

BASIC FIRST AID COURSE - HOW TO COPE WITH DIARRHOEA

Time: 4 hours

Reference material:

- * Learn More About Diarrhoea
- * Learn More About Breast-feeding/Weaning
- * Comic - The Story of Ts'epo
- * Summary - First Aid in Diarrhoea Treatment

Before the course the trainer should prepare:

- * Reference material
- * Water, sugar and salt, ORS package, pots for mixing solution
- * Baby for demonstration
- * Participants for role-play

After the course the participants should know:

- * First Aid in Diarrhoea Treatment
- * How to mix oral rehydration solution
- * When to seek medical attention
- * How to discuss diarrhoea treatment and prevention at home visits

Participants personal task after the course:

- * To visit 10 neighbouring families and talk about diarrhoea

Approx. Lecture Time	Content	Lesson Objectives	Method	Class Activity
0.15	1. What is diarrhoea?	<ul style="list-style-type: none"> * More than 3 loose stools per 24 hours * Diarrhoea is DANGEROUS 	Lecture	
0.45	2. FIRST AID in Diarrhoea Treatment	<ul style="list-style-type: none"> * Increase fluids * Continue breast-feeding * Continue feeding * Watch for dehydration * Watch for DANGER signs 	Lecture/ Discussion	
	3. Signs of Dehydration/ Dryness	<ul style="list-style-type: none"> * Sunken eyes/fontanelle * Skin pinch * Weakness * Dry mouth/thirst * Lack of urine/tears 	Lecture/ Discussion/ Demonstration	Bring baby to class for demonstration
0.60	4. How to treat Diarrhoea at home	<ul style="list-style-type: none"> * Mix sugar/salt solution <ul style="list-style-type: none"> 1 l water 8 tsp. sugar 1 tsp. salt or local recipe * Mix ORS <ul style="list-style-type: none"> Instructions on package * 1/2-1 cup for each watery stool 	Demonstration	Mix solution Taste!
0.15	5. Why is Diarrhoea dangerous? DANGER signs	Know when to seek medical attention <ul style="list-style-type: none"> * Dehydration * Severe diarrhoea * Severe vomiting * Fever * Bloody stools 	Discussion	

0.15	6. How can diarrhoea be prevented	<ul style="list-style-type: none"> * Breast-feeding * Clean weaning foods * Hand- washing * Safe disposal of stools * Clean water for drinking * Measles immunization 	Discussion	First Aid
0.30	7. Summary FIRST AID in diarrhoea treatment	<ul style="list-style-type: none"> * Revise * Remember important points 	Role play song	Chose actors <ul style="list-style-type: none"> * mother * father * baby with diarrhoea * old lady with trad.view * First Aid

BASIC FIRST AID COURSE

PROMOTION OF IMMUNIZATION

Time: 2 hours

Reference material: * Learn More About Immunization
* Comic - Why Immunization?
* True and False

Before the course the trainer needs to prepare:

- * Reference material
- * Immunization schedule used in the community
- * Immunization cards from some families and also some blank cards
- * Find out when and where immunization is available in the community

After the course the participants should know:

- * The names of the 6 vaccine-preventable diseases
- * The importance of full immunization
- * The immunization schedule and the card so they can detect if children and pregnant women are not fully immunized
- * When and where immunization is available in the community

Participants's personal task after the course:

- * To visit 10 neighbouring families, check immunization cards and find out if children and women are fully immunized. If not, tell when and where immunization is available and encourage parents to take the children for immunization.

Approx. Lecture Time	Content	Lesson Objectives	Method	Class Activities
0.15	1. Immunization in the community	<ul style="list-style-type: none"> * When? * Where? 	Reporting of students	Students finding out before lesson
0.30	2. Vaccine-Preventable-Diseases	To know the names and signs: <ul style="list-style-type: none"> * Tetanus * Whooping cough (Pertussis) * Measles * Tuberculosis * Poliomyelitis 	Lecture	
0.45	3. Immunization Schedule	<ul style="list-style-type: none"> * All children should be fully immunized before 1 year * Women: 2 doses of tetanus 	Lecture/ Demonstration	
	4. Immunization Record	<ul style="list-style-type: none"> * Be able to find children who are not fully immunized by looking at record 	Exercise with Immunization cards from community	
0.30	5. Summary	<ul style="list-style-type: none"> * Revise * Remember important points * Promote Immunization in the community 	Role Play	Chose actors <ul style="list-style-type: none"> * mother at home * women negative to immunization * First Aider promoting Immunization

HS/6.1/441

New Delhi, 25 April 1988

CH Dear Friend:

SUB: Your General Body Meeting & Action
for Proper Diarrhoea Management.

