

Federal Ministry of Health

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INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

Integrated Community Case Management (iCCM)

Caring for Newborns and Children in the Community

**Manual for the Community Health Extension
Workers (CHEWs) and Community Resource
Persons (CORPs)**



Treating Diarrhoea, Malaria and Fast breathing in the community

Nigeria Adaptation
October 2014

FMOH to review this

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For more information, contact the WHO Department of Child and Adolescent Health and Development, 20 Avenue Appia, 1211 Geneva 27, Switzerland, telephone +41.22.791.3281, or cah@who.int.

Generic Version 1: Includes the treatment of diarrhoea, confirmed malaria, and fast breathing

1 March 2010

Forward - HMM

Acknowledgements – FMOH to review

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The materials on *Caring for the sick child in the community* are fully compatible with the IMCI guidelines for first-level health workers. They are intended to serve as an additional tool to implement the IMCI strategy in countries that support the provision of basic health services for children by community health workers.

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Introduction:

The Government of Nigeria has developed several policies and programmes to improve the health and reduce the unacceptably high mortality rate in children under-five years. These include the National Child Health Policy, the National Malaria Policy, Integrated Management of Childhood Illness strategy and more recently the Integrated Maternal, Newborn and Child Health Strategy. In spite of these efforts, over 756,000 under 5 deaths were estimated to have occurred in 2011 in Nigeria. Most of these under-five children die at home with no contact with formal health system. Of these deaths, 75% were due to preventable and treatable infections, which include malaria, pneumonia, diarrhea and neonatal illness compounded by underlying malnutrition. The immediate identifiable causes are service delivery gaps that limit access to health services, especially for the most vulnerable children in hard to reach areas of Nigeria.

The adoption of the Integrated Community Case Management (iCCM) strategy provides a big opportunity for saving lives at the community level. The iCCM is a strategy that provides timely treatment for common childhood illness, at community level, using life-saving curative interventions where normally, access would have been a challenge thereby ensuring equity.

The iCCM initiative will build on existing promotive and preventive community based interventions which will be carried out by community health extension workers (CHEWs) and community resource persons (CORPs) such as voluntary health workers, village health workers as well as role model mothers at the community level. Furthermore, the iCCM initiative will complement the Essential Medicines scale up plan and Saving One Million Lives (SOML) initiative in improving child survival in Nigeria.

In this course, participants will learn what danger signs in children under 5 years are and how to carry out home treatment of malaria, fast breathing and diarrhoea. They will also learn when to refer, how and when to follow up as well as check immunization status.

SECTION 1:

Caring for children in the community

12-month-old Ngozi has diarrhoea. She needs to go to the health facility.

The health facility, however, is very far away. Mrs Chukwu, her mother, is afraid that Ngozi is not strong enough for the trip.

So Mrs Chukwu takes her daughter to see the community health extension worker. The community health extension worker asks questions. He looks at Ngozi from head to toe. Ngozi is weak. The community health extension worker explains that Ngozi is losing a lot of fluid with the diarrhoea. She is in danger from dehydration. Ngozi needs medicine right away. The community health extension worker praises Mrs Chukwu for seeking help for Ngozi.

The community health extension worker shows Mrs Chukwu how to prepare Oral Rehydration Salts (ORS) solution and how to give it slowly with a spoon. Ngozi eagerly drinks the ORS solution and becomes more awake and alert. Mrs Chukwu continues to give Ngozi the ORS solution until Ngozi no longer seems thirsty and is not interested in drinking. The community health worker then gives Mrs Chukwu more ORS packets for her to use at home. He explains when and how much ORS solution to give Ngozi.

Before the Chukwus leave, the community health extension worker dissolves a zinc tablet in water for Mrs Chukwu to give Ngozi by spoon. He gives Mrs Chukwu a packet of zinc tablets and asks her to give Ngozi one tablet each morning until all the tablets are gone. The zinc will help prevent Ngozi from having severe diarrhoea for the next few months.

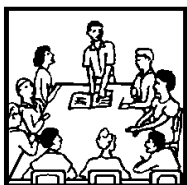


The community health extension worker also explains how to care for Ngozi at home. Mrs Chukwu should give breast milk more often, and continue to feed Ngozi while she is sick. If she becomes sicker or has blood in her stool, Mrs Chukwu should bring Ngozi back right away.

Even if Ngozi improves, the community health extension worker wants to see her again. Mrs Chukwu agrees to bring

Ngozi back in 3 days for a follow-up visit.

Mrs Chukwu is grateful. Ngozi has already begun treatment. If Ngozi gets better, they will not need to go to the health facility. And soon Ngozi will be smiling and playing again. But if Ngozi does not improve, she should return immediately.



Exercise A.
Discussion: Care-seeking in the community

Your facilitator will lead a group discussion with these questions.

1. **Common childhood illnesses.** In your community, what are the most common illnesses children have?
2. **Cause of deaths.** Do you know any children under 5 years old who have died in your community?

If so, what did they die from?

3. **Where families seek care.** When children are sick in your community, where do their families seek help?
 - ☐ Neighbour or another family member
 - ☐ Traditional healer
 - ☐ Community health worker
 - ☐ Private doctor
 - ☐ Hospital
 - ☐ Primary Health Care facility
 - ☐ Drug seller
 - ☐ Others _____
4. Where do families usually **first** seek care for their sick children?
For what reason?
5. What determines whether families seek care for their sick children at the hospital?
6. **Time to health facility.** How long does it take to go from your community to the nearest health facility (clinic)? And how—by transportation or by foot?
7. **Time to hospital.** How long does it take to go from your community to the nearest hospital? And how—by foot or transportation?

