



ASSESSMENT AND COMMUNITY MANAGEMENT OF DIARRHEA

Trainer guide:

1. Sentences in *italics* are instructions for the trainer. Sentences in *italics* and quotation marks can be read verbatim by the trainer.
2. Before the training, words in brackets [] should be replaced by words that match the context; for example, replace [COUNTRY] with “Mali” if the training is to be implemented in Mali.
3. The training is organized around different types of activities: brainstorming, simulations/role-plays, practice exercises (individual or group), and case studies.
4. **General training tips:**
 - Encourage the participation of all participants, at all times, and invite them to comment on different topics.
 - Listen to all answers without judgment and make sure all participants have the opportunity to speak.
 - Invite participants to share their experiences as a parent or caregiver when applicable.
 - Share a summary statement at the end of an activity to review the important points or the main idea that the activity was intended to highlight.
 - Ask participants regularly if they have any questions or would like a concept to be clarified.
 - For group work:
 - Form groups based on the total number of participants, small enough to encourage participation, but large enough to meet the requirements of the activity.
 - Ask each group to present their work to the other groups.
 - Ask participants to share their reflections about the other groups’ work.
 - Point out the strengths and areas for improvement of each group’s work.
 - Wrap up the group work by summarizing the key takeaways.
5. **Tips for brainstorming:** Brainstorming is a technique that involves asking questions before presenting concepts to initiate reflection and discussion on the training topic. It allows you to take stock of participants’ proficiency in a topic as well as their knowledge gaps in advance in order to frame the training and target certain concepts.
 - Emphasize that the purpose of a brainstorming discussion is to help encourage reflection among participants rather than to identify the best answers.
 - If possible, write participants’ answers on a large sheet of paper to encourage discussion and give value to everyone’s comments.
 - Ask the questions one at a time, and pause after each question to encourage participation.
 - Make sure that the correct answers are clearly identified after each discussion.
6. **Tips for simulations/role-plays:** Simulations and role-plays put participants in real-life situations to practice a procedure, method, or communication technique. They help create a realistic environment for anticipating and preventing possible errors in a setting with no harmful consequences for the patient.
 - Clearly describe the simulated situation or role-play.
 - Provide time for participants to immerse themselves in the situation/their role.
 - Encourage everyone to participate as realistically possible.
 - Do not intervene until the simulation or role-play is complete.
 - At the end of each role-play, congratulate the actors.
 - Have other actors repeat the role-play again as many times as is useful.

7. **Tips for practice exercises:** practice exercises require participants to apply theoretical concepts to practical situations. They help check participants' level of understanding of an abstract concept in the way that will be expected in the field.
 - Prepare the materials and tools needed for the exercise in advance.
 - Clearly define the instructions for the exercise.
 - Make sure the correct answer is clearly identified at the end of the exercise.
8. **Tips for case studies:** Case studies describe a story/situation to introduce or dig deeper into a theoretical concept. They help illustrate abstract concepts through familiar situations to make them more understandable and easier to remember.
 - Share the case study clearly.
 - Ask the questions one at a time, pausing after each question to encourage participation.
 - Make sure the correct answers are clearly identified after each discussion.
 - Summarize the concept illustrated by the case study.
9. Review the tips for each activity type above before starting an activity of that type.

Abbreviations and acronyms:

C-IMCI	Community-based integrated management of childhood illnesses
CHW	Community Health Worker
DHSM	Demographic and health survey in Mali
F	False
HV	Home Visit
ORS	Oral rehydration solution
T	True
WHO	World Health Organization

Introduction to training:

- **Inform participants that:**
 - *This module covers the community-based assessment and management of diarrhea by CHWs.*
 - *In this module, some words, situations, pictures, and/or videos may make participants uncomfortable, be troubling, or cause emotions such as sadness. All these emotions are normal and welcome in the room.*
 - *If a participant feels uncomfortable and wishes to take a break, they should feel free to do so.*
- **Encourage participants to:**
 - *Commit to ensuring confidentiality, as some could share sensitive or personal information with the group, and we want to create a space where all participants will feel safe and comfortable. Any personal information shared during this training should not be shared with anyone outside of this training.*

- *Share their thoughts on this issue of confidentiality.*
- **Encourage participants** to actively participate and share their experiences when needed.