Government of India/Ministry of Health & Family Welfare is drawing up a National Diarrhoea Management Plan with participation of UNICEF, WHO and local NGO's. Dr Mira Shiva is among the small team of people who are preparing this draft. The following proposals contain some guiding principles for the Plan:

- I. Diarrhoea is a "Non-governmental concern, a peoples concern" -- major response must be to mobilize private response:
 - household self care
 - practitioners
 - ORT producers, **retailers**
- II. Our "emphasis is on ORT" -- it must be promoted for all cases seeking therapy as The Best Treatment for all cases
 - only then can we drive out other therapy
 - public wants a "product" -- if we don't give ORT they will get something we don't want -- antidiarrhoeals, etc
 - alternatives can be explained/offered (SSS etc)
 - product must be standardized (within limits).
- III. MANAGEMENT is a key ingredient
 - policy precise and clear
 - adequacy of staff -- desirability of contracted, time-limited tasks: "package" entire portions of the programme as units to be contracted
 - clear authority to act, responsibility delegated -- to staff, to contractors, to periphery
 - clear job description, tasks, targets each level of the system
 - resources available and timely release of funds.
- IV. Diarrhoea Disease Control is predominantly a MATTER OF BEHAVIOUR -- The predominant strategy is to reinforce proper and effective behaviour (use of fluids, food, use of ORT) by providers and clients alike. Therefore:
 - All personnel must be actively involved in using ORT -- knowledge levels are already high but use is low. More lectures or printed matter will not do -- trainees must experience ORT and provide experience to others. Training must be active -- orientation alone will not suffice.

- Communication through all channels will reinforce and make credible the messages from health personnel. Everyone must be hearing the same messages from everywhere at the same time: Radio, schools, chemists as well as from health personnel.

V. Diarrhoea Disease Control depends upon SIMULTANEOUS action -- training, media, social action, marketing -- Unlike EPI, cannot be phased into a given population.

- Cut across all levels at once -- Research, private industry, medical colleges, indigenous healers, mass media, marketing, communication, schools.
- Integration and use of all resources at once to include:
 - Technology Missions -- Immunization, Literacy, Water, Communications
 - Government -- Health, Social Welfare, Education, Public Industry, Agencies and Institutions
 - Private Sector -- Professional Organization, NGOs, Pharmaceutical industry, Market networks, Advertising, Service Organizations
- Therefore, need to coordinate all activities in a given area -- say a state or region of the country.

We would like to incorporate into this plan the full measure of voluntary health sectors capability, commitment and readiness for action with regard to the biggest infant killer.

May we request you to kindly think, discuss and communicate what the voluntary health sector, in your opinion, can do both individually and collectively to broaden implementation? Please also look at the following questions:

- 1) Can we launch a country-wide training programme for our hospitals and dispensaries in Diarrhoea Management? Is it appropriate to revive the famous VHAI 6+1 formula in this context?
- 2) Can your institution set up an ORT corner within it (for details of ORT corner please see attached note)?
- 3) Can your institution take a lead in bringing together all the other health facilities in your town, city or district so that you can declare your town, city and district as a dehydration free zone?

