.</li> <li>• Have body ringworm associated with itching of the body.</li> </ul>

### Acne (Pimples) (10 min.)

PRESENT	slides 20-27
ASK	What does acne look like?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> <li>• Very tiny, pimple-like rash</li> </ul>
ASK	Where do we normally see acne on the body?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> <li>• On the buttocks</li> <li>• On the neck</li> <li>• On the shoulders and back</li> </ul>
ASK	What makes acne worse?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> <li>• Oily cosmetics</li> <li>• Squeezing and picking</li> <li>• Bleaching the face with steroids</li> <li>• Wounds caused by scratching</li> </ul>
ASK	How long does acne last?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> <li>• Treatment for acne takes a long time.</li> <li>• With proper treatment, it should start to disappear in 6-8 weeks.</li> </ul>
ASK	When should you refer a client with acne?

ENSURE	<p>that they mention that they should refer:</p> <ul style="list-style-type: none"> <li>• Clients who fail to respond to the treatment after 3 months of continuous application.</li> <li>• Clients with widespread pimples on the shoulders and the back.</li> <li>• Pregnant women with pimples.</li> <li>• Clients who present with pimples containing pus.</li> </ul>
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### Herpes Zoster (15 min.)

PRESENT	slides 28-34
ASK	What does herpes zoster look like?
ENSURE	<p>that their responses include the following:</p> <ul style="list-style-type: none"> <li>• Burning sensation</li> <li>• Red localized skin blisters following a particular pattern</li> <li>• Pain in the affected area</li> <li>• Itching of the affected area</li> <li>• Fever and chills</li> <li>• Headache</li> <li>• General body weakness (malaise)</li> </ul>
ASK	Where do we normally see herpes zoster on the body?
ENSURE	that they respond that herpes zoster can appear anywhere on the body.
ASK	How long does herpes zoster last?
ENSURE	<p>that their responses include the following:</p> <ul style="list-style-type: none"> <li>• It can last up to a month.</li> </ul>
ASK	When should you refer a client with herpes zoster?
ENSURE	that they state that they should refer ALL cases of herpes zoster.

**Boils (5 min.)**

PRESENT	slides 35-38
ASK	What does a boil look like?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> <li>• An acute, tender, painful swelling.</li> <li>• It may be red with a small white centre.</li> </ul>
ASK	Where do we normally see boils on the body?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> <li>• Anywhere on the body.</li> </ul>
ASK	How long does a boil last?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> <li>• It usually lasts for several days.</li> </ul>
ASK	When should you refer a client with a boil?
ENSURE	that their responses include the following: <ul style="list-style-type: none"> <li>• When two or more boils appear in a cluster</li> <li>• When the client develops fever.</li> <li>• When the client develops generalized lymph node swelling.</li> </ul>

**Exercise 1: Sorting Game (30 min.)**

PLACE	the 5 large cards that you have prepared ahead of time on different spots on the wall around the training room.  NOTE: Space them as far apart as possible.
EXPLAIN	that when you read a sign or symptom of a skin disease out loud, every participant should go to stand near the name of the disease for which that sign or symptom is a match.
GIVE	an example: <ul style="list-style-type: none"> <li>• Say out loud, “Red, localized skin blisters accompanied by a burning sensation.”</li> </ul>



	<ul style="list-style-type: none"> <li>• Tell participants to move to the skin disease they think matches that symptom.</li> <li>• In this case, participants should go to herpes zoster.</li> </ul>
EXPLAIN	that if they think that the sign or symptom could be for more than one disease, they should go to one that it might be ... and then wait to see what the next sign or symptom is!
EXPLAIN	everyone should feel free to consult their ADS Seller's Manual (pages 6 and following) to refresh their memory.
START	the sorting game. (See box below.)
THANK	all participants for their good efforts when the game is over.

**Exercise 1: Sorting Game (Signs/symptoms and skin diseases)**

Sign or symptom	Skin disease
1. Acute, tender, painful swelling	Boil
2. The site may feel hot	
1. Itchy skin rash	Body ringworm
2. Scaling/peeling of the skin	
3. Round shaped skin patches	
1. Itching of the affected area	Herpes zoster
2. Red, localized skin blisters following a particular pattern	
1. Appears on the face, neck, shoulders, and back	Acne (pimples)
2. Tiny, pimple-like rash	
1. Itching between toes	Athlete's foot
2. Skin between toes becomes white	

**Exercise 2: Role Plays (1 hour)**

DIVIDE	participants into 5 groups.
ASSIGN	each group a skin disease.
EXPLAIN	<p>that each group will have 15 minutes to prepare a small role play about giving advice to a client who has the skin disease it has been assigned.</p> <p>Make the following clear:</p> <ol style="list-style-type: none"> <li>1. This role play is just about <u>advising</u> the caregiver. You have already done the diagnosis and have decided what skin disease the client has.</li> <li>2. You should advise the client about how to <u>manage</u> the skin disease.</li> <li>3. You should also advise the client about how to <u>prevent</u> the skin disease in the future.</li> </ol>
ADD	that <b>all</b> group members should get involved in planning the role play, even if some will not be involved in presenting it.
TELL	the groups they have 15 minutes to prepare and that they should begin now.
CIRCULATE	to provide support and assistance, as needed.
CALL	them all back together at the end of 15 minutes.
INVITE	<p>one group to step forward and present its role play.</p> <p>NOTE: Ensure that everyone can see and hear the action.</p>
ASK	<p>other participants to comment on the role play when it is finished:</p> <ol style="list-style-type: none"> <li>1. What did they do well?</li> <li>2. What could they improve?</li> </ol>
INVITE	another group to step forward and present its role play.
CONTINUE	in this way until all 5 groups have presented their role plays and received comments.

**Exercise 2: Role plays on advising the client**

<i>Give this information to the groups that will perform the role plays.</i>		<i>Ensure that the groups include this information in their role plays.</i>	
<b>Skin disease</b>	<b>Client characteristics</b>	<b>General measures and drug treatment</b>	
1. Herpes zoster	<ul style="list-style-type: none"> <li>• 35-year-old female</li> <li>• Onset of symptoms – yesterday</li> <li>• Rash on back and side</li> </ul>	<ul style="list-style-type: none"> <li>• Refer the client to the health unit.</li> <li>• Keep the affected area clean.</li> <li>• Clean the affected area with hydrogen peroxide solution or chlorhexidine.</li> <li>• The pain will subside.</li> <li>• Get tested for HIV.</li> </ul>	<ol style="list-style-type: none"> <li>1. Apply Calamine lotion 3 times daily for 7 days.</li> </ol> <p><b>Plus</b></p> <ol style="list-style-type: none"> <li>2. Paracetamol 1 g 3 times daily for 3-5 days.</li> </ol>
2. Body ringworm	<ul style="list-style-type: none"> <li>• 18-year-old male</li> <li>• Onset of symptoms – 3 days ago</li> <li>• Rash on neck</li> </ul>	<ul style="list-style-type: none"> <li>• Improve on personal hygiene.</li> <li>• Avoid sharing clothes.</li> <li>• Wash and iron clothes before wearing.</li> <li>• Use the medicine as recommended to keep the disease from coming back.</li> </ul>	<ol style="list-style-type: none"> <li>1. Whitfield’s ointment twice daily for 4 weeks.</li> </ol> <p><b>Or</b></p> <ol style="list-style-type: none"> <li>2. Clotrimazole cream twice daily for 4 weeks.</li> </ol>
3. Athlete’s foot	<ul style="list-style-type: none"> <li>• 45-year-old male</li> <li>• Onset of symptoms – 1 week ago</li> <li>• Rash on both feet</li> </ul>	<ul style="list-style-type: none"> <li>• Dry feet after every bathing.</li> <li>• Use dry cotton stockings.</li> <li>• Apply antifungal powders to feet if they are giving off an unpleasant smell.</li> <li>• Put on open shoes during free time.</li> </ul>	<ol style="list-style-type: none"> <li>1. Apply clotrimazole cream to the affected area after drying twice daily for 4 weeks.</li> </ol> <p><b>Or</b></p> <ol style="list-style-type: none"> <li>2. Apply Whitfield’s ointment to the affected area after drying twice daily for 4 weeks.</li> </ol>

