

ADMINISTRATIVE MAP OF NEPAL



Source: Annual Report. (1996/97. Department of Health Services, Ministry of Health,

Appendix - II

MAP OF DHADING DISTRICT

Development Region: Central

Ecological Region: Hill

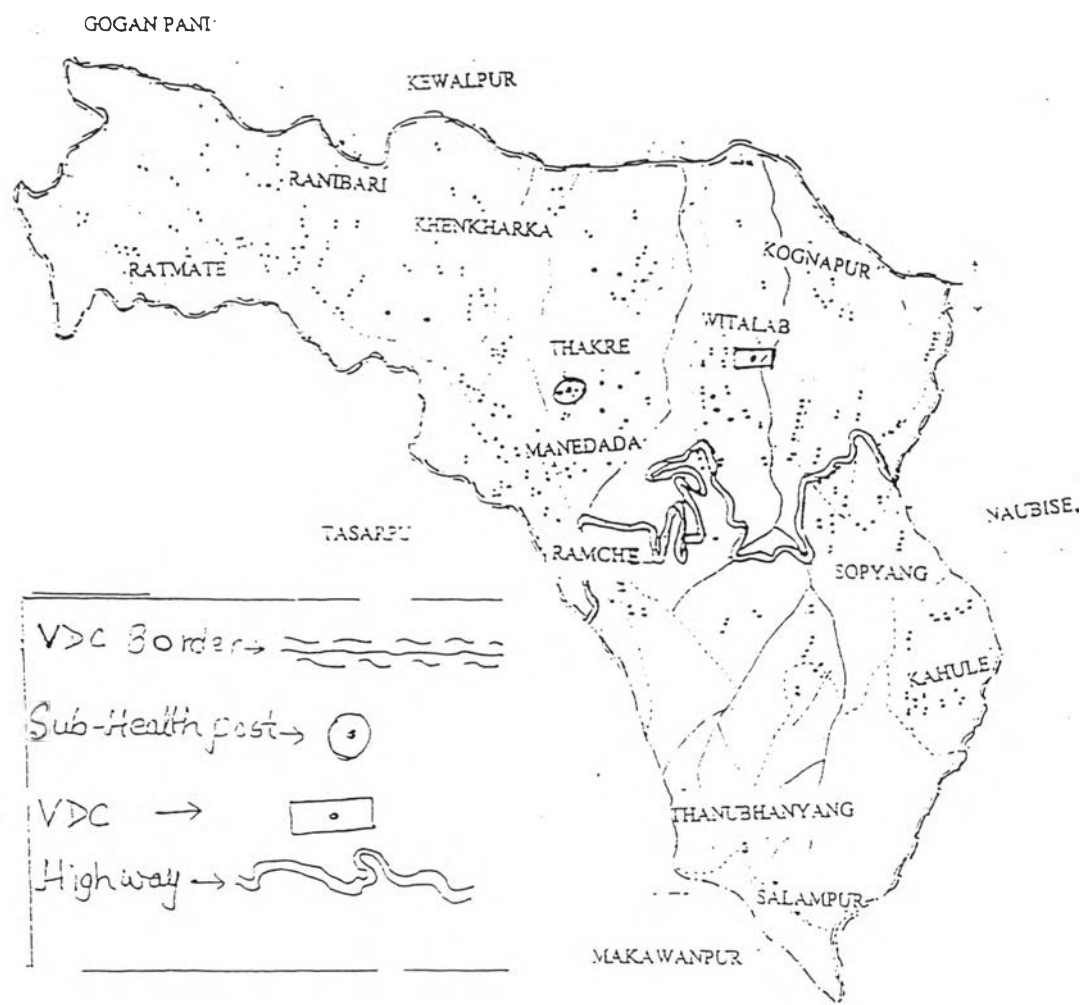


His Majesty's Government, Ministry of Health, Department of Health Services.

Updated on: January 1998

Appendix - III

MAP OF THAKRE VILLAGE



Sources: Topographical Division, HmG, Nepal.

Appendix - IV**Recommended Treatment Provision for children under 5 years old
with ARI in Nepal**

All children with pneumonia, severe pneumonia or very severe disease should be treated with appropriate antibiotics for a minimum course of 5 days. Oral Co-trimoxazole is the drug of choice for the treatment of pneumonia on an out patient basis. The Ministry of Health Nepal establishes the following management guidelines at the community level.