Objectives:

“At the end of this session, participants should be able to:”

- Assess a child for diarrhea with an integrated approach.
- Recognize the warning signs of diarrhea.
- Go over the steps for treating simple diarrhea at home and their importance.
- Go over the at-home follow-up of children treated for diarrhea.

Plan:

1. Definition, classification, and epidemiology of diarrhea
2. Causes and modes of transmission of diarrhea
3. Consequences of diarrhea
4. Course of action when faced with the warning signs of diarrhea
5. Assessment of a child for diarrhea
6. Prevention of diarrhea
7. Management of cases of simple diarrhea at home
8. Patient follow-up during at-home treatment for diarrhea

Activities: brainstorming; practice exercise; simulation/role-play; case study

Materials:

- Common to all activities: video projector; laptop; large sheet of paper; multicolored markers; multimedia tools (images, forms, videos, etc.), suggestion box.
- Additional material: zinc blisters 20 mg, sachets of ORS, small amount of sugar and salt.

Pre-test:

“We will proceed with the pretest before diving into the subject in order to assess participants’ level of understanding before and after the session is completed.”

Provide a copy of the pretest to all participants. Remind them that the pretest is not a judgment and that it is a private exercise that helps us have a better idea of their basic level of understanding of the topic that will be discussed. Read and explain the questions one at a time pausing (30 seconds/question) to encourage participation. At the end of the pretest, thank the participants, collect the forms, and move forward with the training.

First and Last Name: _____

Some of the following statements are false and some are true. In the first column, circle (T) for those that are “true” and (F) for those that are “false.” The correct answer is listed in the second column.

1	Only bacteria can cause diarrhea.	T F	F
2	Diarrhea is not a dangerous disease.	T F	F
3	Handwashing at any time by mothers or other people who care for children can help prevent diarrhea in children.	T F	F
4	The basic treatment for diarrhea is to give the child antibiotics.	T F	F
5	Zinc is a medicine used to treat diarrhea.	T F	T
6	A child with severe dehydration should be treated by the CHW at home.	T F	F
7	A child with diarrhea cannot have malaria.	T F	F
8	There is no link between diarrhea and malnutrition.	T F	F
9	After giving zinc to a child at home, no follow-up is needed.	T F	F
10	ORS is not important in the management of diarrhea.	T F	F

The form above contains the answers. Before printing the forms for participants, make sure to remove the last column which contains the answers.

**PART 1: EPIDEMIOLOGY, DEFINITION, AND CLASSIFICATION OF DIARRHEA, CAUSES, MODES
OF TRANSMISSION, AND CONSEQUENCES OF DIARRHEA**

Section 1: Definition, epidemiology, and classification of diarrhea

"We will now discuss some theoretical concepts about diarrhea: its definition, epidemiology, and classification."

BRAINSTORMING – Ask each question to the participants. Write their answers on a large sheet of paper. Then present the corresponding answer.

Questions:

1. How is diarrhea defined?
2. How many people have diarrhea in [YOUR COUNTRY]?
3. What are the different categories of diarrhea?

Answers:

1. Diarrhea is defined as having loose or watery stools at least three times in 24 hours. This is usually the symptom of an infection of the stomach, intestine, or colon caused by a microbe. Infection is spread through the consumption of contaminated water or food, or from person to person due to inadequate hygiene [1].
Although frequency is used to define diarrhea, consistency is what matters most. It is characterized by stools that are watery or loose, larger and occurring more frequently than usual. Babies who are breastfed exclusively often pass pasty stools, which should not be likened to diarrhea [2].
Usually, a mother knows when her child has diarrhea. So, even if she can't describe the appearance or number of stools, you should take her word for it if she tells you that her child has diarrhea.
2. *Use the information below to discuss the extent of diarrhea worldwide and in your country:*
Worldwide: there are approximately 1.7 billion cases of childhood diarrhea every year worldwide [13]. Diarrhea is the second leading cause of death in children under five years of age and causes 1.5 million deaths in children per year [1].
For example, in Mali: diarrhea is the 3rd leading reason for consultation in children under five years of age, and its prevalence remains high. 9% of children under five years of age had an episode of diarrhea in the two weeks preceding the DHSM-V. This prevalence is particularly significant in infants aged six to 11 months (12.8%) and 12 to 23 months (13%) [12].
For example, in Ivory Coast: diarrhea is the 2nd leading cause of morbidity in children under five years of age.
3. WHO classifies diarrhea into three categories [1]:
 1. Acute diarrhea: this is diarrhea that lasts for several hours or days.
 2. Persistent diarrhea: this is diarrhea that lasts more than 14 days continuously.
 3. Dysentery: this is the presence of blood in the stool during diarrhea.