<i>Give this information to the groups that will perform the role plays.</i>		<i>Ensure that the groups include this information in their role plays.</i>	
<b>Skin disease</b>	<b>Client characteristics</b>	<b>General measures and drug treatment</b>	
3. Boils	<ul style="list-style-type: none"> <li>• 20-year-old female</li> <li>• Onset of symptoms – 4 days ago</li> <li>• Boil on upper arm</li> </ul>	<ul style="list-style-type: none"> <li>• Apply hot soaks or hot packs.</li> <li>• Go to the health unit for treatment.</li> </ul>	Take pain killers, such as paracetamol, to relieve pain.
4. Acne	<ul style="list-style-type: none"> <li>• 15-year-old male</li> <li>• Onset of symptoms – 2 weeks ago</li> <li>• Acne on face and upper back</li> </ul>	<ul style="list-style-type: none"> <li>• Gently wash the face at least 3 times a day.</li> <li>• Do not squeeze and pick acne.</li> <li>• Use cleansers to remove excess oil (e.g., Clear and Smooth).</li> <li>• Avoid bleaching the face with steroids (e.g., betamethasone cream/diprosone).</li> <li>• Be patient – it takes time to get rid of acne.</li> </ul>	1. Apply salicylic acid preparations (e.g., Seproderm ointment) twice daily after washing the face with acne soap and warm water - for 3 months.  <b>Or</b> 2. Apply benzoyl peroxide 5% gel 2 times daily - for at least 3 months.

### Wrap-up

REMIND	Participants that the key information about these skin diseases is in their ADS Seller’s Manual.
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**SESSION SEVEN: MANAGEMENT OF FEVER, PAIN AND INFLAMMATION**

<b>LEARNING OBJECTIVES:</b>	<p>As a result of actively participating in this session, the individual will be able to:</p> <ol style="list-style-type: none"> <li>1. Name the three goals of management of fever.</li> <li>2. Given short case descriptions, recommend the medicine and dosage regimen that may be used to treat each client.</li> <li>3. State at least three reasons to refer a client with fever.</li> <li>4. State three supportive therapies that are useful for managing fever.</li> </ol>	
<b>DURATION:</b>	2 hr. 15 min.	
<b>METHODOLOGY:</b>	Lecture, Q&A, discussion, small group work	
<b>MATERIALS:</b>	<ul style="list-style-type: none"> <li>• PowerPoint slides</li> <li>• Projector</li> <li>• Flip charts and markers</li> <li>• Notebooks and pens</li> <li>• ADS Seller’s Manual</li> </ul>	
<b>PREPARE IN ADVANCE:</b>	None	

**Introduction and Overview (15 min.)**

<b>PRESENT</b>	slides 1-5
<b>ASK</b>	What are the signs and symptoms of fever in adults and children older than 5 years?
<b>LISTEN</b>	to their responses.
<b>PRESENT</b>	slide 6
<b>POINT OUT</b>	which answers they have already given and those they did not mention.
<b>ASK</b>	What are the signs and symptoms of fever in children from 2 months to 5 years?

LISTEN	to their responses.
PRESENT	slide 7
ASK	participants to point out which answers they have already given and those they had not.

**Assessing a Person With Fever (45 min.)**

EXPLAIN	that now you are going to present the “Questions to ask,” along with specific remarks about those questions when you are assessing a person with fever.
PRESENT	slides 8-10
EXPLAIN	that participants will find these assessment questions listed in their ADS Seller’s Manuals on pages 15-16, and that they should consult them when they are assessing clients who present at the ADS with fever.
PRESENT	slides 11–21
INVITE	participants to pull out their iCCM Job Aid for the Sick Child, and lead a review of the job aid with them.

**Exercise 1: The three goals of managing fever (30 min.)**

EXPLAIN	<p>that participants will now practice telling parents and clients about the three goals of managing fever (which you have just presented in slide 11).</p> <ul style="list-style-type: none"> <li>• Participants should turn to the person beside them to form pairs.</li> <li>• One member of the pair should play the role of the ADS seller and give the other member (a client or a parent) a simple explanation of the three goals of managing fever.</li> <li>• The ADS seller should tell the client or the caregiver what medicines to take, how much, and how often.</li> </ul>
ASK	one pair to demonstrate what this would look like.

ENSURE	that the information given is correct (especially the information about the medicine to give).
THANK	the volunteers for demonstrating this.
EXPLAIN	that once the first member of the pair has finished, the two should switch roles so that the second member of the pair practices being the ADS seller and explains the three goals of managing fever to the client.
TELL	them to pair up and begin.
CIRCULATE	and offer assistance (if needed).

### Referring a Client with Fever (10 min.)

PRESENT	slide 22
ASK	participants if they have ever had to refer a client with fever. If so, what happened?
LISTEN	to their responses.
ASK	What do you think you would do differently now?
LISTEN	to their responses.

### Management of Pain (30 min.)

PRESENT	slides 23-27
ASK	What is pain?
ENSURE	that their responses include the following points: <ul style="list-style-type: none"> <li>• An unpleasant feeling</li> <li>• Can be sharp or dull</li> <li>• Can be burning or numbing</li> <li>• Can be minor or major</li> <li>• Can be acute or chronic</li> </ul>

ASK	What kinds of pain have your clients reported?
LISTEN	to their responses.
EXPLAIN	<p>“It is important to <b>assess</b> the client who has pain to find out the source of the pain. You should do what you can to help get rid of the source.</p> <ul style="list-style-type: none"> <li>• Sometimes you can help the client using your knowledge and the products in your shop, such as providing first aid.</li> <li>• Other times you REFER the client for treatment you cannot provide.</li> </ul> <p>But most of the time, you can help the client <b>manage</b> pain.</p>
ASK	What can you offer to help manage pain?
ENSURE	<p>that they respond:</p> <ul style="list-style-type: none"> <li>• Paracetamol</li> <li>• Ibuprofen</li> <li>• Diclofenac</li> <li>• Advice about getting more sleep</li> </ul>

**Wrap-up (5 min.)**

REMIND	participants that the key information about fever, pain, and inflammation is in their ADS Seller’s Manual.
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SESSION EIGHT: MANAGEMENT OF MALARIA

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<p><b>LEARNING OBJECTIVES:</b></p>	<p>As a result of actively participating in this session, the individual will be able to:</p> <ol style="list-style-type: none"> <li>1. Explain how to determine whether a client has malaria.</li> <li>2. Given descriptions of clients with malaria symptoms, classify each case of malaria as <i>uncomplicated</i> or <i>severe</i>.</li> <li>3. Describe how to refer a client with severe malaria, including pre-referral treatment.</li> <li>4. Describe how to manage uncomplicated malaria.</li> <li>5. Name at least three ways to prevent malaria.</li> </ol>	
<p><b>DURATION:</b></p>	<p>3 hours <i>Optional:</i> Demonstration role play: additional 30 min.</p>	
<p><b>METHODOLOGY:</b></p>	<p>Lecture, Q&amp;A, discussion, small group work</p>	
<p><b>MATERIALS:</b></p>	<ul style="list-style-type: none"> <li>• PowerPoint slides</li> <li>• Projector</li> <li>• Flip charts and markers</li> <li>• Notebooks and pens</li> </ul>	<ul style="list-style-type: none"> <li>• ADS Seller’s Manual</li> <li>• Exercise sheets (for all participants)</li> </ul>
<p><b>PREPARE IN</b></p>	<ul style="list-style-type: none"> <li>• Make enough copies of the handout for all participants</li> </ul>	