1.1 Who are Community Health Workers

In Nigeria community health workers include those trained as Community Health Officers (CHOs) and Community Health Extension Workers. These are health professionals who are trained to work at Primary Health Care Facilities and in the Community. In addition, there are those who work in the community who are not formally trained like CHOs and CHEWs, but receive appropriate training to prevent and treat common health conditions at community and household level. The latter group includes Community Resource Persons, Village Health Workers, Role Model Mothers and Community Volunteers.

1.2 What community health workers can do

Children can become sick many times in a year. Children often have cough, diarrhoea, or fever. These illnesses are common in childhood. Sometimes they become very severe, especially when children are weak from poor nutrition. Many of these children die at home.

The health facility and hospital can provide life-saving care. Unfortunately, some children, like Ngozi, have difficulty going to a health facility. Their families may not know they should seek care. The health facility may be far. Transportation and medicine may be expensive. The health facility may seem strange and the staff unfriendly. There are many other reasons that sick children die without going to a health facility. **Community health workers can:**

- ❖ Help families identify signs of illness.

Trained community health workers identify signs of illness. Ngozi has a better chance to survive because one of her neighbours is a community health worker. The community health worker identified Ngozi's illness correctly and helped her family receive the correct treatment at home.

- ❖ Help families take care of their sick children at home

Trained community health workers help families to take care of their sick children at home. The community health worker taught Mrs Chukwu how much ORS to give her sick child at home. She also gave her zinc tablet to take at home.

- ❖ Help families take their very sick children to a health facility

Some Children are very sick, and treatment at home is not enough. Community health workers help families take their very sick children to a health facility.

- ❖ Promote good health

Community health workers also promote good health. They advise families on how to care for their children at home. They help families prevent illness,

give their children nutritious food, and take them for vaccinations. They support families as they teach their children the first steps to becoming happy and productive adults. Community health workers also organize their communities. They help their neighbours make a safer environment, and demand health and other services for children.

❖ Follow up sick children

Community Health workers will also follow up sick children identified at home as well as those they sent to the health facility on return to their homes. This is to assess the responses to treatment received by these children and counselling given to their parents.

1.3 Course objectives

This course on *Caring for the Sick Child in the Community* helps you support families trying to provide good care for their children. It is part of the strategy called Integrated Management of Childhood Illness (IMCI).

In this course, you will learn to identify signs of illness in a sick child, from birth up to 5 years. You will refer some children to the health facility for more care. You will also be able to help families treat children with diarrhoea, malaria, or fast breathing at home. At the end of this course, you will be able:

- To identify signs of common childhood illness, test children with fever for malaria, identify signs of dehydration, fast breathing and malnutrition.
- To decide whether to refer children to a health facility, or to help the families treat their children at home.
- For children who can be treated at home, to help their families provide basic home care and to teach them how to give ORS solution and zinc for diarrhoea, an antimalarial medicine for children with fever who test positive for malaria, and an antibiotic for fast breathing.
- For children who are referred to a health facility, to begin treatment and assist their families in taking the children for care.
- To counsel families to bring their children right away if they become sicker, and to return for scheduled follow-up visits.
- On a scheduled follow-up visit, to identify the progress of children and ensure good care at home; and, if children do not improve, to refer them to the health facility.
- To advise families on using a bednet.
- To use a Sick Child Recording Form to guide the tasks in caring for a sick child and to record decisions and actions.

With this training, you can be a more valuable member of your community.

1.4 Course materials and methods

In this course, you will read about, observe, and practise the tasks in the above list.

The course provides these materials:

- *Manual for the Community Health Extension Workers (CHEWs) and Community Resource Persons (CORPs)*

You are now reading the *CHEWs/CORPs Manual*. It contains the content, discussions, and exercises for the course *Caring for the Sick Child in the Community*.

- *Sick Child Recording Form*

The recording form also is a guide to identify signs of illness and to decide to refer or treat the child. On the form, you will record information on the child and the child's family. You will also record the child's signs of illness, treatments, and other actions.

- *Chart Booklet: Caring for the Sick Child*

During the course, you will receive a chart booklet. It summarizes the steps you have learned in order to identify signs of illness, refer or treat the sick child, and counsel the caregiver.



You will not need to memorize the chart booklet. It is yours to keep and use. After the course, it will remind you about the important activities and tasks that you have learned.

- *Other materials*

The facilitator will use *charts, photos, videotapes*, and other materials to introduce and review the case management tasks.

You will have many chances to practise what you are learning: written exercises, games, and role plays in the classroom; and skill practice in the health facility and hospital.

Also, you will practise your new skills in the community. At the end of this unit, the facilitator will discuss ways to supervise you as you continue to develop your skills in the community.

SECTION 2: Greet the caregiver and child

2.1 Who is the caregiver?

The caregiver is the most important person to the young child. The caregiver feeds and watches over the child, gives the child affection, communicates with the child, and responds to the child's needs. If the child is sick, the caregiver is usually the person who brings the child to you.

Who are caregivers in your community? Often the caregiver is the child's mother. But the caregiver may be the father or another family member. When both parents are sick or absent, the child's caregiver may be a relative or neighbour.

In some communities, children have several caregivers. A grandmother, an aunt, an older sister, and a neighbour may share the tasks of caring for a child. Also, a community child care centre may have several caregivers who take care of children a few hours each day.

You will learn to know the families with children in your community, and the caregivers of each child. Your efforts will help them raise healthier children.

TIP: Greet caregivers in a friendly way whenever and wherever you see them.

Through good relationships with caregivers, you will be able to improve the lives of children in your community.