Section 2: Causes, modes of transmission, and consequences of diarrhea

"We will now discuss the causes, modes of transmission, and consequences of diarrhea."

BRAINSTORMING – Ask each question to the participants. Write their answers on a large sheet of paper. Then present the corresponding answer.

Questions:

1. What are the causes of diarrhea?
2. What are the modes of transmission of viral diarrhea?
3. What are the consequences of diarrhea?
4. What is dehydration?
5. What are the different types of dehydration and their signs/symptoms?
6. What is the relationship between diarrhea and malnutrition?

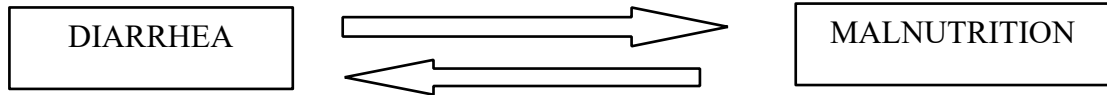
Answers:

1. Causes of diarrhea in children are commonly VIRUSES, the most common of which is rotavirus; less commonly, other causes are bacteria, parasites, or fungi.
2. Viral diarrhea is spread mainly through:
 - Indirect contact: by consuming water or food contaminated with rotavirus.
 - Direct contact: by touching the vomit or stool of an infected person.
3. The two main consequences of diarrhea are dehydration and malnutrition, which in turn are the main causes of death in children with diarrhea.
4. Dehydration is indicative of a lack of water and salts in the body, which are essential for the body to function properly. It is the greatest threat associated with diarrhea.
During an episode of diarrhea, watery stools, vomiting, sweating, urine, and breathing cause considerable loss of water and mineral salts, including zinc [1]. Dehydration occurs when this loss is not sufficiently compensated and a water and mineral salt deficit develops, resulting in clinical manifestations.
5. WHO classifies dehydration into three categories based on the appearance of signs and symptoms [4]:
 - Severe dehydration.
 - Moderate dehydration.
 - No dehydration.

Table 1: Classification of Dehydration

Classification	Signs or symptoms
Severe dehydration	Presence of at least two of the following: <ul style="list-style-type: none">● Lethargy or unconsciousness● Sunken eyes● Child unable or struggling to drink● Very persistent skin turgor (≥ 2 seconds)
Moderate dehydration	Presence of at least two of the following: <ul style="list-style-type: none">● Agitation or irritability● Sunken eyes● Child drinks avidly, is parched● Persistent skin turgor
No dehydration	Not enough signs to fall into the "severe dehydration" or "moderate dehydration" category

6. Each episode of diarrhea (on average three episodes per year) deprives children of the nutrients needed for their growth. Diarrhea is therefore a major cause of malnutrition, and malnourished children are at greater risk of diarrhea and death [1]. Children who die of diarrhea often have an underlying condition of malnutrition, making them more vulnerable to this illness. Each episode of diarrhea also worsens this malnutrition. The link between diarrhea and malnutrition therefore exists in both directions [1].



PRACTICE EXERCISE - Go over the exercise instructions. Specify whether the exercise should be done individually or in teams. Advise participants as to whether they should share their answers. Provide the answer during or at the end of the exercise.





Preparation:

1. Hand out a form with the table of signs/symptoms of dehydration to each participant.
2. Select four participants and assign each one a sign/symptom

Instructions: ask each of the four participants to explain to the rest of the group the sign/symptom assigned to them and how to check for it in a patient.

Answers: see the table below

Table 2: Main Signs/Symptoms of Dehydration (5)

Sign or symptom	Illustrative image	How can it be checked?
Lethargy or unconsciousness		Does not react when touched or spoken to. Significant weakness
Sunken eyes		Excavation (depression) of the eyeballs
Skin turgor		Place the child in a horizontal position on his/her back. Pinch the skin with the first two fingers between the navel and the edge of the abdomen for one to two seconds and pull upwards. Observe whether the skin returns to its previous state immediately, after a moment, or very slowly (≥ 2 seconds).
Unable to drink or drinks avidly		Ask the mother to give the child fluids or breast-feed him/her. See if they can drink or breast-feed without much difficulty or if they are unable to drink.