ADVANCE:	
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**Introduction and Overview (30 min.)**

EXPLAIN	that in the last session, we examined how to manage FEVER and PAIN. In this session, we are going to examine MALARIA: what it is and how to manage it.
PRESENT	slides 1-6
ASK	What are the signs and symptoms that tell you a client has malaria?
WRITE	the participants’ answers on flipchart paper (without commenting on whether they are correct or complete). <b>NOTE:</b> Write them in 1 column on the left side of the paper.
ASK	What words are your customers likely to use to refer to each of these signs and symptoms?
WRITE	each of the words next to the sign or symptom you have already written on the paper.
EXPLAIN	that using words and phrases that their customers understand will help make communication between them better/more effective.
PRESENT	slide 7

POINT OUT	the similarities and differences between the two lists: the one on the slide and the one on the flipchart.
PRESENT	slides 8-13

**Exercise 1: Classifying malaria as *severe* or *uncomplicated*** (30 min.)

EXPLAIN	<p>that participants are now going to practice classifying malaria as <i>severe</i> or <i>uncomplicated</i>.</p> <ul style="list-style-type: none"> <li>• They will work individually in this exercise.</li> <li>• You will hand out a sheet with several short scenarios.</li> <li>• Each scenario describes the signs and symptoms of a client that presents at the ADS with malaria. Note: an RDT has confirmed that it is malaria.</li> <li>• The participant will decide whether the client described in the scenario has <i>severe malaria</i> or <i>uncomplicated malaria</i>, and will tick his or her answer next to the scenario in the space provided.</li> <li>• Add that participants can use their ADS Seller’s Manual (pages 27-28) to help them with this exercise.</li> <li>• Make it clear that they should NOT write in the column headed “ADS Actions.” They will use that column in Exercise 2.</li> </ul>
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GIVE	<p>each participant a copy of “<i>Severe or uncomplicated malaria cases</i>” face down on the table or desk.</p> <p>(See form below.)</p> <p>Tell them not to turn over the paper until you tell them to begin.</p>
EXPLAIN	that they will have 15 minutes to complete this exercise.
TELL	everyone to begin.
TELL	everyone to stop when the 15 minutes have passed.
EXPLAIN	<ol style="list-style-type: none"> <li>1. Participants should exchange papers with each other so that no one has his or her own paper.</li> <li>2. You will lead a review of the answers.</li> <li>3. During the review, everyone will mark each of the answers correct or incorrect on the paper he or she has.</li> </ol>
LEAD	the review, inviting different participants to state whether each scenario describes someone with <i>severe</i> or <i>uncomplicated</i> malaria.
ANSWER	any questions or concerns participants may have about the scenarios.

ASK	participants to give the papers back to their original owners because they will be using them again in Exercise 2.
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### Assessing and Treating for Malaria (30 min.)

EXPLAIN	now that we have examined the signs and symptoms of malaria, we will review how to assess whether a client has malaria and if so, what steps to take.
PRESENT	slides 14-18
ASK	What are the three main steps in assessing a client for malaria?
ENSURE	that they mention the following three steps: <ol style="list-style-type: none"> <li>1. <b>OBSERVE</b> for malaria signs and symptoms.</li> <li>2. <b>ASK</b> about the illness and about any treatment that has been done.</li> <li>3. <b>DO</b> a rapid diagnostic test (RDT).</li> </ol>
ASK	Why is it necessary to do an RDT? Why not just treat every fever as malaria?
ENSURE	that the following points emerge: <ul style="list-style-type: none"> <li>• We always want to match the treatment to the disease. RDT helps</li> </ul>

	<p>us do that.</p> <ul style="list-style-type: none"> <li>• RDT helps us confirm that fever is due to malaria.</li> <li>• It also helps us confirm that a fever is <u>not</u> due to malaria, and therefore we need to look for – and TREAT – another cause.</li> <li>• Medicines that are effective in curing malaria are getting expensive.</li> <li>• The more we use those medicines, the more likely it is that malaria will become resistant to them. And then we’ll need other medicines, which could be even more expensive.</li> </ul> <p><b>NOTE:</b> If participants are resistant or reluctant about routine use of the RDT to diagnose whether a client has malaria, trainers may want to present the “Old Fashioned versus Modern” role play that is available as an Annex to this session. The trainers will need to prepare thoroughly for the role play to be effective, but it will be valuable in helping participants see the value of using RDT.</p>
ASK	which clients should you <b>REFER</b> right away?
ENSURE	<p>that the following clients are mentioned:</p> <ul style="list-style-type: none"> <li>○ Pregnant women with malaria</li> <li>○ Infants under 2 months of age</li> <li>○ Children unable to drink or breastfeed</li> <li>○ Children who present with convulsions</li> </ul>

	<ul style="list-style-type: none"> <li>○ Clients who are vomiting everything</li> <li>○ Adult clients who are confused</li> <li>○ Clients who are extremely weak</li> <li>○ Clients with severe anaemia</li> </ul>
ASK	If you are going to REFER one of these clients, what pre-referral treatment should you give the client?
ENSURE	<p>that they mention the following treatment:</p> <ol style="list-style-type: none"> <li>1. Administer rectal artesunate.</li> <li>2. Treat the child to prevent low blood sugar.</li> <li>3. Give one dose of paracetamol for high temperature (above 38.5 C).</li> </ol>
ASK	What will you tell the client or the caregiver about the pre-referral treatment and the need for referral?
ENSURE	<p>that they mention (in their own words) the following points to make:</p> <ul style="list-style-type: none"> <li>● The client is very sick and needs medical care at a hospital/health unit.</li> <li>● The client should be taken to the hospital/health unit as quickly as possible.</li> <li>● The pre-referral treatment is not enough to cure the disease, but it will help keep the client safe until medical treatment can be given.</li> </ul>

### Management of Uncomplicated Malaria (20 min.)

PRESENT	slides 19-26
ASK	If the client has <i>uncomplicated</i> malaria, what treatment will you give?
ENSURE	<p>that they mention the following:</p> <ol style="list-style-type: none"> <li>1. Treat with ACTs             <ol style="list-style-type: none"> <li>a. First-line treatment = Artemether/Lumefantrine</li> <li>b. Exceptions:                 <ol style="list-style-type: none"> <li>i. Infants 2 months and under = <b>REFER</b></li> <li>ii. Infants from 2-4 mos. = oral quinine</li> <li>iii. Pregnant women during 1<sup>st</sup> three mos. = <b>REFER</b></li> </ol> </li> <li>c. Second-line treatment = Artesunate/Amodiaquine</li> </ol> </li> <li>2. Treat the fever with Paracetamol.</li> </ol>
ASK	How should the medicines be administered?
ENSURE	that they state that they should be given <b>orally</b> unless the client is vomiting repeatedly.
ASK	participants to open their ADS Seller’s Manual to page 30.