One of the most important things to do is to encourage caregivers to bring all sick children to you without delay. If they have any questions or concerns about how to care for the child, welcome them. You may be able to help provide better home care, or you can assist the family in getting care at the health facility. If the child cannot come, you may visit the child at home.



2.2 Ask about the child and caregiver

Greet the caregiver who brings a sick child to you or asks you to visit the child. Invite the caregiver to sit with the child in a comfortable place while you ask some questions. Sit close, talk softly, and look directly at the caregiver and child. Communicate clearly and warmly throughout the meeting.



Ask questions to gather information on the child and the caregiver. Listen carefully to the caregiver's answers. Record all information about the child and the visit on a Sick Child Recording Form. *[The facilitator will now give you a recording form.]*

During the course, you will learn about the recording form, section by section. We will now start with the information on the top of the form.

- **Date:** the day, month, and year of the visit.
- **CHEW:** the name or initials of the community health worker seeing the child.
- **Child's name:** the first name and family name.
- **Other information on the child:**
 - Write the **age** in years and/or months.
 - Circle **boy** or **girl**.
- **Caregiver's name, and relationship to child**
Write the caregiver's name. Circle the relationship of the caregiver to the child: **Mother**, **Father**, or **Other**. If other, describe the relationship (for example, grandmother, aunt, or neighbour).
- **Address or Community:** to help locate where the child lives, in case the community health worker needs to find the child.

TIP: Be ready with the—

- Sick child recording form
- Pencil
- Other Data collection tools

Keep nearby—

- Medicine (ORS, zinc, antimalarial, and antibiotic)
- Utensils to prepare and give ORS solution and other medicines

What do we know about Yetunde from the information on her recording form below?

Sick Child Recording Form <i>(for community –based treatment of children from birth up to 5 years)</i>	
Date <u>16</u> / <u>5</u> / <u>2013</u> CHEW/CORP <u>JB</u> (Day/month/year)	
Child's name: First <u>Yetunde</u> Family <u>Abiola</u> age: <u>1</u> years <u>2</u> moths ___ Days Boy <input type="radio"/> Girl <input checked="" type="radio"/>	
Caregiver's name: <u>BoseAbiola</u> Relationship: <input checked="" type="radio"/> Mother <input type="radio"/> Father/ other _____	
Address, community: <u>Iwo Road, Ibadan</u>	
What are the child's problem(s) _____	



Exercise B: Use the recording form (1)

You will now practise completing the top of the recording form.

Child 1: AfiyaMarkus

First, write today's date—the day, month, and year—in the space provided on the form below. You are the community health worker. Write your initials.

Afiya Markus is a 3 year old girl. Her mother ChavalaMarkus brought her to your home. Her address is 16 Gashala Road, Hong. Complete the recording form below.

Sick Child Recording Form <i>(for community –based treatment of children from birth up to 5 years)</i>	
Date ____/____/____	CHEW/CORP _____
(Day /month/year)	
Child's name: First _____	Family _____ Age: ____ Years ____ Months ____ Days Boy Girl
Caregiver's name: _____	Relationship: Mother / father/ other _____
Address, community: _____	
What are the child's problem(s) _____	

Child 2: JatauGarba

JatauGarba is a 4 month old boy. His father, PaulGarba, brought Jatau to see you. He usually takes care of the baby. The Garba live near you on Sabon Tasha Kaduna Municipality. Complete the recording form below.

Sick Child Recording Form <i>(for community –based treatment of children from birth up to 5 years)</i>	
Date ____/____/____	CHEW/CORP _____
(Day /month/year)	
Child's name: First _____	Family _____ Age: ____ Years ____ Months ____ Days Boy Girl
Caregiver's name: _____	Relationship: Mother / father/ other _____
Address, community: _____	
What are the child's problem(s) _____	

Did you remember to add today's date and your initials?

SECTION 3: Identify problems

Next you will identify the child's health problems and signs of illness. Any problems you find will help to identify whether to:

- **Refer** the child to a health facility or
- **Treat** the child at home and **advise** the family on home care.

To identify the child's problems, first

- ASK the caregiver what the child's problems are
- LOOK at the child for signs of illness
- FEEL for fever

3.1 ASK: What are the child's problems?

Identify any concerns the caregiver has. Ask the caregiver: **What are the child's problems?** These are the reason the caregiver wants you to see the child.

The recording form lists common problems. A caregiver may report: **cough, diarrhoea, blood in stool, fever, convulsions, difficulty drinking or feeding, and vomiting**, or other problems.

3.1.1 Cough

If the child has cough, ask: *"For how long?"* Write how many days the child has had cough.

3.1.2 Diarrhoea (3 or more loose stools in 24 hours)

If the child has diarrhoea, ask: *"For how long?"*

Use words the caregiver understands. For example, ask whether the child has had loose or watery stools. If yes, then ask how many times a day. It is diarrhoea when there are *3 or more loose or watery stools in a 24-hour day*. Frequent passing of normal, formed stools is not diarrhoea. Ask for amount of stool passed

3.1.3 Blood in stool

If the child has diarrhoea, ask: *"Is there blood in the stool?"* Check the caregivers' understanding of what blood in stool looks like.

3.1.4 Fever (reported or now)

Identify fever by the caregiver's report or by feeling the child. For the caregiver's report, ask: *"Does the child have fever now or did the child have fever anytime during the last 3 days?"* You ask about fever anytime during the last 3 days because fever may not be present all the time.

If the child has fever or the body feels hot, ask *"When did it*

start? Record how many days since it started. The fever does not need to be present every day, all the time. Fever caused by malaria, for example, may not be present all the time, or the caregiver may say the body may be hotter at some times than other times.

