**On-the-job Coaching Training: Case Studies June 2019**

**Case Study: #1**

You arrive at Happy Health Center and no one is around. You find the phone number for the HEW and call 3 times before talking to him and asking him to come to the health center. When he arrives, he says that he is the only one doing screening and providing treatment and they haven’t had may new admissions lately. As you are reviewing the register and monthly reports, you see that admissions have been low.

As you continue to review the register and the monthly report, you notice some discrepancies.   
The number of new admissions on the November monthly report total 11, but when you count in the register, you only see 7 new admissions in November. You ask the HEW to show you the individual OTP cards for the month of November, and there are 11 OTP cards for new admissions in November. The HEW said he is too busy to complete the register as he has so many duties. He said there is no one to screen for malnutrition in the community. You also observe that the OTP individual cards are filled out well and the children who are in the program are evolving nicely. The stock room is in good condition and stock reports are   
well kept.

**Case Study: #2**

You arrive at Congo Town Health Post and find two Health Extension Workers drinking tea. It’s around 10am on OTP day, but so far none of the caregivers have shown up with their children. You ask where they are and one of the HEW leaves to make some phone calls and go out into the community to find them. While she is gone, you start to review some of the OTP documents. You notice that the room is not well set up and there is nothing on the walls. The register is available and filled out well and it matches up with the monthly report.

Some of the caregivers start to come to the health post for their weekly visit. As the HEW takes the MUAC measurements, you notice that he doesn’t find the midpoint and the MUAC take is upside-down. He weigh’s the children accurately and gives each caregiver 14 packets of RUTF for the week, noting carefully the amount on the OTP individual card. He doesn’t provide any instructions to the caregiver on how to use the RUTF and provides no nutrition education.

**Case Study: #3**

You arrive at Okakay Health Post and find 1 motivated and knowledgeable HEW in the OTP. There are many posters on the wall with IYCF messages and also sheets that show how to dose RUTF and routine medication to give to children. It is not OTP day, so you start to review the register, monthly reports and OTP individual cards with the HEW.

You notice boxes of RUTF in the corner of the OTP that have holes in them from rats eating through the boxes. The stock report reflects cartons of RUTF are often thrown away because of rat infestation. This leads to frequent stock shortages. The OTP individual cards are partially filled out, but you notice the routine medical exam is not completed for any of the children (temperature, respiratory rate, diarrhea and vomiting are not noted on the card). When reviewing the monthly report, you notice a high number of defaulters. The HEW says that no one comes to OTP day when they don’t have RUTF in stock.

**Case Study: #4**

You arrive at Margibi Health Post to find 2 HEW present in the OTP. There has been a recent outbreak of AWD in the area and admissions in the OTP have gone up in the past month. The HEW have been handing out ReSoMal to each child with AWD on OTP day. The health post is well organized and there is a nice shaded waiting area for caregivers to wait on OTP day.

You start to look at the OTP cards and the HEW are doing very well filling them out. You find a child and ask the HEW to take their anthropometric measurements and they perform this task well. When you ask what type of education they provide to caregivers before discharge, the HEW say they tell caregivers that RUTF is a medicine and should not be shared with other children who are not malnourished. They don’t provide any other education to the caregivers. The register, monthly report and stock reports are accurately filled out and the stock room is well organized.

**Case Study: #5**

Having planned with the lead mother of Kula IYCF support group in block 9 of Kalma, you arrive at the meeting point (the camp management hall) and find only the lead mother outside with   
4 group members. The hall is dirty and disorganized as there was a meeting yesterday and is being cleaned at that very moment.

On further discussion with the lead mother, you find out that the in-charge of the hall was informed about the meeting but not the actual day and some mothers said they would not come because they did not receive soap at the last meeting.

The meeting begins with the lead mother as the main facilitator. During the meeting the members are quiet, a few more mothers come in from around the block. You notice that members are not participating but only listening. One mother raises an issue that her 3 month daughter prefers the bottle instead of the breast. The facilitator tells her to stop the bottle with no further explanation. The lead mother closes the meeting, thanks all the mothers present and requests them to come for the next meeting, mentions the date and topic for discussion.

**Case Study: Group**

You arrive at Ola During Health Post and the Health Extension Worker (HEW) is working very hard. A training was completed for 2 people at the health post, but frequent staff turnover has taken its toll. There is now only 1 HEW trained in CMAM conducing all the work. After observing for a while you notice the OTP environment is well kept, the room is neat and the HEW is motivated.

It is OTP day and a large number of children and caregivers are waiting outside of the health post in the hot sun. They look tired and are trying to fan themselves to keep cool. As the HEW calls the children in, you notice he is taking the weight properly, but not taking MUAC measurements at all. When asked why he does not take the MUAC, he says because the discharge criteria is based on target weight, so the MUAC measurement doesn’t matter.   
As you review the OTP individual cards, you notice that only antibiotics are given to the children, not deworming medicine.