INVITE	participants to take turns reading the proper dose and dosage information for these treatments (pages 30-31).
ASK	“When and where should the <b>first</b> dose of the medicines be given to the client?”
ENSURE	that they answer that the first dose of the antimalarial and of the Paracetamol should be given while the client is still at the ADS so that you can help.
ASK	What information and advice should you give the client or the caregiver?
ENSURE	that they mention the following information: <ol style="list-style-type: none"> <li>1. The cause of the illness is malaria.</li> <li>2. The client must take the <u>full</u> course of treatment to be totally cured.</li> <li>3. Symptoms may not disappear immediately after the first dose; it may take 2 days.</li> <li>4. Vomiting within 30 minutes of taking the medicine requires taking another dose.</li> <li>5. Consult a health worker immediately if symptoms worsen or if they persist beyond 2 days.</li> <li>6. Return if there are any adverse reactions to the medicine.</li> </ol>

**Exercise 2: Actions of the ADS seller (45 min.)**

EXPLAIN	that now participants are going to fill in the <u>last</u> column of the sheet they worked on during Exercise 1. This time they will write brief statements about the <u>treatment</u> they would give the clients described in each of the <u>scenarios</u> .
GIVE	them an example of what to do by leading them through the identification of what treatment to give the first client on the paper.
REMIND	them that they can use their ADS Seller's Manual to help them identify the treatment.
TELL	them they have 15 minutes to complete the exercise.
CALL	them back together at the end of 15 minutes.
ASK	them to correct their own papers as you lead them in reviewing the answers.
INVITE	a volunteer to read what she or he has written as treatment for scenario #2.
ASK	whether anyone else has comments about the answers.
RESOLVE	any doubts or questions.
CONTINUE	with the review until all of the treatments have been stated (correctly).

**Antimalarial Medicines on the ADS List (15 min.)**

REVIEW	the antimalarial medicines that the ADS seller is allowed to stock – found in the <b>ADS List of Medicines</b> in the ADS Seller Handbook.
EMPHASIZE	that these are the only antimalarial medicines that the ADS seller is allowed to stock and dispense.

**Prevention of Malaria (10 min.)**

ASK	What advice should you give your client/clients about how to <b>prevent</b> malaria?
ENSURE	<p>that they mention the following steps people can take to help prevent malaria:</p> <ul style="list-style-type: none"> <li>○ Sleep under ITNs.</li> <li>○ Use screens in houses, like wire mesh in windows and ventilators.</li> <li>○ Keep doors closed in the evening.</li> <li>○ Clear stagnant waters around homes.</li> <li>○ Spray insecticides to destroy mosquitoes.</li> <li>○ Clear bushes located around your house.</li> </ul>

<b>WRAP UP</b>	the session by thanking the participants for their good work.
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## HANDOUT: **Trainer’s Version**

### ***Severe or uncomplicated malaria cases***

Module 3: Session 8: Exercises 1 & 2

#	Scenario	Severe malaria	Uncomplicated malaria	ADS Actions
1	<p>A mother brings 6-year-old child to the ADS. Child’s symptoms:</p> <ul style="list-style-type: none"> <li>a. Has had fever for 3 days</li> <li>b. Does not want to eat</li> <li>c. Feels weak</li> <li>d. Says his head hurts</li> </ul>		X	<ol style="list-style-type: none"> <li>1. <b>OBSERVE</b> for malaria signs and symptoms.</li> <li>2. <b>ASK</b> the client or caretaker questions.</li> <li>3. <b>DO</b> a Rapid Diagnostic Test (RDT).</li> <li>4. <b>GIVE</b> Artemether/Lumefantrine. (Note: See the medicine leaflet to determine the dosage to give the child.)</li> <li>5. <b>GIVE</b> Paracetamol (Note: See the medicine leaflet to determine the dosage to give the child.)</li> <li>6. Advise the mother to bring the child back if he does not show signs of improvement.</li> </ol>
2	<p>A 30-year-old woman comes to the ADS. Her symptoms:</p> <ul style="list-style-type: none"> <li>a. Nausea and vomiting</li> <li>b. Headache</li> <li>c. Joint pains</li> </ul>		X	<ol style="list-style-type: none"> <li>1. <b>OBSERVE</b> for malaria signs and symptoms.</li> <li>2. <b>ASK</b> the client or caretaker questions.</li> <li>3. <b>DO</b> a Rapid Diagnostic Test (RDT).</li> <li>4. <b>GIVE</b> Artemether/Lumefantrine. (Note: See the medicine leaflet to determine the dosage to give</li> </ol>

#	Scenario	Severe malaria	Uncomplicated malaria	ADS Actions
	d. Fever for five days			her.) 5. GIVE Paracetamol (Note: See the medicine leaflet to determine the dosage to give her.) 6. Advise her to come back if she does not show signs of improvement.
3	A man brings his brother (25 years old) to the ADS. His symptoms: a. He is very drowsy and cannot speak for himself. b. He cannot stand or sit by himself. c. He has not eaten or drunk anything for over 24 hours. d. His palms are very pale.	X		1. OBSERVE for malaria signs and symptoms 2. ADMINISTER rectal artesunate. 3. GIVE one dose of paracetamol for high temperature (above 38.5 C). 4. REFER urgently to hospital.
4	A thirty-five (35) year old woman comes to the ADS. She is five (5) months pregnant. Her symptoms: a. No appetite b. Fever at times, and chills at other times c. Muscle aches d. Joint pain		X	1. OBSERVE for malaria signs and symptoms. 2. ASK the client or caretaker questions. 3. DO a Rapid Diagnostic Test (RDT). 4. GIVE Artemether/Lumefantrine. (Note: See the medicine leaflet to determine the dosage to give her.) 5. GIVE Paracetamol (Note: See the medicine

#	Scenario	Severe malaria	Uncomplicated malaria	ADS Actions
				<p>leaflet to determine the dosage to give her.)</p> <p>6. Advise her to come back if she does not show signs of improvement.</p>
5	<p>Parents bring a two (2)-year-old child to the ADS. Child’s symptoms:</p> <ul style="list-style-type: none"> <li>a. Fever for one day</li> <li>b. Convulsions an hour ago</li> <li>c. Unconscious now</li> </ul>	X		<ol style="list-style-type: none"> <li>1. OBSERVE for malaria signs and symptoms</li> <li>2. ADMINISTER rectal artesunate.</li> <li>3. GIVE one dose of Paracetamol for high temperature (above 38.5 C).</li> <li>4. REFER urgently to hospital.</li> </ol>
6	<p>Mother brings a 14-year-old girl to the ADS. Her symptoms:</p> <ul style="list-style-type: none"> <li>a. Fever for 4 days</li> <li>b. No appetite</li> <li>c. Headache</li> <li>d. Joint pains</li> </ul>		X	<ol style="list-style-type: none"> <li>1. OBSERVE for malaria signs and symptoms.</li> <li>2. ASK the client or caretaker questions.</li> <li>3. DO a Rapid Diagnostic Test (RDT).</li> <li>4. GIVE Artemether/Lumefantrine. (Note: See the medicine leaflet to determine the dosage to give her.)</li> <li>5. GIVE Paracetamol. (Note: See the medicine leaflet to determine the dosage to give her.)</li> <li>6. Advise the mother to bring the girl back if she does not show signs of improvement.</li> </ol>
7	<p>A 45-year-old man comes to the ADS. His symptoms:</p>	X		<ol style="list-style-type: none"> <li>1. OBSERVE for malaria signs and symptoms.</li> </ol>