Community Level

At the community level, in most instances the emphasis will be laid on early recognition of pneumonia and prompt referral to Primary Health Care Center, Health Post, Sub-Health Post or Hospitals. Those areas where village Health Workers, Female Community Health Workers (FCHV) or other community Health workers are trained, they can use the same management guidelines that is used in Primary Health Care Center, Health Post or Sub-Health post level using only Co-trimoxazole.

Treatment Charts of Primary Antibacterial for children under 5 years old

AGE OR WEIGHT	Co-Trimoxazole		
	Trimethoprim+sulphamethoxazole		
	Adult tab.*	Pediatric tab.*	Syrup*
	single strength		
Less than 2 month(<5 kg)	1/4		2.5ml
2 month up to 12 month(6-9kg)	1/2	2	5 ml
12 month upto 5 years (10-19kg)	1	3	7.5 ml

* Adult tablet of Co-trimoxazole contains Trimethoprim 80 mg +sulphamethoxazole 400 mg and pediatric tablet contains Trimethoprim 20 mg +Sulphamethoxazole 100mg and in syrup 40 mg of trimethoprim and 200 mg of sulphamethoxazole per 5 ml.

Give this antibiotic for at least 5 days at home if a referral is not possible.

Source: HMG, MOH, Nepal1994

Appendix –V

**First-line (Primary) Anti-biotics for out patient treatment of Acute
Respiratory Infection**

Characteristics ↓ (Pathogens ↓ sensitivity)	Procaine Penicillin	Ampicillin	Trimethoprim+ Sulphamethoxazole (Co-trim)
Haemophilus influenza	Good (25% of strains resistant)	Good (25% of strains resistant)	Very good
Streptococcus pneumonia	Very good. Resistant strains in some countries	Very good. Resistant strains in some countries	Very good
Staphylococcus aureus	Poor	Poor	Good
Group A streptococcus	Very good	Very good	Good
Chlamydia Pneumocystis	Resistant	Resistant	Good
Toxicity	Rash. Mild but common grave but rare fetal anaphylaxis	Diarrhoea and rash (1 in 25000)	Rash (Megaloblastic anaemia)
Route of administration	IM	Oral	Oral
Dose	50000 IU/kg	25 mg/Kg/6 hrly	4 mg/kg/12 hrly
Cost	\$ 0.20	\$ 0.40	\$ 0.08

Source: Berman, S., Kenneth, M.(1985). Acute Respiratory Infection. Selective Primary health Care. Strategies for the control of disease in the developing world. XXI. Review of Infectious Diseases. Vol.7, No.5, pp. 674-691

Appendix -VI

CLASSIFICATION AND TREATMENT IN THE CHILD AGE 2 MONTHS TO**5 YEARS**

SIGNS	* Not able to drink * Chest indrawing * Stridor in calm child or * Convulsions * Abnormally sleepy * Wheezing * Severe under nutrition * Central cyanosis
CLASSIFY AS	VERY SEVERE DISEASE
TREATMENT	*Refer urgently to hospitals *Give 1 st dose of antibiotics *Treat fever if present. * Treat wheezing if present

SIGNS	-Chest indrawing	-No chest indrawing and fast breathing (50 per minute or more if child 2month up to 12 month; 40 /minute if child 12 month up to 5 years)	- No chest indrawing -No fast breathing (Less than 50 per minute if child 2 months up to 12 months ; less than 40 per minute if child is 12 months up to 5 years)
CLASSIFY AS	Severe pneumonia	Pneumonia	No pneumonia or Cough or cold
TREATMENT	-Refer urgently to hospitals -Give 1 st dose of an anti-biotics -Treat fever if present -Treat wheezing if present (if referral is not possible treat with an antibiotic and follow closely	-Advice mother to give home care. -Give an antibiotics -Treat fever if present -Treat wheezing if present -Advise mother to return with child in 2 days for reassessment, or earlier if the child gets worse	If coughing more than 30 days, refer for assessment. Assess and treat ear problem or therefore throat, if present Assess and treat other problem Treat fever if present Treat wheezing if present



SIGNS	Reassess in 2 days a child who is taking an antibiotic for pneumonia		
	<u>WORSE</u> * Not able to drink *Has chest indrawing -Has other danger signs	THE SAME	IMPROVING • Breathing slower • Less fever • Eating better
TREATMENT	Refer urgently to hospital	Change antibiotic or refer	Finish 5 days of antibiotics

Source: HMG, Ministry Of Health, Department of Health Services, Child Health

Division (1994). Nepal

Appendix -VII

CLASSIFICATION AND TREATMENT IN THE YOUNG INFANT (AGE LESS THAN 2 MONTHS)