3.1.5 Convulsions

During a convulsion, the child's arms and legs stiffen with rolling of eyes. Sometimes the child stops breathing. The child may lose consciousness and for a short time cannot be awakened. When you ask about convulsions, use local words the caregiver understands to mean a convulsion from this illness. Ask whether there was a convulsion in during this illness.

3.1.6 Difficulty drinking or feeding

First ask is the child feeding well. If the caregiver says no then

Ask if the child is having any difficulty drinking or feeding. If there is a problem, ask: *"Is the child not able to drink or feed at all?"* A child is not able to drink or feed if the child is too weak to suckle or swallow when offered a drink or breast milk.

TIP: If you are unsure whether the child can drink, ask the **caregiver** to offer a drink to the child.

For a child who is breastfed, see if the child can breastfeed or take breast milk from a

3.1.7 Vomiting

If the child is vomiting, ask: *"Is the child vomiting everything?"* A child who is not able to hold anything down at all has the sign "vomits everything". Ask the caregiver how often the child vomits. Is it every time the child swallows food or fluids, or only some times? A child who vomits several times but can hold down some fluids does not "vomit everything". The child who vomits everything will not be able to use the oral medicine you have in your medicine kit.

3.1.8 Yellowness of the eyes

Ask if the mother has notice yellowness of any part of the body particularly the eyes and the soles. All children with yellowness of the eyes should be referred immediately.

3.1.9 Newborn

Find out if the child is a newborn. **A newborn is any child who is less than 2 months old.** All sick newborns should be referred immediately to a hospital.

3.1.10 Ask if any medicine has been given?

Ask if the child has received any ACT or oral antibiotics. If the child with a fever has received any ACT or child with cough has received oral antibiotic and fever or cough still persist, refer the child immediately to the health facility.

3.1.11 White palms and eyes

Find out if the child's palms and eyes are white. White palms and eyes is a sign of anaemia. That is the child does not have enough blood in the body. All children with white palms and eyes should be referred immediately to the health facility

3.1.12 Any other problem

There is a small space to write any other problem to refer because you cannot treat it. For example, a child may have a problem breast feeding, a skin or eye infection, or a burn or other injury.

On the other hand, some other problems you may be able to treat. For example, you may have learned how to advise caregivers on how to feed their children. If the caregiver might have a question about feeding the child, you would be able to help with a feeding problem. The child may not need to be referred.

3.2 Record the child's problems

As the caregiver lists the problems, listen carefully and record them on the Sick Child Recording Form. The caregiver may mention more than one problem. For example, the child may have cough and fever.

If the caregiver reports any of the listed problems, tick [✓] the space after Yes ____ next to the problem.

Some items will ask you to add brief answers. For example, write how many days the child has been sick.

Ask about *all* the problems on the list, even if the caregiver does not mention them. Perhaps the caregiver is only worried about one problem. If you ask, however, the caregiver may tell you about other problems. Record (tick or write) any problems you find.

If the caregiver says the child does NOT have a problem, tick [✓] the space after No ____ next to the listed problem.

Now, look at the sample form for YetundeAbiola below. The community health worker asked the caregiver, "What are the child's problems?"

What problems did the mother report?

What problems did the mother say Yetunde does not have?

Sick Child Recording Form <i>(for community –based treatment of children from birth up to 5 years)</i>		
Date <u>16 / 5 / 2013</u> CHEW/CORP <u>JB</u> (Day /month/year)		
Child's name: First <u>Yetunde</u> Family <u>Abiola</u> Age: <u>2</u> Years <u>2</u> Months ___ Days ___ Caregiver's name: <u>BoseAbiola</u> Relationship: Mother / other _____		
Address, community: <u>Iwo Road Ibadan</u>		
What are the child's problem(s) _____		
Ask the Caregiver	Circle Danger Signs Present	Action
Cough Yes ___ No <u>✓</u> If cough How long ___ days Breaths in 1 minute ___ Fast Breathing Yes ___ No ___ Chest Indrawing Yes ___ No ___	<ul style="list-style-type: none"> Cough for 14 days Chest indrawing 	
Diarrhoea (3 or more loose stool in 24 hrs) Yes ___ No <u>✓</u> If diarrhea: How long ___ days Blood in stool Yes ___ No ___	<ul style="list-style-type: none"> Diarrhoea for 14 days Blood in stool 	
Fever (reported or now) Yes <u>✓</u> No ___ If yes Started <u>4</u> days ago	<ul style="list-style-type: none"> Fever last for 7days 	
Convulsions Yes ___ No <u>✓</u>	<ul style="list-style-type: none"> Convulsion 	
Difficulty drinking or feeding Yes <u>✓</u> No ___	<ul style="list-style-type: none"> Not able to drink or feed anything 	
Vomiting Yes <u>✓</u> No ___ If yes, vomits everything Yes <u>✓</u> No ___	<ul style="list-style-type: none"> Vomits everything 	
Sick Newborn (Children 0day up to 2 mo) Yes ___ No <u>✓</u>	<ul style="list-style-type: none"> Any Sick Newborn 	
Look at the child Unusually sleepy or unconscious Yes ___ No <u>✓</u>	<ul style="list-style-type: none"> Unusually sleepy or unconscious 	
For child 6mths up to 5 years MUAC (Strap Color) <u>Green</u>	<ul style="list-style-type: none"> Red on MUAC 	
Swelling of both feet Yes ___ No <u>✓</u>	<ul style="list-style-type: none"> Swelling of both feet 	
Any other problem Yes ___ No <u>✓</u>	<ul style="list-style-type: none"> I cannot Treat, refer 	
Ask about the child's immunization status Yes----- No-----	<ul style="list-style-type: none"> Needs immunization 	



Exercise C: Use the recording form to identify problems (2)

For practice, complete the recording form below for Ekaete. Indicate whether you found any problems.