#	Scenario	Severe malaria	Uncomplicated malaria	ADS Actions
	<ul style="list-style-type: none"> <li>a. Difficulty breathing</li> <li>b. Fever for 5 days</li> <li>c. Weak and without energy</li> <li>d. Vomiting all he eats</li> </ul>			<ul style="list-style-type: none"> <li>2. ADMINISTER rectal artesunate.</li> <li>3. GIVE one dose of Paracetamol for high temperature (above 38.5 C).</li> <li>4. REFER urgently to hospital.</li> </ul>
8	<p>Parents bring a 3-month-old infant to the ADS. Infant’s symptoms:</p> <ul style="list-style-type: none"> <li>a. Fever for 3 days</li> <li>b. Not able to breastfeed</li> <li>c. Very lethargic</li> <li>d. Difficult breathing</li> </ul>	X		<ul style="list-style-type: none"> <li>1. OBSERVE for malaria signs and symptoms.</li> <li>2. ADMINISTER rectal artesunate.</li> <li>3. GIVE one dose of Paracetamol for high temperature (above 38.5 C).</li> <li>4. REFER urgently to hospital.</li> </ul>



## HANDOUT: Participant's Version

### *Severe or uncomplicated malaria cases*

Module 3: Session 8: Exercises 1 & 2

#	Scenario	Severe malaria	Uncomplicated malaria	ADS Actions
1	<p>A mother brings 6-year-old child to the ADS. Child's symptoms:</p> <ul style="list-style-type: none"> <li>a. Has had fever for 3 days</li> <li>b. Does not want to eat</li> <li>c. Feels weak</li> <li>d. Says his head hurts</li> </ul>			
2	<p>A 30-year-old woman comes to the ADS. Her symptoms:</p> <ul style="list-style-type: none"> <li>a. Nausea and vomiting</li> <li>b. Headache</li> <li>c. Joint pains</li> <li>d. Fever for five days</li> </ul>			
3	<p>A man brings his brother (25 years old) to the ADS. His symptoms:</p> <ul style="list-style-type: none"> <li>a. He is very drowsy and cannot speak for</li> </ul>			

#	Scenario	Severe malaria	Uncomplicated malaria	ADS Actions
	<p>himself.</p> <p>b. He cannot stand or sit by himself.</p> <p>c. He has not eaten or drunk anything for over 24 hours.</p> <p>d. His palms are very pale.</p>			
4	<p>A thirty-five (35) year old woman comes to the ADS. She is five (5) months pregnant. Her symptoms:</p> <p>a. No appetite</p> <p>b. Fever at times, and chills at other times</p> <p>c. Muscle aches</p> <p>d. Joint pain</p>			
5	<p>Parents bring 2-year-old child to the ADS. Child’s symptoms:</p> <p>a. Fever for one day</p> <p>b. Convulsions an hour ago</p> <p>c. Unconscious now</p>			
6	<p>Mother brings a 14-year-old girl to the ADS. Her symptoms:</p>			

#	Scenario	Severe malaria	Uncomplicated malaria	ADS Actions
	<ul style="list-style-type: none"> <li>a. Fever for 4 days</li> <li>b. No appetite</li> <li>c. Headache</li> <li>d. Joint pains</li> </ul>			
7	<p>A 45-year-old man comes to the ADS. His symptoms:</p> <ul style="list-style-type: none"> <li>a. Difficulty breathing</li> <li>b. Fever for 5 days</li> <li>c. Weak and without energy</li> <li>d. Vomiting all he eats</li> </ul>			
8	<p>Parents bring a 3-month-old infant to the ADS. Infant's symptoms:</p> <ul style="list-style-type: none"> <li>a. Fever for 3 days</li> <li>b. Not able to breastfeed</li> <li>c. Very lethargic</li> <li>d. Difficult breathing</li> </ul>			

### Exercise 3

#### “Old Fashioned versus Modern” Role Play (FOR DEMONSTRATION) (30 min.)

**Background: Two ADS sellers meet over lunch in a café near the private health centre where they work.**

One is a young seller who has just been running his ADS for 6 months. The older seller is 57 years old, who retired from many years as a nursing assistant, and has run his shop for the last 10 years. He's looking forward to his retirement in three years' time. He's a good seller but a bit stuck in his ways. The junior seller likes him because he is friendly and always willing to have a chat.

**Modern Seller:** How are you, Mr. Robert?

**Old-fashioned Seller:** I am fine.

**Modern Seller:** Have you seen these new tests promoted by the MOH? They are really good. I went to the two-day workshop to learn how to use them. They showed us quite shocking proof that up to 9 out of 10 of our malaria treatments were given to clients who didn't have malaria! I wasn't sure to start with, but the evidence is so strong and I'm beginning to believe them. These tests give us a chance to see who really has malaria.

**Old-fashioned Seller:** Yes, I have seen them and I attended the next training session after the one you attended. I've used a few of these tests and all of them were negative so they can't be working properly! And then I sent one of the clients to the clinic for a slide test and that came back as “one plus” for malaria even though the RDT was negative. So I've decided not to trust these tests and don't use them much now.

**Modern Seller:** Yes, I too have found a lot of results are negative but if you keep using them, they do come up positive sometimes. And I'm really not sure about the accuracy of some labs in slide reading. They showed us evidence that RDTs were nearly always more accurate than local slide results.

**Old-fashioned Seller:** Well maybe, I don't know. I kind of agree that our local lab isn't that good. But what about the evidence from our own experience? Doesn't that count? When I give antimalarials to these clients they recover! You can't beat good old clinical judgment, especially mine that is built on 30 years of experience! When I first qualified as a nursing assistant, nearly all the clients had malaria and I don't see a reason to change now!

**Modern Seller:** I understand what you're saying, and I do trust your judgment. As you know, I often come to you for advice. But in this case, it's different; there is really strong evidence that malaria is much less common these days, and like they said in the training: “We've now got to learn to live with our success!” And technology moves on, we've now got really good tests!

**Old-fashioned Seller:** Mmmm. Well I don't know, I say it to you again.... clients still get better on antimalarials!

**Modern Seller:** They suggested that we gather our own evidence. So I've been following up some RDT negative clients after I gave them Paracetamol and nothing else. And what do you think is the result?

**Old-fashioned Seller:** I don't know, but I guess they got worse or anyway didn't get better?

**Modern Seller:** No! I did this for five adult clients and they all got better just as they used to when I gave antimalarials. I think they all had a mild virus illness and if the RDT is negative there's no need to give antimalarials.

**Old-fashioned Seller:** Well, I find that a bit surprising. Most feverish illness is caused by malaria. Anyone knows that.

**Modern Seller:** I guess that was true in the past, but we really need to adjust our thinking. There's a lot of very convincing evidence that malaria only accounts for about 10% of illness around here now. The National Malaria Control Program (NMCP) has done surveys that show malaria is declining a lot.

**Old-fashioned Seller:** Well, maybe, I'm not sure. But it does no harm to give antimalarial drugs. My motto has always been to give an antimalarial first and foremost.

**Modern Seller:** But things are changing these days. First we had a new drug (ACTs) and now we have new tests. The NMCP is worried about the high cost of these drugs and the risk of drug resistance if we keep over using them. Plus, there's good evidence that non-malaria illness is common and can be very severe.

**Old-fashioned Seller:** Well of course there are other diagnoses. But when there is a non-malarial diagnosis, it's obvious isn't it?

**Modern Seller:** I'm not sure I agree with you. Twice as many children with bacterial infection are likely to die as compared to children with malaria. And they told us that even senior experts couldn't reliably tell the difference between malaria and other illnesses, especially pneumonia.

**Old-fashioned Seller:** It's hard to change something you are used to, but let me try it out until we meet again. I appreciate you updating me on this.

**[After one week – Assistant hold up a sign]**

**Modern Seller:** Hello, Mr. Robert!

**Old-fashioned Seller:** Hi.

**Modern Seller:** Have you tried to follow up clients with negative tests?  
How was it?

**Old-fashioned Seller:** Thank you my friend. I did treat some RDT negative clients just with Paracetamol, although I gave a couple of them Amoxicillin as well. And they were all ok. Does Amoxicillin have any effect on malaria?