SIGNS	<ul style="list-style-type: none"> -Stops feeding well -Convulsions -Abnormally sleepy -Stridor in calm child or -Fever or low body temperature -Grunting -Apnoeic episodes -Distended and tense abdomen
CLASSIFY AS	VERY SEVERE DISEASE
TREATMENT	<ul style="list-style-type: none"> -Refer urgently to hospitals -Keep young infant warm - Give 1st dose of antibiotics

SIGNS	- Severe chest indrawing or fast breathing(more than 60 per minute	- No chest indrawing -No fast breathing (Less than 60 per minute)
CLASSIFY AS	Severe pneumonia	No pneumonia Cough or cold
TREATMENT	<ul style="list-style-type: none"> -Refer urgently to hospitals. -Keep young infant warm -Give 1st dose of an anti-biotics -Treat fever if present -Treat wheezing if present (if referral is not possible treat with an antibiotic and follow closely) 	<ul style="list-style-type: none"> Advise mother to give the following; -keep young infant warm. -breast feed frequently - Clear nose if it interferes with feeding. - Return quickly if: <ul style="list-style-type: none"> - Breathing becomes difficult - feeding becomes a problem - The young infants becomes sicker.

Source: HMG/Ministry of Health, Department of Health services (1994). Child

Health Division, Nepal

Appendix - VIII

LEARNING OBJECTIVES OF ARI CASE MANAGEMENT TRAINING

By the end of the training, the FCHV will be able to:

H Explain the definition of ARI, cough, cold and pneumonia.

H Explain the dangers of pneumonia if not treated.

H Recognize the danger signs for young infants (0-2 months)

- Fast breathing
- Severe chest indrawing
- Stopped feeding well
- Abnormally sleepy or difficult to wake
- Fever
- Low body temperature

H Recognize the danger signs for young children (2 months - 5 years)

- Chest indrawing
- Not able to drink
- Abnormally sleepy or difficult to wake
- Severe under nutrition.

H Count the respiration rate correctly. The cutoff rates for severe ARI are as follows;

- | | |
|-----------------------|----------------------------------|
| - 0 to 2 month | 60 or more respiration / minutes |
| - 2 months to 5 years | 50 or more respiration / minutes |

H Classify the illness of the young infants (0 to 2 months) into two groups:

- Those to be given home therapy only.

- Those to be referred to a health facility.

H Classify the illness of the young infants(2 months to 5 years) into three groups:

- Those to be given home therapy only.
- Those to be treated by FCHV.
- Those to be referred to a health facility.

H Assess the young infant or child, illness by asking the following:

- How old is the child?
- Is the child coughing ?
- Is the child (2 months to 5 years) able to drink ?
- Has the young infants (0 to2 months) stopped feeding well ?
- Is the child difficult to wake ?

H Count young infants and child's respiration using an electronic timer.

H Look and feel for danger signs :

- Chest indrawing
- Severe under nutrition (2 months to 5 years).
- Fever or low body temperature (0 to2 month).

H Advice mothers/ care taker about home therapy:

- Watch child for fast breathing and chest indrawing
- Keep child warm
- Breast feed more often.
- Increase fluids
- Keep nose clean and clear

H Decide correct treatment for children (2 month to 5 years) for pneumonia (50 or more respiration/ minute) with co-trimoxazole paediatric tablets:

- 2 month to 1 year 2 tabs morning and evening for 5 days.
- 1 year to 5 years 3 tabs morning and evening for 5 days.

H Provide correct number of tablets to mothers.

H Demonstrate to mothers how to crush, mix and feed tablets to child

H Advise correct medicine dosage, dose frequency and duration

H Advise the mothers about prevention of ARI developing into pneumonia.

- Exclusive breast feeding
- Feed nutritious weaning food.
- Immunization
- Avoid smoke, dust and dampness.

H Follow up and reassess pneumonia on third day to see if the mother is feeding the medicine, teach home therapy and refer if condition is same or getting worse.

H Follow-up of referred cases to see if mothers/care takers took child to health facility.

H Correct recording of services provided.

Source: Allen, K., lamichhane, K., Dawson, P., (1997). ARI trainers guide for community level health workers. John snow Incorporate. In collaboration with CDD/ARI section. Child health division, department of health services, Ministry of Health, Nepal.