PART 2: WARNING SIGNS, ASSESSMENT OF A CHILD FOR DIARRHEA, PREVENTION OF DIARRHEA, MANAGEMENT OF CASES, AND FOLLOW-UP DURING HOME TREATMENT

Section 1: Warning signs of diarrhea and assessment of a child for diarrhea

"We will discuss the warning signs of diarrhea and the assessment of a child for diarrhea."

BRAINSTORMING – Ask each question to the participants. Write their answers on a large sheet of paper. Then present the corresponding answer.

Questions:

1. How is a child assessed for diarrhea?
2. What are the warning signs of diarrhea?

Answers:

1. Any assessment in children begins with checking for warning signs [3]. This evaluation requires a good interview, checking for useful information, and a thorough physical examination, which includes observation of the patient and checking for signs and symptoms.

The interview helps:

- 1) find out whether or not it is in fact diarrhea;
- 2) characterize the type of diarrhea (acute, persistent, or dysenteric);
- 3) check for warning signs justifying immediate support or referral of the child to the community health center.

2. The warning signs of diarrhea are as follows:

- Signs justifying immediate support: signs of severe or moderate dehydration (see the table above)
- Signs justifying a referral:
 - Diarrhea that has lasted for more than 14 days
 - Blood in the stool

"We will now discuss the steps to assess a child for diarrhea and outline the plan to follow."

1. Ask the mother or caregiver if the child has diarrhea after explaining that diarrhea is the passing of at least three loose or watery stools in 24 hours that are more watery than normal.
 - a. If there are less than three stools in 24 hours: evaluate the child for other diseases in the iCCM package (malaria, ARI, and malnutrition).
 - b. If there are more than three stools in 24 hours:
 - i. Check for signs of dehydration (immediate warning signs):
 1. If there are signs of dehydration: **ACCOMPANY** the child to the community health center.
 2. If there are no signs of dehydration: ask the mother or caregiver if the diarrhea has lasted more than 14 days or if there is blood in the stool (signs justifying a referral)
 3. In the presence of at least one of these signs justifying a referral: **REFER** the child to the community health center.
 4. If there are no signs justifying a referral:
 - a. Treat the child at home for simple diarrhea.
 - b. Ensure follow-up of the child on the 5th day of treatment.

"We just shared a lot of information that won't be easy to remember, but you will have a decision tree available to help you identify the steps to follow. We will now take a look at the decision tree for the assessment and management of diarrhea."

Give a copy of the decision tree to each participant and go over how to use the tree until the decision is made.