**Modern Seller:** They told us it has no effect at all. Some antibiotics do help treat malaria, especially Erythromycin and Cotrimoxazole. But Amoxicillin has no effect.

**Old-fashioned Seller:** Well, I guess they didn't have malaria. So I am working my way around to this. It's a big change as it affects so many of our clients and changes my way of doing things! But change is good.

### **Guided Discussion (10 min.)**

Lead the group through the following questions and help them to reflect on their own practice and their own capacity to adapt to change.

1. What are the challenges faced by the Seller in this role play as s/he tries to adhere to malaria practice and febrile illness management?
2. How do you think the Seller in this role play coped with/handled the challenges he faced as s/he tried to adhere to practice recommendations?
3. Do you have any other suggestions for the Seller to cope with the demands of the client and the feedback from his/her peer?

**SESSION NINE: THE USE OF RAPID DIAGNOSTIC TESTS**

<b>LEARNING OBJECTIVES:</b>	As a result of actively participating in this session, the individual will be able to:  1. Demonstrate the RDT testing process.	
<b>DURATION:</b>	1 hr. 30 min.	
<b>METHODOLOGY:</b>	Lecture, Q&A, discussion, small group work	
<b>MATERIALS:</b>	<ul style="list-style-type: none"> <li>• PowerPoint slides</li> <li>• Projector</li> <li>• Flip charts and markers</li> <li>• Notebooks and pens</li> <li>• ADS Seller’s Manual</li> </ul>	<ul style="list-style-type: none"> <li>• RDT kits for demonstration (including necessary supplies)</li> <li>• RDT kits for all participants</li> </ul>
<b>PREPARE IN ADVANCE:</b>	<ul style="list-style-type: none"> <li>• Gather all of the materials and supplies you need to demonstrate how to use an RDT.</li> </ul>	

**Introduction and Overview (10 min.)**

<b>PRESENT</b>	slides 1-3
<b>ASK</b>	Has anyone used an RDT before or been trained to use one?
<b>ASK</b>	anyone who has used or been trained to use one to explain what his or her experience was.
<b>EXPLAIN</b>	that in this session, participants will learn what the RDT looks like, see a demonstration of how to use it, and practice using it.

**Explanation/Demonstration of How to Use an RDT (30 min.)**

<b>PRESENT</b>	<p>slides 4-14</p> <ul style="list-style-type: none"> <li>• Take your time with each slide, reading all of the instructions out loud and pointing out the key details on each slide (e.g., the materials listed on slide 4, the desiccant that should be thrown out, the open RDT, etc.).</li> <li>• As you read each slide, show the participants what you are talking about.  → For example, as you read the list of materials to gather in</li> </ul>
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	<p>slide 4, hold up each of the materials.</p> <p>→ As you read slide 7, pass around two or more opened RDTs for participants to examine.</p> <p>→ If possible, draw blood from another facilitator when you read slide 8.</p> <p>→ When you reach slide 11, explain that for the purposes of demonstration, you will <i>pretend</i> to wait for 20 minutes.</p> <p>→ Continue in this way through slide 14.</p> <ul style="list-style-type: none"> <li>• Emphasize the need for good hygiene practices. (For example, mention that you are not touching anything in the surrounding area with the gloves while they are sterile or when they are contaminated.)</li> </ul>
SHOW	<p>participants an opened RDT and point out the following parts:</p> <ul style="list-style-type: none"> <li>• Test window where one or more lines should appear.</li> <li>• Hole/well where the blood will go.</li> <li>• Hole/well where the buffer will go.</li> </ul>
ASK	<p>what questions participants have about how to use the RDT for malaria.</p>

### Demonstration of How to Use and Interpret an RDT (15 min.)

EXPLAIN	<p>that this demonstration will be more realistic because you are going to treat your “client” just as you would in the shop.</p>
ASK	<p>for a volunteer to serve as the “client.”</p>
DEMONSTRATE	<p>The use of the RDT on the participant-volunteer.</p> <p><b>NOTE:</b> If possible, have another facilitator present slides 4-14, reading out loud each of the steps just before you do each of them.</p> <p><b>NOTE:</b> During the demonstration, talk to the “client” just as you would to a real client to whom you were administering the test.</p>
ENSURE	<p>that when you reach the point of interpreting the results, you explain the three possible results of the test: a <b>NEGATIVE</b> one, a <b>POSITIVE ONE</b>, and an <b>INVALID</b> one.</p> <p>(Hopefully, the result of the volunteer’s test will be <b>NEGATIVE</b>, but you should explain the other two possible results.)</p>



ASK	what questions participants have.
ANSWER	those questions.
EXPLAIN	that participants are now going to practice on each other.

**Practice in How to Use and Interpret an RDT (30 min.)**

DIVIDE	participants into pairs.
GIVE	each pair the supplies they need for each of them to practice doing the RDT on the other one time. <b>NOTE:</b> It would be best to have extra supplies on hand.
EXPLAIN	that each participant should practice doing all of the steps of the RDT on his or her partner.
ADD	that they have 60 minutes to finish both RDTs.
CIRCULATE	and provide support, as needed.
CALL	everyone back together when the 60 minutes have passed.
ASK	what questions or observations participants may have about the practice.
ANSWER	their questions.

**Wrap up (5 min.)**

PRESENT	slide 15
ASK	What if you do not have any RDTs in your ADS when clients that you think may have malaria come in?
ENSURE	that they respond that in this case, you would assess the client just as you learned in the last session; and if you found that he or she had malaria, you would either <u>treat</u> or <u>refer</u> .

**NOTE:** You may wish to allow participants who have had some difficulty with administering or interpreting the RDT additional opportunities to practice.

**SESSION TEN: DISEASES AFFECTING THE EAR**

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<b>LEARNING OBJECTIVES:</b>	<p>As a result of actively participating in this session, the individual will be able to:</p> <ol style="list-style-type: none"> <li>1. Name at least three signs and symptoms of <u>middle</u> ear infection.</li> <li>2. Name at least three signs and symptoms of <u>outer</u> ear infection.</li> <li>3. Demonstrate how to assess a client for an ear disorder.</li> <li>4. Describe how to advise the caregiver or client about treatment for <u>middle</u> ear infection.</li> <li>5. Describe how to advise the caregiver or client about treatment for <u>outer</u> ear infection.</li> </ol>	
<b>DURATION:</b>	3 hr. 40 min.	
<b>METHODOLOGY:</b>	Lecture, Q&A, discussion, small group work	
<b>MATERIALS:</b>	<ul style="list-style-type: none"> <li>• PowerPoint slides</li> <li>• Projector</li> <li>• Flip charts and markers</li> <li>• Notebooks and pens</li> <li>• ADS Seller’s Manual</li> </ul>	
<b>PREPARE IN ADVANCE:</b>	<ul style="list-style-type: none"> <li>• Print enough handouts for all participants.</li> </ul>	

**Introduction and Overview (10 min.)**

<b>PRESENT</b>	slides 1-4
<b>ASK</b>	participants whether they have had customers come to them with ear conditions, and if so, what those conditions have been.
<b>LISTEN</b>	to their responses.
<b>REMIND</b>	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 an ear disease if the client or caregiver knows it by that name.
ASK	what local names the customers of the participants sometimes use to talk about ear 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"> <li>1. Examine how to assess a client with an ear condition.</li> <li>2. Examine how to treat middle and outer ear infections.</li> <li>3. Practice how to advise a client/caregiver about the steps for treating an ear infection.</li> </ol>

**Client Assessment (10 min.)**

EXPLAIN	that you are going to present a client assessment process that participants can use to help them determine what kind of ear disorder a client has.
PRESENT	slides 5-7

**Infection of the Middle Ear (45 min.)**

PRESENT	slides 8-14
ASK	participants to turn to the person next to them.
TELL	them they have three minutes to take turns telling each other as many signs/symptoms of MIDDLE ear infection as they can. <ul style="list-style-type: none"> <li>○ When one names the symptoms, the other consults the ADS Seller’s Manual.</li> <li>○ When he or she finishes naming the symptoms, the other confirms the ones that are correct and adds any that have been left out.</li> <li>○ They should then change places and start again.</li> </ul>
TELL	them to stop after 3 minutes.