Child: Ekaete Akpan

Ekaete Akpan is 3 and half years old. She lives with her aunt Mary Uduak. They are your neighbours in the village of Anang.

Miss Uduak asked you to visit their home because Ekaete has been coughing. You ask her, "For how long?" She says, "For 5 days." Ekaete now seems to be breathing with greater difficulty than usual. You counted 41 breaths per minutes. When you looked at the chest, Ekaete has chest indrawing. Miss Uduak says that Ekaete does not have any other problems. However, when you ask about diarrhoea, you learn that Ekaete has had diarrhoea for 3 days. You also ask about blood in stool, fever, convulsions, difficulty drinking or feeding, vomiting, and any other problem. To each, Miss Uduak says, "No." Ekaete does not have any of these problems. When you check Ekaete's mid upper arm circumference, the MUAC strap reading was yellow

Sick Child Recording Form (for community-based treatment of children from birth up to 5 years)		
Date ____/____/____ (Day /month/year)		CHEW/CORP _____
Child's name: First _____ Family _____ Age: ____ Years ____ Months ____ Days Boy _____ Girl _____		
Caregiver's name: _____ Relationship: Mother / father/ other _____		
Address, community: _____		
What are the child's problem(s) _____		
Ask the Caregiver	Circle Danger Signs Present	Action
Cough Yes ____ No ____ If cough How long ____ days Breaths in 1 minute ____ Fast Breathing Yes ____ No ____ Chest Indrawing Yes ____ No ____	<ul style="list-style-type: none"> Cough for 14 days Chest indrawing 	
Diarrhoea (3 or more loose stool in 24 hrs) Yes ____ No ____ If diarrhea: How long ____ days Blood in stool Yes ____ No ____	<ul style="list-style-type: none"> Diarrhoea for 14 days Blood in stool 	
Fever (reported or now) Yes ____ No ____ If yes Started ____ days ago	<ul style="list-style-type: none"> Fever last for 7 days 	
Convulsions Yes ____ No ____	<ul style="list-style-type: none"> Convulsion 	
Difficulty drinking or feeding Yes ____ No ____	<ul style="list-style-type: none"> Not able to drink or feed anything 	
Vomiting Yes ____ No ____ If yes, vomits everything Yes ____ No ____	<ul style="list-style-type: none"> Vomits everything 	
Sick Newborn (Children 0 day up to 2 Mo) Yes ____ No ____	<ul style="list-style-type: none"> Any Sick Newborn 	
Look at the child Unusually sleepy or unconscious Yes ____ No ____	<ul style="list-style-type: none"> Unusually sleepy or unconscious 	
For child 6mths up to 5 years MUAC (Strap Color) _____	<ul style="list-style-type: none"> Red on MUAC 	
Swelling of both feet Yes ____ No ____	<ul style="list-style-type: none"> Swelling of both feet 	
Any other problem Yes ____ No ____	<ul style="list-style-type: none"> I cannot Treat, refer 	
Ask about the child's immunization status Yes----- No-----	<ul style="list-style-type: none"> Needs immunization 	

Exercise D:



Role Play Demonstration and Practice: Ask the caregiver

Part 1: Role play demonstration

Sarah Hassan has brought her 3months old baby Tanko to see the community health worker at her home today.

A community health worker greets Mrs Hassan at the door, and asks her to come in. You will observe the interview, and complete the recording form. Start by filling in the date, your initials, the child's name and age, and the caregiver's name

After the role play, be prepared to discuss what you have seen.

1. How did the community health worker greet Mrs Hassan?
2. How welcome did Mrs Hassan feel in the home? How do you know?
3. What information from the visit did you record? How did the community health worker gather the information?

Sick Child Recording Form (for community –based treatment of children from birth up to 5 years)		
Date ____/____/____ (Day /month/year)	CHEW/CORP _____	
Child's name: First _____ Family _____	Age: ____ Years ____ Months ____ Days	Boy _____ Girl _____
Caregiver's name: _____	Relationship: Mother / father/ other _____	
Address, community: _____		
What are the child's problem(s) _____		
Ask the Caregiver	Circle Danger Signs Present	Action
Cough Yes ____ No ____ If cough How long ____ days Breaths in 1 minute ____ Chest Indrawing Yes ____ No ____	<ul style="list-style-type: none"> Cough for 14 days Chest indrawing 	
Diarrhoea (3 or more loose stool in 24 hrs) Yes ____ No ____ If diarrhoea: How long ____ days Blood in stool Yes ____ No ____	<ul style="list-style-type: none"> Diarrhoea for 14 days Blood in stool 	
Fever (reported or now) Yes ____ No ____ If yes Started ____ days ago	<ul style="list-style-type: none"> Fever last for 7 days 	
Convulsions Yes ____ No ____	<ul style="list-style-type: none"> Convulsion 	
Difficulty drinking or feeding Yes ____ No ____	<ul style="list-style-type: none"> Not able to drink or feed anything 	
Vomiting Yes ____ No ____ If yes, vomits everything Yes ____ No ____	<ul style="list-style-type: none"> Vomits everything 	
Sick Newborn (Children 0 day up to 2 mo) Yes ____ No ____	<ul style="list-style-type: none"> Any Sick Newborn 	
Look at the child Unusually sleepy or unconscious Yes ____ No ____	<ul style="list-style-type: none"> Unusually sleepy or unconscious 	
For child 6mths up to 5 years MUAC (Strap Color) _____	<ul style="list-style-type: none"> Red on MUAC 	
Swelling of both feet Yes ____ No ____	<ul style="list-style-type: none"> Swelling of both feet 	
Any other problem Yes ____ No ____	<ul style="list-style-type: none"> I cannot Treat, refer 	
Ask about the child's immunization status Yes ____ No ____	<ul style="list-style-type: none"> Needs immunization 	

Part 2. Role play practice

Your facilitator will form groups of three persons each. In your group, decide who will be a **caregiver** with a child, the **community health worker**, and an **observer**.