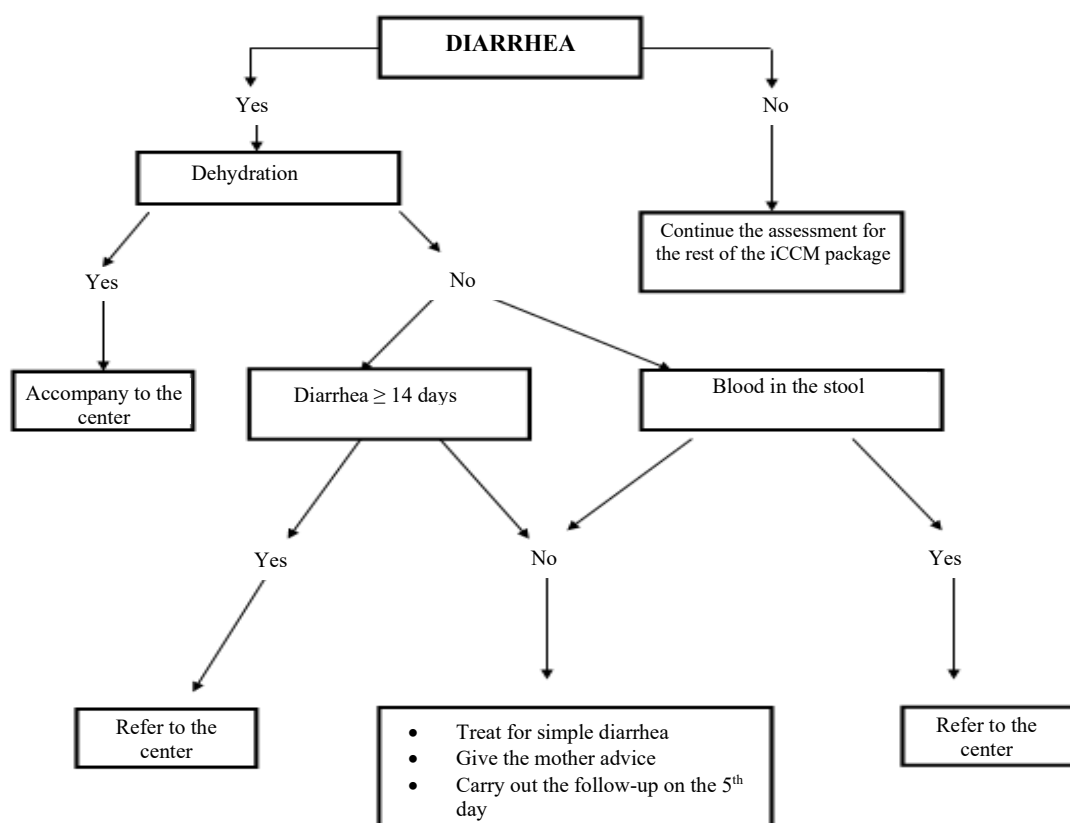


Figure 1: Decision tree for the assessment and management of diarrhea

PRACTICE EXERCISE - Go over the exercise instructions. Specify whether the exercise should be done individually or in teams. Advise participants as to whether they should share their answers. Provide the answer during or at the end of the exercise.

Preparation: hand out a copy of the decision tree to the participants.

Directions: select participants to explain each branch of the tree. Repeat the exercise as many times as needed for everyone to understand.

Section 2: Prevention of diarrhea

"We will discuss the prevention of diarrhea."

BRAINSTORMING – Ask each question to the participants. Write their answers on a large sheet of paper. Then present the corresponding answer.

Questions:

1. How can children be protected from diarrhea?
2. What are the vaccines for diarrhea?
3. What is the benefit of breast milk in preventing diarrhea?

Answers:

1. To protect children from diarrhea, the following recommendations should be followed:
 - Get children vaccinated against rotavirus according to the child's routine vaccination plan.
 - Breast-feed children exclusively up to six months of age.
 - Wash hands regularly with soap and water, especially after using the toilet, before and after bathing children, before and after having physical contact with an ill person.
 - Drink/use clean water and eat healthy foods.
 - Sanitize areas and regularly disinfect the highest risk areas (such as toilets) with disinfectant, bleach, or soap.
2. There is a vaccine for rotavirus that protects against one of the main viruses that causes diarrhea. This vaccine is part of the routine vaccines in many countries and is given free of charge. For example, in Mali, three doses are administered: six weeks after birth, one month after the first dose, and one month after the second dose. In Ivory Coast, the first dose is administered 10 weeks after birth and a second dose is administered one month after the first dose.
3. Breastfeeding has a multifactorial impact. In addition to the fact that formula and other types of milk (cow milk, etc.) may be contaminated by the use of soiled containers or unsafe water, breast milk contains antibodies that enhance the ability of the body's immune system to fight microbes.

Section 3: Management of Cases of Simple Diarrhea at Home

“We will discuss the management of cases of simple diarrhea at home.”

Managing a case of diarrhea at home includes several steps [4]:

1. Advising the mother or caregiver to continue to feed the child normally and to give more food, especially fluids, after each episode of diarrhea.
2. Giving one dose of zinc once per day for 10 days, depending on the child’s age.
3. Giving one sachet of ORS per day (consumed within 24 hrs.) and demonstrating how to prepare and give the ORS to the child.
4. Training the mother or caregiver to look for warning signs.
5. It is advised to bring the child to the community health center if symptoms do not improve or if the child’s condition worsens during treatment.

The significance of the diet of a child with diarrhea should be stressed to the mother or caregiver as well as the fact that it should be supplemented with liquid foods to compensate for the fluid losses. Some examples of foods to prioritize are breast milk, porridge (cooked grains diluted in water), carrot soup, and rice water.