ADD	that they should close their ADS Seller's Manual.
ASK	one volunteer to name three symptoms of middle ear infection.
WRITE	the three that she or he names on flipchart paper.
ASK	another participant to name two more symptoms of middle ear infection.
WRITE	the two that she or he names on the paper.
ASK	another participant to name two more symptoms of middle ear infection.
WRITE	the two that she or he names on the paper.
REVIEW	the list with all participants.
ASK	If you conclude that a client has a MIDDLE EAR INFECTION, what advice do you give the client or caregiver?
ENSURE	that they mention: <ul style="list-style-type: none"> <li>• Drink plenty of fluids</li> <li>• Continue to eat (or if it is a child, to feed the child)</li> </ul>
ASK	What treatment would you give?
ENSURE	that they mention: <ol style="list-style-type: none"> <li>1. Antibiotic – Amoxicillin or Cotrimoxazole</li> <li>2. Pain killer – Paracetamol or Ibuprofen</li> </ol>
ASK	How do you know how much antibiotic or pain killer to give the client?
ENSURE	that they respond: <ul style="list-style-type: none"> <li>• If it is a child, they ask the child's age and consult the table in their ADS Seller's Manual to see the correct dose and dosage of both the antibiotic and the pain killer.</li> <li>• If it is an adult, they check the label of both the antibiotic and the pain killer to see what the correct dose and dosage are.</li> </ul>
ASK	When should you refer a client with a middle ear infection?
ENSURE	that they mention you should refer:

	<ul style="list-style-type: none"> <li>• Clients who fail to respond to the treatment</li> <li>• Children below 1 year</li> <li>• Clients with immuno-suppression (e.g., HIV infection)</li> <li>• Clients with chronic pus discharge from the ear</li> </ul>
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### **Infection of the Outer Ear (45 min.)**

PRESENT	slides 15-19
ASK	participants to turn to the person next to them.
TELL	<p>them that they have three minutes to take turns telling each other as many signs/symptoms of OUTER ear infection as they can.</p> <ul style="list-style-type: none"> <li>○ When one names the symptoms, the other consults the ADS Seller’s Manual.</li> <li>○ When he or she finishes naming the symptoms, the other confirms the ones that are correct and adds any that have been left out.</li> <li>○ They should then change places and start again.</li> </ul>
TELL	them to stop after 3 minutes.
ASK	one volunteer to name two symptoms of outer ear infection.
WRITE	the two that she or he names.
ASK	another participant to name two more symptoms of outer ear infection.
WRITE	the two that she or he names.
REVIEW	the list with all participants.
ASK	If you conclude that a client has an OUTER ear infection, what advice do you give the client or caregiver?
ENSURE	<p>that they mention:</p> <ul style="list-style-type: none"> <li>• Clean the infected area with clean water or normal saline.</li> <li>• If it is a child, cut the fingernails short to prevent damaging the area with scratching.</li> </ul>

ASK	What treatment would you give?
ENSURE	that they mention: <ol style="list-style-type: none"> <li>1. Pain killer – Paracetamol or Ibuprofen</li> <li>2. Referral for health worker management</li> </ol>
ASK	How do you know how much pain killer to give the client?
ENSURE	that they respond: <ul style="list-style-type: none"> <li>• If it is a child, they ask the child’s age and consult the table in their ADS Seller’s Manual to see the correct dose and dosage of the pain killer.</li> <li>• If it is an adult, they check the label of the pain killer to see what the correct dose and dosage are.</li> </ul>

**Exercise 1 – Client assessment (1 hr.)**

EXPLAIN	that the three group members will take turns playing the role of: <ol style="list-style-type: none"> <li>1. The ADS seller</li> <li>2. The client or caregiver</li> <li>3. The observer</li> </ol>
ADD	<ul style="list-style-type: none"> <li>• The ADS seller will ask the questions listed in the Client Assessment box.</li> <li>• The client/caregiver will answer them.</li> <li>• The ADS seller will say whether the client has a middle or outer ear infection.</li> <li>• If it is an outer ear infection, the ADS seller will say whether it is bacterial or fungal.</li> <li>• The ADS seller will recommend treatment (including dose and dosage).</li> <li>• The observer will observe silently during the assessment.</li> <li>• The observer will give the “seller” feedback and</li> </ul>

	<p>suggestions about the assessment according to the following guidelines:</p> <ol style="list-style-type: none"> <li>1. State what was done well.</li> <li>2. Make specific suggestions about what could be improved.</li> </ol>
GIVE	each group Handout 1: a list of client conditions that they should use for the practice. The “client/caregiver” should use the list to respond to the questions asked by the ADS seller.
DEMONSTRATE	<p>how the practice should be carried out:</p> <ul style="list-style-type: none"> <li>○ Either have 2 facilitators or 1 facilitator and 1 participant do the practice. (No need for an observer.)</li> </ul>
DIVIDE	participants into groups of three.
TELL	participants that they should let you know when they have finished ... and to begin now.
CIRCULATE	to provide assistance, as needed.
CALL	participants back together when they have finished.
ASK	for any comments or questions.
LISTEN	and respond appropriately.

**Exercise 2 – Advising the client or caregiver (45 min.)**

EXPLAIN	<p>that the three group members will take turns playing the role of:</p> <ol style="list-style-type: none"> <li>1. The ADS seller</li> <li>2. The client or caregiver</li> <li>3. The observer</li> </ol>
ADD	<ul style="list-style-type: none"> <li>• The ADS seller will advise the caregiver about how to treat the ear infection.</li> </ul>

	<ul style="list-style-type: none"> <li>• The caregiver will listen and ask questions.</li> <li>• The observer will observe silently.</li> </ul>
TELL	each group to use the same list of conditions that they used for Exercise 1 for this exercise.
DEMONSTRATE	<p>how the practice should be carried out:</p> <ul style="list-style-type: none"> <li>○ Either have 2 facilitators or 1 facilitator and 1 participant do the practice. (No need for an observer.)</li> </ul>
DIVIDE	participants into groups of three.
TELL	participants that they should let you know when they have finished ... and to begin now.
CIRCULATE	to provide assistance, as needed.
CALL	participants back together when they have finished.
ASK	for any comments or questions.
LISTEN	and respond appropriately.