- A **caregiver** (mother or father) takes a sick child to the community health worker. When asked, the caregiver provides information on the child and family. (There is no script.)
- The **community health worker** greets the caregiver and asks questions to gather information. The community health worker completes the recording form below.
- The **observer** observes the interview. The observer also completes the recording form below. Be prepared to discuss:
 1. How well does the community health worker greet the caregiver?
 2. How welcome does the caregiver feel in the home? How do you know?
 3. What information from the visit did you record? How complete was the information?

Sick Child Recording Form (for community-based treatment of children from birth up to 5 years)		
Date ____/____/_____ (Day /month/year)		CHEW/CORP _____
Child's name: First _____ Family _____ Age: ____ Years ____ Months ____ Days Boy Girl		
Caregiver's name: _____ Relationship: Mother / father/ other _____		
Address, community: _____		
What are the child's problem(s) _____		
Ask the Caregiver	Circle Danger Signs Present	Action
Cough Yes ____ No ____ If cough How long ____ days Breaths in 1 minute ____ Fast Breathing Yes ____ No ____ Chest Indrawing Yes ____ No ____	<ul style="list-style-type: none"> • Cough for 14 days • Chest indrawing 	
Diarrhoea (3 or more loose stool in 24 hrs) Yes ____ No ____ If diarrhea: How long ____ days Blood in stool Yes ____ No ____	<ul style="list-style-type: none"> • Diarrhoea for 14 days • Blood in stool 	
Fever (reported or now) Yes ____ No ____ If yes Started ____ days ago	<ul style="list-style-type: none"> • Fever last for 7 days 	
Convulsions Yes ____ No ____	<ul style="list-style-type: none"> • Convulsion 	
Difficulty drinking or feeding Yes ____ No ____	<ul style="list-style-type: none"> • Not able to drink or feed anything 	
Vomiting Yes ____ No ____ If yes, vomits everything Yes ____ No ____	<ul style="list-style-type: none"> • Vomits everything 	
Sick Newborn (Children 0 day up to 2 mo) Yes ____ No ____	<ul style="list-style-type: none"> • Any Sick Newborn 	
Look at the child Unusually sleepy or unconscious Yes ____ No ____	<ul style="list-style-type: none"> • Unusually sleepy or unconscious 	
For child 6mths up to 5 years MUAC (Strap Color) _____	<ul style="list-style-type: none"> • Red on MUAC 	
Swelling of both feet Yes ____ No ____	<ul style="list-style-type: none"> • Swelling of both feet 	
Any other problem Yes ____ No ____	<ul style="list-style-type: none"> • I cannot Treat, refer 	
Ask about the child's immunization status Yes----- No-----	<ul style="list-style-type: none"> • Needs immunization 	

After the first role play, **change roles**. Each person will play the caregiver, community health worker, and observer at least once. Use the recording form below. Be prepared to discuss the role play when you are finished.

Sick Child Recording Form		
(for community –based treatment of children from birth up to 5 years)		
Date ____/____/____ (Day /month/year)		CHEW/CORP _____
Child's name: First _____ Family _____ Age: ____ Years ____ Months ____ Days		Boy Girl
Caregiver's name: _____ Relationship: Mother / father/ other _____		
Address, community: _____		
What are the child's problem(s) _____		
Ask the Caregiver	Circle Danger Signs Present	Action
Cough Yes ____ No ____ If cough How long ____ days Breaths in 1 minute ____ Fast Breathing Yes ____ No ____ Chest Indrawing Yes ____ No ____	<ul style="list-style-type: none"> Cough for 14 days Chest indrawing 	
Diarrhoea (3 or more loose stool in 24 hrs) Yes ____ No ____ If diarrhoea: How long ____ days Blood in stool Yes ____ No ____	<ul style="list-style-type: none"> Diarrhoea for 14 days Blood in stool 	
Fever (reported or now) Yes ____ No ____ If yes Started ____ days ago	<ul style="list-style-type: none"> Fever last for 7days 	
Convulsions Yes ____ No ____	<ul style="list-style-type: none"> Convulsion 	
Difficulty drinking or feeding Yes ____ No ____	<ul style="list-style-type: none"> Not able to drink or feed anything 	
Vomiting Yes ____ No ____ If yes, vomits everything Yes ____ No ____	<ul style="list-style-type: none"> Vomits everything 	
Sick Newborn (Children 0 day up to 2mo) Yes ____ No ____	<ul style="list-style-type: none"> Any Sick Newborn 	
Look at the child Unusually sleepy or unconscious Yes ____ No ____	<ul style="list-style-type: none"> Unusually sleepy or unconscious 	
For child 6mths up to 5 years MUAC (Strap Color) _____	<ul style="list-style-type: none"> Red on MUAC 	
Swelling of both feet Yes ____ No ____	<ul style="list-style-type: none"> Swelling of both feet 	
Any other problem Yes ____ No ____	<ul style="list-style-type: none"> I cannot Treat, refer 	
Ask about the child's immunization status Yes----- No-----	<ul style="list-style-type: none"> Needs immunization 	

3.3 LOOK for signs of illness

Community health workers ask caregivers questions to identify the child's problems. They also look for signs of illness in the child and check for malnutrition.