Zinc is a very important micronutrient for the development and health of the child in general. The administration of zinc during an episode of diarrhea helps achieve the following [6]:

- Reduce the volume and frequency of stools during diarrhea.
- Reduce the severity and duration of diarrhea.
- Reduce the proportion of cases that become persistent.
- Prevent nutritional deficiencies.

Zinc is a 20 mg scored tablet which is often presented as blister packs of 10 tablets. For the treatment of simple diarrhea, a different dose is needed depending on age:

Age ranges	Dosage	Observations
2 months to < 6 months	½ of a 20 mg tablet per day	For 10 days
6 months to < 5 years	one 20 mg tablet per day	

Table 3: Zinc dosage for the treatment of simple diarrhea

The CHW should give the child the first dose of zinc not only to make sure that it is taken, but also to show the mother or caregiver how to administer it so that the other doses are given properly.

Advise the mother to continue to administer zinc, even if diarrhea stops, to further strengthen the child’s system and prevent relapse.

Note: if vomiting occurs within 30 minutes of taking zinc, give another dose to the child and make sure that doses are available for the remaining days.

BRAINSTORMING – Ask each question to the participants. Write their answers on a large sheet of paper. Then present the corresponding answer.

Questions:

1. How should the ORS be prepared?
2. How should the ORS be administered?
3. How can the ORS be prepared with local products?

Answers:

1. To prepare the ORS, it is important to:
 - Wash hands with soap and water.
 - Pour one liter of clean water in a clean container that can be covered.
 - Add the entire contents of the ORS sachet to the water and mix until the white powder is no longer visible (until completely dissolved).
2. To give the ORS to a child [10], it is important to:
 - Use a clean cup, spoon, or syringe (without the needle).
 - Administer:
 - 50-100 mL of ORS per loose stool for a child <2 years of age.
 - 100-200 mL of ORS per loose stool for a child ≥2 years of age.
 - Direct the child to drink slowly and take small sips.
 - Continue to give the ORS, breastfeed, and have the child eat even if the child has no appetite and even if the child vomits.
 - Once prepared, the solution should be used within 24 hours.
3. If an ORS sachet is not available or if the child refuses to take the sachet solution, a type of homemade sugar and salt-based ORS can be prepared in the following proportions [11]:
 - Eight teaspoons of sugar.
 - 1 liter of clean water.
 - Half a teaspoon of salt.
 - Mix until the white powder is no longer visible.
 - Taste: the solution should taste less salty than tears.

Note: early assessment and management of diarrhea can save many lives. In most cases, our body's defense system can fight the virus in question, and antibiotics or antiparasitics do not act on viruses.

PRACTICE EXERCISE - Go over the exercise instructions. Specify whether the exercise should be done individually or in teams. Advise participants as to whether they should share their answers. Provide the answer during or at the end of the exercise.

Preparation: give each participant a cup, a glass of tea, a teaspoon, salt, sugar, and water.

Directions: ask each participant to prepare the local product-based ORS.

SIMULATION/ROLE-PLAY - Review what the participants should simulate or the role(s) they should play. Provide a timeframe for when participants should share their simulation or act out the situation.

Roles:

1. **Fanta TRAORÉ:** you are the mother of Ali TRAORÉ, three years old, who has had diarrhea since yesterday. Faced with this situation, you ask Aminata DIABY, the CHW of your area, to treat your child.
2. **Alimata DIABY:** you are the CHW, you have been asked by Fanta TRAORÉ to treat her child.
 - Diligently assess Ali until the end, taking into account all the aspects.

Summary items:

Assessment

- Did the participant ask questions to define the nature of the stool (loose, watery stools, etc.)?
- Did he/she look for signs of dehydration (warning signs justifying immediate support)?
- Did he/she look for warning signs justifying a referral (duration of diarrhea, presence of blood in stool)?

Management:

- *Did he/she issue the drugs and explain to the mother how to administer them?*
- *Was the child given the first dose in front of the mother?*
- *Did he/she help the mother prepare the ORS and check if the child is taking the solution?*
- *Did he/she give any dietary advice?*
- *Did he/she inform the mother about the complications of diarrhea (dehydration and malnutrition) and how to recognize the signs of dehydration?*

Section 4: Follow-up of Home Treatment for Diarrhea and Referral

"We will discuss follow-up and referral for cases treated at home."