Appendix – IX

Estimated Total Population and Under 5 year old population of Nepal in**1994/1995**

Region	Total Population	No. of Child <5 years age
Eastern	4,799,942	617,517
Central	6,720,992	939,334
Western	4,070,327	602,143
Mid-western	2,612, 534	422,488
Far western	1,824, 688	312,575
Total	20,028,483	2,948,047

Source: Annual Report of Department of Health Services (1995) Ministry of Health,
Nepal

Identified ARI case by stage in July 1994 to June 1995

Stage of ARI	%
% of No Pneumonia	40%
% of Pneumonia	46.9%
% of Severe pneumonia	13.1%

Source: Annual Report of Department of Health Services (1995) Ministry of Health,
Nepal

Appendix - X

Estimated ARI infection By Region

Region	Total Population	No. of Child <5 years age	Estimated No. of under 5 year old ARI/year (5 episode/year)	Estimated No. of under serious ARI (60%)
Eastern	4,799,942	617,517	3,087,585	1,852,551
Central	6,720,992	939,334	4,696,670	2818,002
Western	4,070,327	602,143	3,010,715	1,806,429
Mid-western	2,612, 534	422,488	2,112,440	1,267,464
Far western	1,824, 688	312,575	1,562,875	937,725
Total	20,028,483	2,948,047	1,447,0285	8,682,171

Source: Based on Annual Report of Department of Health Services (1995). Ministry of Health, Nepal.

Appendix - XI

Comparisation of Supply of Co-trimoxazole to the incidence of Severe ARI

Region	Estimated No. of under serious ARI (60%) A	Average No. of tablets supplied in two year B	No. of tablet required (A * 5) C	Deficit No of tablet required for serious ARI (B - C)
Eastern	1,852,551	1,743,500	9,262,855	7,519,255
Central	2818,002	2,281,500	14,090,010	11,808,510
Western	1,806,429	1,448,500	9,032,145	7,583,645
Mid-western	1,267,464	1,093,500	6,337,320	5,243,820
Far western	937,725	753,000	4,688,625	3,935,635
Total	8,682,171	7,320,000	43,410,955	36,090,955

*Source: Based on Supply list of Essentials drugs 1995 and 1996 supplied by Logistic Management Division / Department of Health Services. Ministry of Health
Nepal

Appendix - XII

Region wise distribution and comparison of Co-trimoxazole for each child

Region	No. of Child <5 years age	Supply Quantity of ARI drug in 1995	Estimated number of serious ARI (60%)
Eastern	617,517	1,87,000	2,014,551
Central	939,334	2,379,500	2818,002
Western	602,143	1,315,000	1,806,429
Mid-western	422,488	978,000	1,267,464
Far western	312,575	643 ,000	937,725
Total	2,948,047	7,320,000	8,844,171

Source: Based on Annual Report of DHS (1995) and Supply list of Essentials drugs 1995 and 1996 supplied by Logistic Management Division / Department of Health Services. Ministry of Health Nepal

Appendix – XIII

Population of under 5 children, estimated ARI and severe ARI, required quantity of ARI anti bacterial in the intervention village

a) Estimated ARI infection in the intervention village

Total population of the village	Under 5 years old population of the village	Estimated No. of ARI (5 episode/child/year)	Estimated No. of serious ARI(60%)
6842	1012	5060	3036

Source: Central Bureau of Statistics (1994) and Annual Report of Department of Health Services (1995). Ministry of Health, Nepal.

b) Projected death due to ARI in the Intervention village

100 thousand children die per year and 40 % of children deaths are due to ARI

Source: MOH, 1994

Under 5 year old deaths due to all causes in the village/year =33 (child death 3 . 3 % annually)

Source: WHO, 1995

Under 5 year old deaths due to ARI in the village/ year = 13 (Calculation based on the national figures of death of under 5 child). 13 under 5 year old deaths due to ARI alone is a very high number in the above mentioned population.

Source: MOH, 1994

c) Comparison with supply and incidence of serious ARI.

During my visit to the intervention village, in the Sub-health post, according to the record and concerned staff, I knew that the total supply of ARI antibacterial (Co-trimoxazole) in 12 month was only 4000 tablets which was similar to the supply list received from the Logistic Management Division of Department of Health services. As we know there are average 5 episode of ARI/Child/ year in Nepal and among them 60 % are serious ARI. According to this data the required quantity of Co-trimoxazole will be:

Estimated No. of serious ARI(60%)	No. of tablets supplied	No. of tablet required	Deficit No. of tablet required for ARI
3036	4000	15180	11180

Source: Based on Annual Report of DHS (1995) and Supply list of Essentials drugs 1995 and 1996 supplied by Logistic Management Division / Department of Health Services. Ministry of Health, Nepal.