**Wrap-up (5 min.)**

REMIND	Participants that the key information about these disorders of the ear is in Session Ten of their ADS Seller’s Manual.
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## HANDOUT: **Trainer’s Version**

### ***Inner and outer ear infections***

Module 3: Session 10: Exercises 1 & 2

#	Scenario	Middle ear	Outer ear	ADS Actions
1	<p>A mother brings her 3-year-old child to the ADS. Child’s symptoms:</p> <ul style="list-style-type: none"> <li>a. Running nose and sneezing</li> <li>b. Red eyes</li> <li>c. Pus discharge from the ear                             <ul style="list-style-type: none"> <li>o From the inner ear</li> <li>o No itching</li> <li>o Started 3 days ago</li> </ul> </li> </ul>	X		<ol style="list-style-type: none"> <li>1. Encourage the mother to:                             <ol style="list-style-type: none"> <li>a. Give the child lots of fluids.</li> <li>b. Continue feeding the child.</li> </ol> </li> <li>2. If there’s pus discharge, daily wicking of the ear to prevent re-infection.</li> <li>3. Give the mother Amoxicillin to give to the child:                             <ol style="list-style-type: none"> <li>a. 125 mg every 8 hours for 10 days.</li> </ol> </li> <li>4. Counsel the mother about:                             <ol style="list-style-type: none"> <li>a. How much to give the child each time.</li> <li>b. How often to give it to the child.</li> <li>c. How many days to give it to the child.</li> <li>d. The importance of giving the child the entire course of medicine.</li> </ol> </li> </ol>

#	Scenario	Middle ear	Outer ear	ADS Actions
2	<p>A father brings his 8-year-old child to the ADS. Child’s symptoms:</p> <ul style="list-style-type: none"> <li>a. Ear lobe is swollen and red</li> <li>b. Pus discharge from the ear                             <ul style="list-style-type: none"> <li>o From the outer ear</li> <li>o Pus is black</li> <li>o This started more than 2 weeks ago, while the father was away.</li> </ul> </li> </ul>		X	<ol style="list-style-type: none"> <li>1. Clean the affected ear canal with clean water or normal saline.</li> <li>2. Cut the child’s finger nails short to prevent traumatizing the area during scratching.</li> <li>3. Give the father Paracetamol to give to the child:                             <ul style="list-style-type: none"> <li>a. 250 mg (1/2 tablet) every 8 hours for 3 days.</li> </ul> </li> <li>4. <b>REFER</b> the child to a health centre III or IV for management.</li> </ol>
3	<p>A mother brings her 1-year-old child to the ADS. Child’s symptoms:</p> <ul style="list-style-type: none"> <li>a. Fever</li> <li>b. Diarrhoea</li> <li>c. Pulling at the ear and crying                             <ul style="list-style-type: none"> <li>o No pus discharge</li> <li>o Started 2 days ago</li> </ul> </li> </ul>	X		<ol style="list-style-type: none"> <li>1. Encourage the mother to:                             <ul style="list-style-type: none"> <li>a. Give the child lots of fluids.</li> <li>b. Continue feeding the child.</li> </ul> </li> <li>2. Give the mother Amoxicillin to give to the child:                             <ul style="list-style-type: none"> <li>a. 125 mg every 8 hours for 10 days.</li> </ul> </li> <li>3. Give the mother Paracetamol to give to the child:                             <ul style="list-style-type: none"> <li>a. 120 mg every 8 hours for 3 days.</li> </ul> </li> <li>4. Counsel the mother about:</li> </ol>

#	Scenario	Middle ear	Outer ear	ADS Actions
				<ul style="list-style-type: none"> <li>a. How much to give the child each time.</li> <li>b. How often to give it to the child.</li> <li>c. How many days to give it to the child.</li> <li>d. The importance of giving the child the entire course of Amoxicillin.</li> </ul>
4	<p>A mother brings her 10-year-old girl to the ADS. Her symptoms:</p> <ul style="list-style-type: none"> <li>a. Pain in one of her ears</li> <li>b. Pus discharge</li> <li>c. Difficulty sleeping</li> <li>d. Fever</li> </ul>	X		<ul style="list-style-type: none"> <li>1. Encourage the mother to:                             <ul style="list-style-type: none"> <li>a. Give the child lots of fluids.</li> <li>b. Make sure the child continues to eat.</li> </ul> </li> <li>2. Give the mother Amoxicillin to give to the child:                             <ul style="list-style-type: none"> <li>a. 250 mg every 8 hours for 10 days.</li> </ul> </li> <li>3. Give the mother Paracetamol to give to the child:                             <ul style="list-style-type: none"> <li>a. 250 mg every 8 hours for 3 days.</li> </ul> </li> <li>4. Counsel the mother about:                             <ul style="list-style-type: none"> <li>a. How much to give the child each time.</li> <li>b. How often to give it to the child.</li> <li>c. How many days to give it to the child.</li> </ul> </li> </ul>

#	Scenario	Middle ear	Outer ear	ADS Actions
				d. The importance of giving the child the entire course of Amoxicillin.
5	<p>A father brings his 5-year-old child to the ADS. Child’s symptoms:</p> <ul style="list-style-type: none"> <li>a. Ear lobe is swollen and painful</li> <li>b. Pus discharge</li> <li>c. Child is scratching the ear – says it is itching                             <ul style="list-style-type: none"> <li>o Discharge comes from outer ear</li> <li>o Discharge is yellow</li> </ul> </li> </ul>		X	<ol style="list-style-type: none"> <li>1. Clean the affected ear canal with clean water or normal saline.</li> <li>2. Cut the child’s finger nails short to prevent traumatizing the area during scratching.</li> <li>3. Give the father Paracetamol to give to the child:                             <ul style="list-style-type: none"> <li>a. 120 mg every 8 hours for 3 days.</li> </ul> </li> <li>4. <b>REFER</b> the child to a health centre III or IV for management.</li> </ol>

## HANDOUT: Participant’s Version

### *Inner and outer ear infections*

Module 3: Session 10: Exercises 1 & 2

#	Scenario	Middle ear	Outer ear	ADS Actions
1	<p>A mother brings her 3-year-old child to the ADS. Child’s symptoms:</p> <ul style="list-style-type: none"> <li>a. Running nose and sneezing</li> <li>b. Red eyes</li> <li>c. Pus discharge from the ear                             <ul style="list-style-type: none"> <li>o From the inner ear</li> <li>o No itching</li> <li>o Started 3 days ago</li> </ul> </li> </ul>			
2	<p>A father brings his 8-year-old child to the ADS. Child’s symptoms:</p> <ul style="list-style-type: none"> <li>a. Ear lobe is swollen and red</li> <li>b. Pus discharge from the ear                             <ul style="list-style-type: none"> <li>o From the outer ear</li> <li>o Pus is black</li> </ul> </li> </ul>			

#	Scenario	Middle ear	Outer ear	ADS Actions
	<ul style="list-style-type: none"> <li>○ This started more than 2 weeks ago, while the father was away.</li> </ul>			
3	<p>A mother brings her 1-year-old child to the ADS. Child’s symptoms:</p> <ul style="list-style-type: none"> <li>a. Fever</li> <li>b. Diarrhoea</li> <li>c. Pulling at the ear and crying                             <ul style="list-style-type: none"> <li>○ No pus discharge</li> <li>○ Started 2 days ago</li> </ul> </li> </ul>			
4	<p>A mother brings her 10-year-old girl to the ADS. Her symptoms:</p> <ul style="list-style-type: none"> <li>a. Pain in one of her ears</li> <li>b. Pus discharge</li> <li>c. Difficulty sleeping</li> <li>d. Fever</li> </ul>			
5	<p>A father brings his 5-year-old child to the ADS. Child’s symptoms:</p> <ul style="list-style-type: none"> <li>a. Ear lobe is swollen and painful</li> </ul>			

#	Scenario	Middle ear	Outer ear	ADS Actions
	<ul style="list-style-type: none"> <li data-bbox="322 261 562 292">b. Pus discharge</li> <li data-bbox="322 325 857 392">c. Child is scratching the ear – says it is itching                             <ul style="list-style-type: none"> <li data-bbox="421 424 891 454">○ Discharge comes from outer ear</li> <li data-bbox="421 486 719 517">○ Discharge is yellow</li> </ul> </li> </ul>			