Patient follow-up during treatment is important and MANDATORY for a CHW; it should be performed on the 5th day of treatment for diarrhea. This visit should be scheduled with the mother or caregiver, specifying the time of day they are available for this appointment.

During this follow-up visit, the CHW should:

- Listen to and answer all questions and requests from the mother or caregiver.
- Reassess the child to check his/her overall health.
- Ensure availability of the drugs.
- Make sure the drugs are taken correctly.
- Reinforce the mother's or caregiver's recognition of warning signs, justifying immediate support at the community health center.
- Congratulate and encourage the mother or caregiver and encourage him/her to continue treatment until completion (10 days) if the child's condition improves or if he/she is cured.

Steps to follow during a diarrhea follow-up can include:

- Accompanying the child to the community health center if the child's condition worsens, with at least one warning sign present, justifying immediate support.
- Referring the child to the community health center if his/her condition worsens, with at least one warning sign present, justifying referral, or if there is no change.
- Adapting the home management protocol and continuing follow-up if the child has other diseases in the iCCM package (malaria, ARI, malnutrition).

SIMULATION/ROLE-PLAY - Review what the participants should simulate or the role(s) they should play. Provide a timeframe for when participants should share their simulation or act out the situation.

Roles:

1. **Mariam KEITA:** you are the mother of Oumou TRAORÉ, five months old, who has had diarrhea with blood in the stool since yesterday. Faced with this situation, you request Salimata DICKO, the CHW of your area, to treat your child.
2. **Salimata DICKO:** you are the CHW, you have been asked by Mariam KEITA to treat her child.
 - Diligently assess and treat Oumou.
 - Demonstrate how to prepare and administer the ORS to the child.
 - Go over the amount of zinc to be given to the child.

Summary items:

Assessment:

- Did the participant ask questions to define the nature of the stool (loose, watery stools, etc.)?
- Did he/she look for signs of dehydration (warning signs justifying immediate support)?
- Did he/she look for warning signs justifying a referral (duration of diarrhea, presence of blood in stool)?

Management:

- Did he/she issue the drugs and explain to the mother how to administer them?
- Was the child given the first dose in front of the mother?
- Did he/she help the mother prepare the ORS and check if the child is taking the solution?
- Did he/she give any dietary advice?
- Did he/she inform the mother about the complications of diarrhea (dehydration and malnutrition) and how to recognize the signs of dehydration?
- Did he/she schedule the follow-up on the 5th day?

CASE STUDY - Share the story with the participants. Make sure to answer all the comprehension questions. Then ask one question at a time to the participants. Specify whether the work is to be performed together, as a team, or individually. Advise participants as to whether they should share their answers. Provide a timeframe in which to do this work. Summarize the concept illustrated by this story at the end of the study.

History:

You are the CHW and two days ago you were asked by Mariam to treat her child Moussa who had diarrhea. Following this assessment, you deduced Moussa had diarrhea and gave Mariam zinc and a few sachets of ORS for Moussa.

Two days later, you met Mariam on the way to the market and exchanged a few words. Mariam told you that Moussa refused to drink the ORS since the first dose and that he still has diarrhea, but less frequently.

Questions:

- What should the CHW do?

Section 5: Session assessment and post-test

1. Assessment:

"We are going to do an assessment of this training module."

1. **ASK** participants what their thoughts are on this training module.
2. Then **ASK** the following questions:
 - a. What aspects did you find most useful, and which should be maintained or even reinforced for the remainder of this training or for future training?
 - b. What aspects were not beneficial to you and did not help you effectively understand the concepts?
 - c. What aspects can we improve?
3. **Remind** participants that there is a suggestion box, and they should not hesitate to use it.
4. **REVIEW** the module objectives and ask participants if they achieved these objectives. If this is not the case, try to find out why and summarize these objectives to achieve a better understanding.

2. Post-test:

- *Advise the participants that we are moving on to the post-test.*
- *Hand out a copy of the post-test to all participants.*
- *Read and go over the questions one at a time pausing (30 seconds/question) to encourage participation.*
- *At the end, thank all participants and collect the forms.*

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