The above quantity shows a gross deficit of co-trimoxazole in that village.

d) Budget required for required quantity of Co-trimoxazole for one year.

I have tried to find out the cost of co-trimoxazole according to the market price of Nepal, which shows a very low amount.

Cost for one tablets of Co-trimoxazole = 0. 65 Paisa (Rate from the Royal Drugs Limited, a Governmental organization)

Cost of 15185 tablet = $15185 \times 0.65 = 9870.00$ (USD 100 at the rate of 68/USD)

Supply from govt. side $4000 \times .65 = 2600.00$

Request should be made to VDC for one year $11185 \times 65 = 7270.00$

Respiration timer 6 dollars/each $\times 9 = 54$ @ of 70/dollar = 3780.00

All together VDC should provide Rs.11050.00 (\$190.00) for one year.

Appendix - XIV**DOCUMENTS AND SECONDARY DATA COLLECTION CHECK LIST****Purpose:**

One of the data collection techniques in this study, will be the collection of secondary data. Mostly this data is collected from the intervening village from FCHV, VHW, Sub-Health post etc

Records will be taken from:

1. Logistic Management Division, Department of Health Services Nepal
2. Man Power and Institution Development Division Department of Health Services Nepal.
3. Central Bureau of Statistics, Planning Commission, Nepal
4. Thakre Sub-Health Post of Dhading Districts.

Records:

1. Supply record of Co-trimoxazole from the Sub-Health Post
2. Distribution record of Co-trimoxazole from FCHV
3. Morbidity and mortality data of ARI from FCHV and Sub-Health post
4. Health institution Statistics
 - OPD records of sub-health posts specially ARI concerned.
 - Records of ARI case by other concerned agencies.
5. Gathering of information from different agencies involved in the control of ARI (WHO, UNICEF, JSI and other national agencies)

Appendix.- XV

FOCUS GROUP DISCUSSION (FGD) GUIDELINES FOR FCHV**(For needs assessment)**

Moderator:

Note taker:

Time:

End at:

Place:

District:

Covered by _____ HP/SHP

Number of FCHV:

Age:

List of Participant:

1. What are the major health problems among children under 5 years?
2. How many children you have served for last 15 days?
3. Approximately how many of them had ARI?
4. How did you manage them?
5. Did you have some problems/ constraints in managing the child with ARI?
6. What do you think of the service you provided to the children? Did any body comment on it?
7. What do you think could be done?

Appendix - XVI

SEMI-STRUCTURED INTERVIEW GUIDE LINE FOR FCHV**Purpose of Semi-structured interview:**

Interview is suitable for use with illiterates and also has a higher response rate than written questionnaire. It helps in findings out the facts and figures in informal conversation. This type of questionnaire helps to obtain information in the treatment pattern used by the FCHV, case load, referral and outcome. It also helps in identifying problem / constraints in providing services to children.

Interviewee: Female Community Health Volunteer (FCHV)

Place :-

Covered by _____ HP/SHP

Education:

Name of FCHV:

Age:

No. of children covered/ Population:

Marital status:

No. of children:

Working as a FCHV for ___ years

Received training in:

1.

2.

3.

4.

Question:

1. Have you ever seen a child with breathing problems?

2. How do you know that a child has breathing problems?

by looking

by feeling

by symptoms

3. How many such cases have you seen during the last 15 days?

4. What did you do with such a child?

Did not do anything

Refer to HP/SHP

Home medicine

Home advice

Other

5. Did you feel comfortable to help the child?

6. What did you think the family members did with your advice?

7. Did the children get drugs for their breathing problems?

8. What drugs were used to treat breathing problems?

9. Where do you get the drugs?

Appendix - XVII

**FOCUS GROUP DISCUSSION GUIDELINES FOR MOTHERS OF
CHILDREN UNDER 5 YEARS OLD**

Moderator:

Note taker:

Time:

End at:

Place:

District:

Covered by _____ HP/SHP

Number of participants:-

List of Participants:-

1. What are the major diseases in children (Under 5 Years) you have seen in the last year.
2. How were children with ARI were managed and Why?
3. Did anybody else help for the cases of ARI? If yes, by whom?
4. What did the person do? can you tell about some cases?
5. Did the suggestion help you? Did you get drugs? If yes, from whom?
6. What do you think about the help provided?
7. How satisfied are you with the services?