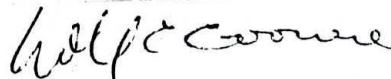
- 4) How many mothers can you reach with the home-based diarrhoea management messages in the next two years?
- 5) A nationwide study has shown the incalculable harm that doctors, and those who claim to be doctors, do in wrongly advising mothers on various issues related to Diarrhoea Management. What kind of an educational or contact programme would you like to do to counter this?
- 6) The same study has also shown the enormous potential of school teachers in educating mothers. Will you be able to mobilize various educators within your area on this topic if you were given material to use in schools?
- 7) Would you be able to influence the religious, political and social leaders in your area to speak up on behalf of the vast number of children who could die of diarrhoea? Would any religion or group-specific communication material help?
- 8) Will you be able to organize communication activities for local melas and festivals on saving the lives of infants and young children? If so, how many such events will take place in your area in the next 2 years? What kind of support would you need to make this possible?
- 9) Will you be able to influence your radio station, TV centre and editors of the largest newspapers and periodicals circulated in your area to invest their time and space in confronting the biggest killer of our times -- if you were given the materials?
- 10) As you are probably aware, the Indian Medical Association has already launched an ORT campaign. Would you like to work with them and supplement their efforts? What other professional organizations can you mobilize for this purpose?
- 11) What do you see as your role in retraining a vast area of health and child development workers like ANMs, Community Health Guides, AWWs etc that are in your area? How many of such people would be able to retrain actively to demonstrate ORT in the next two years?
- 12) Can you identify the kind of communication material you would require to engage in a Diarrhoea Management Programme for your area -- the language in which it would be required, numbers and other specifications? What is currently available (or will shortly be) is:

- (i) Better Care During Diarrhoea (booklet)
-- for literates and general public
 - (ii) Flip Charts -- for health workers
 - (iii) Training Modules (video)
-- for doctors
 - (iv) Understanding & Managing Acute Diarrhoea
in infants and Young Children (booklet)
-- for doctors
 - (v) Communication Kit
-- for opinion leaders
- 13) What other ideas do you have to make Diarrhoea Management a potent communication plan and a reality in your area?
- 14) What other voluntary networks can you mobilize?
- 15) What coverage can we tally-of, all together million?
10's of millions or even more?

If you can spare some time answering these questions, both individually as well as in groups, and return them to us immediately, we will be most obliged. We will then get back to you later with more concrete ideas on which we may be able to work together.

Best personal regards,

Yours sincerely,



Rolf C. Carriere
Chief, Health & Nutrition

Attachment

TO ALL MEMBERS OF VHAI - GENERAL BODY
- ORGANIZING SECRETARIES
- PROGRAMME STAFF

ELEMENTS OF A SUPERVISORY CHECKLIST FOR AN ORT CORNER

1. Proper therapy for diarrhoea is given:
 (Determine by observation if possible.)
 (Please circle Y for Yes and N for No)
- Y N All patients are assessed and patient register filled for each.
- Y N All patients given fluids before being sent home.
- Y N All mild and moderately dehydrated cases receive ORT (not intravenous) and recorded on case form.
- Y N Antidiarrhoeal drugs are not given.
- Y N Antibiotics are given only for dysentery, high fever, severe malnutrition and cholera.
- Y N All mothers of diarrhoea patients, even non dehydrated cases, get full teaching about ORT.
- Y N Mother teaching always includes ORT preparation by mother.
- Y N ORT flyers are used by health workers to teach mothers about ORT.
- Y N Every mother receives an ORT flyer to take home.
- Y N Teaching always covers the following four aspects of effective home diarrhoea treatment:
 - Y N Correct ORT preparation
 - Y N Correct ORT administration
 - Y N Correct feeding during and after diarrhoea
 - Y N Correct self-referral, recognition of signs of dehydration
- Y N All patients are weighed, nutritional status determined and receive a return appointment.
- Y N Doctor and nurses frequently wash their hands with soap and water.

2. Facilities are adequate for patient flow,
and support good patient care and education

Y N ORT area appears specially set-up, separate from other activities.

Y N Furniture (ORT chairs, Egypt model, if available) adequate for
convenient ORT administration by mother.

Y N Places adequate for average maximum number of diarrhoea patients

ORT/diarrhoea related posters are:

Y N on the wall in the ORT corner and/or room
Y N used by the staff for teaching

Y N A variety of locally used containers of various sizes are
present, and are used to help mothers learn to measure water
accurately for ORT mixing.

Y N Paediatric weighing scales are present and working.