Three signs of illness are introduced here: **chest indrawing, fast breathing, and unusually sleepy or unconscious,**

These signs require skill and practice to learn to identify them and use them to determine what the child needs. You will practise looking for these signs in exercises, on videotapes, and with children in the health facility and hospital.

3.3.1 Chest indrawing

Children often have cough and colds. A child may have a cough because moisture drips from the nose down the back of the throat. The child with only a cough or cold is not seriously ill.

Sometimes a child with cough, however, is very sick. The child might have pneumonia. Pneumonia is an infection of the lungs. In our communities, bacteria are usually the cause of pneumonia.

Pneumonia can be severe. You identify SEVERE PNEUMONIA by looking for **chest indrawing**.

When pneumonia is severe, the lungs become very stiff. Breathing with very stiff lungs causes chest indrawing. The chest works hard to pull in the air, and breathing can be difficult. Children with severe pneumonia cannot be treated at home. They must be referred to a health facility.

Look for chest indrawing in all sick children who have cough or fast breathing. Pay special attention to children with cough or cold, or children who are having any difficulty breathing.

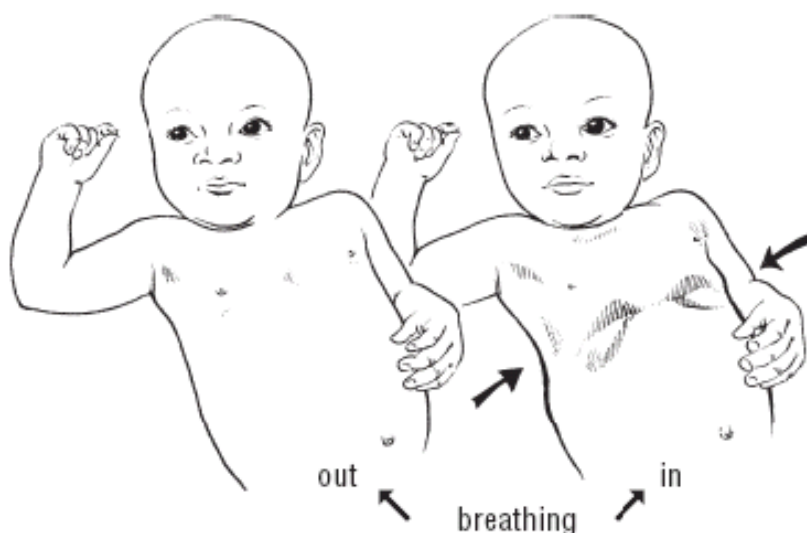
To look for chest indrawing, the child must be calm. The child should not be breastfeeding. If the child is asleep, try not to wake the child.

Ask the caregiver to raise the child's clothing above the chest. Look at the lower chest wall (lower ribs).

Look for chest indrawing when the child breathes IN. Normally when a child breathes IN, the chest and stomach move out together.

In a child with chest indrawing, however, the chest below the ribs pulls in instead of filling with air.

In the picture below, the child on the right has chest indrawing. See the lines on the chest as the child on the right breathes in. The chest below the ribs pulls in instead of filling with air. The child has chest indrawing if the lower chest wall goes IN when the child breathes IN.

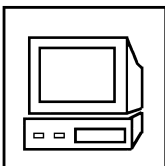


Chest indrawing is not visible when the child breathes OUT. In the drawing, the child on the left is breathing out—pushing the air out.

For chest indrawing to be present, it must be clearly visible and present at every breath.

If you see chest indrawing only when the child is crying or feeding, the child does not have chest indrawing. If you are unsure on whether the child has chest indrawing, look again. If other community health workers are available, ask what they see.

Now your facilitator will take you through the video exercise E – identifying chest indrawing



ExerciseE: Video exercise - Identify chest indrawing

1. For each of the children shown in the video, answer the question: ***Does the child have chest indrawing?*** Circle Yes or No.

Does the child have chest indrawing?		
Mary	Yes	No
Jenna	Yes	No
Ho	Yes	No
Amma	Yes	No
Lo	Yes	No

You may ask to see any of these children again.

2. For additional practice, your facilitator will show you more children on the video. For each child, decide if the child has chest indrawing. Circle Yes or No.

Does the child have chest indrawing?		
Child 1	Yes	No
Child 2	Yes	No
Child 3	Yes	No
Child 4	Yes	No
Child 5	Yes	No
Child 6	Yes	No
Child 7	Yes	No

After you discuss the video exercise on chest indrawing, review the questions below with the facilitator.

3. Will you be able to look for chest indrawing in a child when:
- a. The child's chest is covered? ☐ Yes ☐ No
 - b. The child is upset and crying? ☐ Yes ☐ No
 - c. The child is breastfeeding or suckling? ☐ Yes ☐ No
 - d. The child's body is bent? ☐ Yes ☐ No
4. The child must be calm for you to look for chest indrawing. Which of these would be appropriate to calm a crying child? Discuss these methods with the facilitator.
- a. Ask the caregiver to breastfeed the child, and look at the child's chest while the caregiver breastfeeds.
 - b. Take the child from the caregiver and gently rock him in your lap.
 - c. Ask the caregiver to breastfeed until the child is calm. Then, look for chest indrawing while the child rests.
 - d. Continue looking for other signs of illness. Look for chest indrawing later, when the child is calm.