Appendix - XVIII

SUPERVISION MONITORING CHECK LIST FOR FCHV ON CASEMANAGEMENT SERVICES FOR ARI

Districts -----SHP-----

VDC----- Ward no.-----

FCHV----- Visit no. -----

Education----- (literate or illiterate)

Followed by----- Date-----

A) Training and materials	Yes	No
1. ARI training taken	-----	-----
2. ARI timer	-----	-----
3. ARI referral book	-----	-----
4. Treatment book	-----	-----
5. Treatment card	-----	-----
6. Co-trim tab.	-----	-----

B) Knowledge and skills

- | | | |
|--|-------|-------|
| 1. Early signs of ARI (cough and cold) | ----- | ----- |
| 2. Signs of pneumonia and fast breathing | ----- | ----- |
| - Cut off rate less than 2 month | ----- | ----- |
| - Cut off rate less 2- 60 months | ----- | ----- |
| 3. Danger signs of pneumonia (Show the picture): | ----- | ----- |
| a) Chest indrawing | ----- | ----- |
| b) Stopped feeding well | ----- | ----- |
| c) Fever | ----- | ----- |
| d) Not able to drink | ----- | ----- |
| e) Abnormally sleepy | ----- | ----- |
| f) Severe malnutrition (2- 60 months) | ----- | ----- |
| g) Low body temp. in less than 2 month old | ----- | ----- |
| 4. a) When to follow up the referral cases | ----- | ----- |
| b) What to do on the day of follow up | ----- | ----- |
| 5. Knowledge about the home therapy card : | | |
| a) The sign to look for Fast breathing | ----- | ----- |
| b) The sign to look for chest indrawing | ----- | ----- |
| c) Keep young infant warm | ----- | ----- |
| d) Breast feed frequently | ----- | ----- |
| e) Clean the nose | ----- | ----- |
| f) Give more fluid | ----- | ----- |
| g) Give more food | ----- | ----- |

6. Counting respiration rate by using timer	-----	-----
7. Treatment doses of Co-trim 2-12 mon.	-----	-----
12-60 month	-----	-----

C) Service Activities

1. a) Pneumonia case treated

 2-12 month ----- -----

 12- 60 month ----- -----

 Total no. ----- -----

b) Number of cases follow-up ----- -----

2. Cases referred

- Less than 2 month

- 2 month to 60 month

- Total no.

3. Number of cases revisited ----- -----

D) Medicine (Co-trim P.)

Received ----- Dispensed----- Balance -----

E) IEC materials received

Yes-----

No-----

Appendix - XIX

PRE TEST AND POST TEST QUESTIONNAIRE FOR
TRAINING ON ARI CASE MANAGEMENT
FOR FCHVs

The following questions and exercises can be given to the FCHV before and after completion of the training to test their knowledge and skills.

1. What system does ARI effect?
 Respiratory Digestive Brain
2. One major sign of ARI is?
 Fast breathing Diarrhoea Headache
3. Does a cough and cold need medical treatment?
 Yes No Do not know
4. If severe, can a child with cough and cold develop pneumonia?
 Yes No Don't know
5. Can severe ARI be treated at home?
 Yes No Don't know
6. Is it possible to know whether a child is seriously ill just by the nature of cough itself?
 Yes No Don't know
7. The breathing cutoff for a less than two month old child is 50
 Yes No Don't know

8. The breathing cutoff for a 2 month to 5 years old child is 50
Yes No Don't know
9. Is chest indrawing serious for both age groups?
Yes No Don't know
10. Is not able to during a danger sign for 2 month to 5 years old?
Yes Don't know
11. Is it good to know that FCHV counts respiratory rate?
Yes No Don't know
12. One of the important questions to ask the mother is how the stool looks like?
Agree Disagree Don't know
13. Do you agree that Cough alone is not a danger sign of pneumonia?
Yes No Don't know
14. The mothers of which age group should you ask, " Has the child stopped feeding well?"
0- 2 years 2- 5 years 5 and more years
15. Is temperature important in reporting ARI?
Yes No Don't know
16. Is co-trimoxazole an important drugs to treat severe ARI?
Yes No Don't know
17. The tablet dose of Co-trimoxazole for 1 year to 5 year old child is
a) 2 tablet morning and 2 tablet evening
b) 3 tablet morning and 3 tablet evening
c) 3 tablet morning and 3 tablet evening

18. For a two month to 5 years old child treated by FCHV, She should visit the child

on

2nd day

3rd day

5th day

Appendix - XX

REACTION EVALUATION FOR TRAINING ON CASE MANAGEMENT
OF children UNDER 5 years old with ARI

Date:

Venue:

To enable us to improve this training, please fill out this evaluation sheet.

1) Please tick (3) one appropriate answer about the training:

I)

S. No.	Activity	Very good	Good	Fair
1	Objectives of the training			
2.	Training conducting method			
3.	Trainers preparation on Training			
4.	Use of training materials			
5.	Training Management			

II) Which sessions did you like most (Mention any three)?

a)

b)

c)

III) Which sessions did you like least (Mention any three)?

a)

b)

c)

IV) What sessions are most relevant to your work? (Mention any three)

a)

b)

c)

V) Duration of Training Long Short OK

VI) Any suggestion to make the Training more effective in the future.

2) For each Activity (session) listed in the column tick (3) the box which you think best describes the skills you learned.

Activities	Very useful	Useful	Some what Useful	Useless
Counting the respiratory rate.				
Danger signs of young infant and danger signs of child in ARI				
Referral to health facility				
What to look for and what to feel for in an ARI child				
Practical session for measuring breathing rate accurately, identify chest indrawing				
Home therapy during ARI				
Treatment protocol for ARI				
Referral of ARI cases				
How pneumonia can be prevented?				
Use of record form.				

Training Curriculum on ARI case management**For FCHV****1st Day****Time: 5 Hours 30 minute****Total session of the day: 4**

Session	Objectives	Knowledge/skills	Method	Time	Materials	Evaluation
1. Registration and Introduction	At the end of the session the participants will be able to: 1. Deal with the administration issue as registration, introduction, and distribution of materials. 2. Know about the training purpose. 3. Know about methodology. 4. Explaining the times when the course starts and finishes each day and when break occurs. Class contract with the FCHV.	-The participants will get to know each other. -Why the training is organized and what methods will be used for training	Lecture, Discussion ,	30 mins	Manual, pen, copies program schedule etc	

Session	Objectives	Knowledge/skills	Method	Time	Materials	Evaluation
2. Introduction on Cough, cold and Pneumonia	At the end of the session participant can explain: 1. What ARI is 2. What cough and cold is 3. What pneumonia is 4. What may happen if pneumonia is not treated 5. How a child can be treated for pneumonia 6. What the two age groupings are for pneumonia assessment	-About ARI - The degree of severity of ARI and its consequences particularly in children	- Ask the question - Explaining the manual pictures - Discussion	1 hour	-Manual, additional photos of children with ARI, Enlargement of pictures used in manual	-Asking the questions randomly to the FCHV
3. Fast breathing and Chest indrawing	At the end of the session participant can : 1. Explain the fast breathing cut off rates for both age groups. 2. Realize that counting the breathing rate is necessary- estimating or requesting is not good enough. 3. Operate the timer 4. Count the number of breaths made by the	- How to count the breathing rate. - use timer appropriately - fast breathing cutoff rates to diagnose ARI	- Asking question - Demonstration of respiration counting - Lecture - Demonstration of Timer	2 hour 30 mins	- Manual, timers and 5 to 10 children less than 5 years of age, video if machine and electricity are available.	- Asking the question. - Giving cases for respiration counting

	<p>trainer during one minute(When the CHW are told when to start and stop counting)</p> <p>5. Measure the breathing rate of a child using the timer and know the conditions necessary for measuring breathing rate(If no children available, CHW should practice counting on each other)</p> <p>6. Classify given cases as fast breathing or not fast breathing</p> <p>7. Distinguish between normal breathing and chest indrawing.</p>	and severe ARI.				
<p>4.</p> <p>Dangers signs</p>	<p>At the end of the session participant can explain:</p> <p>1. The danger signs for young infants (0 to 2 month).</p> <p>2. The danger signs for the child (2 month to 5 years)</p>	- the danger signs of young infants and child under 5 years of age	<ul style="list-style-type: none"> - Reading and explaining - Group work - Danger sign game 	1 hour	- Manual, pictures of 0 to 2 month and 2 to 5 years old child and danger signs for danger signs game.	- Asking questions randomly.

2nd day

Time: 5 Hours 15 minute

Total session of the day: 5

Session	Objectives	Knowledge/skills	Method	Time	Materials	Evaluation
5. What we learned yesterday	At the end of the session participant can explain: -Review of Day One	- what they memorized in the previous days sessions.	- By asking some question	15 inutes	----	----
6. Classification of Illness for the less than 2 month old child	At the end of the session participant can explain: 1. Classify the illnesses for the less than 2 month old child into two groups; those to be given home therapy only and those to be referred to a health facility	- have the skill to distinguish condition when to give home treatment, antibacterial and refer.	-Group work for case studies. - Classification game. - Mini lecture	45 minutes	- Manual, pictures of runny nose, danger signs, house health facility for classification game.	Asking uestions

Session	Objectives	Knowledge/skills	Method	Time	Materials	Evaluation
7. Classification of Illness for 2 month to 5 year old children	At the end of the session participant can explain: 1. Classify the illnesses for the 2 month to 5 years old child into three groups; those to be given home therapy only, those to be treated by a CHW and those to be referred to a health facility	"	"	45 minutes	- Manual, pictures of runny nose , danger signs, house, CHW and health facility for classification game.	- Asking questions
8. Ask, Look and Feel	At the end of session participant can explain: 1. Which Questions to ask the mother. 2. What to look and feel for.	- have skill to ask appropriate question to mother and examine a child.	- Explaining - Asking - Role play	1 hour	- Manual, Memory card	- Asking questions

Session	Objectives	Knowledge/skills	Method	Time	Materials	Evaluation
9. Practical session	At the end of the session participant can explain: 1. Assess real children. This includes the following. <ul style="list-style-type: none"> - Measure breathing rate accurately - look for and identify chest indrawing. - Ask question about and observe danger signs - Make the correct classification of illness. 	<ul style="list-style-type: none"> - have skill and develop confidence in diagnose mild and severe ARI by observation, symptoms and RR counting 	<ul style="list-style-type: none"> - Demonstration - Pairs exercise on different given cases 	2 hours and 30 mins	<ul style="list-style-type: none"> - Timers, Children 	

3rd DAY

Time : 5 Hours

Total session : 5 (Five)

Session	Objectives	Knowledge/skills	Method	Time	Materials	Evaluation
10. Home Therapy	By the end of the session the FCHV will be able to explain about the Home therapy during ARI.	<ul style="list-style-type: none">- To whom to give Home therapy.- What Home therapy is- How to teach Home therapy to mothers	<ul style="list-style-type: none">- Explaining- Asking- Showing pictures.- Role play etc	1 hour	<ul style="list-style-type: none">- Manual, Home therapy card, cotton, salt, lukewarm water	Role play performance
11. Treatment for 2 month to 5 years old children with pneumonia	By the end of the session the FCHV will be able to explain the treatment protocol for under 5 ARI child.	<ul style="list-style-type: none">- To whom to give treatment.- What the treatment doses for each age group.- How to teach mothers dosages and to prepare and give co-trimoxazole tablets.	<ul style="list-style-type: none">- Explaining- Asking- Demonstration	2 hours	<ul style="list-style-type: none">- Manual, spoons, tablets, clean water, bowls and treatment card.	Re-demonstration

Session	Objectives	Knowledge/skills	Method	Time	Materials	Evaluation
12. Follow-up	By the end of the session the FCHV should be able to explain the follow-up and referral of under 5 ARI cases.	When to follow-up children treated by the FCHV. - When to follow-up children referred to a health facility. - What to do on the day of follow-up	- Explaining - Showing pictures - Question-answer	1 hour	- Manual	-Oral
13. Prevention	By the end of the session the FCHV should be able to explain; - How pneumonia can be prevented.	- Increase knowledge in different methods that helps to prevent the pneumonia cases.	-Mini- Lecture with example	15 mins	- Manual	Asking question

Session	Objectives	Knowledge/skills	Method	Time	Materials	Evaluation
14. Use of referral, treatment and case tally record form.	By the end of the session the FCHV should be able to correctly fill out the report and record forms used in ARI case management ;	<ul style="list-style-type: none"> - To fill the referral forms for both the less than 2 month old and 2 month to 5 years old child. - To fill the treatment form for 2 month to 5 year old child. - To fill the Case Tally Record Forms (All ARI cases for all age group) 	-Practical exercise	45 mins	- Manual, form booklet and copies of actual forms of practice	-Assured correctness in filling out forms

Source: Allen, K., Lamichhane, K., Dawson, P., (1997). ARI trainers guide for community level health workers. John snow Inco. In collaboration with CDD/ARI section. Child health division, department of health services, Ministry of Health, Nepal.

CURRICULUM VITAE

Name: Sanjay Kumar Dahal

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- Bachelor of Arts from Tribhuwan University (TU), Nepal in 1986.
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