3.3.2 Fast breathing

Another sign of pneumonia is fast breathing. To look for fast breathing, count the child's breaths for one full minute. Count the breaths of all children with cough or cold.

Tell the caregiver you are going to count her child's breathing. Ask her to keep her child calm. If the child is sleeping, do not wake the child.

The child must be quiet and calm when you count breaths. If the child is frightened, crying, angry, or moving around, you will not be able to do an accurate count.

Choose a place on the child's chest or stomach where you can easily see the body expand as the child breathes in. To count the breaths in one minute:

1. Use a wrist watch with a second hand or respiratory counter. If you are using a wrist watch, put the watch in a place where you can see the watch and the child's breathing.
2. Look for breathing movement anywhere on the child's chest or stomach.
3. Start counting the child's breaths when the child is calm. Start when the second hand on the watch reaches an easy point to remember, such as at the number 12 or 6 on the watch face. (On a digital watch, start when the second numbers are: 00.)

TIP: Looking at the watch and the child's breathing at the same time can be difficult.

Ask someone, if available, to help time the count. Ask them to say "Start" at the beginning and "Stop" at the end of 60 seconds.



4. When the time reaches exactly 60 seconds, stop counting.
5. Repeat the count if you have difficulty. If the child moves or starts to cry, wait until the child is calm. Then start again.

After you count the breaths, record the breaths per minute in the space provided on the recording form. Decide if the child has fast breathing.

Fast breathing depends on the child's age:

- In a child age 2 months up to 12 months, fast breathing is 50 breaths or more per minute.
- In a child age 12 months up to 5 years, fast breathing is 40 breaths or more per minute.

A child with fast breathing has PNEUMONIA.



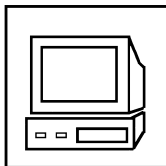
[If 60 second timers are available, your facilitator will now show you how to use them. See the community health worker using a timer in the picture.]



ExerciseF: Identify fast breathing

For each of the children below, decide if the child has fast breathing.
Circle Yes or No.

	Does the child have fast breathing?	
Jumoke Age 2 years, has a breathing rate of 45 breaths per minute	Yes	No
Ahmed Age 4½ years, has a breathing rate of 38 breaths per minute	Yes	No
Afolabi Age 2 months, has a breathing rate of 55 breaths per minute	Yes	No
Jummai Age 3 months, has a breathing rate of 47 breaths per minute	Yes	No
Chinedu Age 3 years, has a breathing rate of 35 breaths per minute	Yes	No
Pam Age 4 months, has a breathing rate of 45 breaths per minutes	Yes	No
Ufere Age 10 weeks, has a breathing rate of 57 breaths per minute	Yes	No
Amina Age 4 years, has a breathing rate of 36 breaths per minute	Yes	No
Mivanyi Age 36 months, has a breathing rate of 47 breaths per minute	Yes	No
Rebecca Age 8 months, has a breathing rate of 45 breaths per minute	Yes	No
Jiya Age 3 months, has a breathing rate of 52 breaths per minute	Yes	No



ExerciseG:

Video exercise - Count the child's breaths

You will practise counting breaths and looking for fast breathing on children in the videotape.

For each of the children shown:

1. Record the child's age below.
2. Count the child's breaths per minute. Write the breaths per minute in the box.
3. Then, decide if the child has fast breathing. Circle Yes or No.

	Age?	Breaths per minute?	Does the child have fast breathing?	
Mano			Yes	No
Wumbi			Yes	No

If there is time, the facilitator will ask you to practise counting the breaths of more children on the videotape. Complete the information below on each child.

	Age?	Breaths per minute?	Does the child have fast breathing?	
Child 1			Yes	No
Child 2			Yes	No
Child 3			Yes	No
Child 4			Yes	No

TIPS on looking for chest indrawing and counting the child's breaths: Try not to upset the child. The child must be calm to look for chest indrawing and count the child's breaths.

Look for signs of illness in the order they are listed on the recording form. The tasks start with those that require a calm child. Look for chest indrawing and count breaths before the tasks which require waking or touching the child.

If the child becomes upset, wait until the caregiver calms the child.

Ask the caregiver to slowly roll up the child's shirt. A rolled shirt will stay in place better. Tugging and pulling the shirt upsets the child.

If the child's body is bent at the waist, it is difficult to see the chest move. If you cannot see the chest, ask the caregiver to slowly, gently lay the child on her lap.

Stand or sit where you can see the chest movement. There needs to be enough light. The angle of light needs to show the indentation on the chest wall that occurs when there is chest indrawing.

A contrast in colour or light between the child's chest and the background makes it easier to see the chest expand when you count the child's breaths.

3.3.3 Unusually sleepy or unconscious

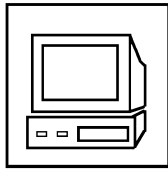
While looking for signs of illness, look at the child's general condition. Look to see if the child is unusually sleepy or unconscious.

If the child has been sleeping and you have not seen the child awake, ask the caregiver if the child seems unusually sleepy. Gently try to wake the child by moving the child's arms or legs. If the child is difficult to wake, see if the child responds when the caregiver claps.

An unusually sleepy child is not alert when the child should be. The child is drowsy and does not seem to notice what is around him or her.

An unconscious child cannot awaken. The child does not respond when touched or spoken to. An unusually sleepy or unconscious child will not be fussy or crying.

In contrast, an alert child pays attention to things and people around him or her. Even though the child is tired, the child awakens.



ExerciseH:

Video exercise - Identify children with danger signs

Your facilitator will now show a video of signs of illness: not able to drink or feed, vomiting everything, convulsions, and unusually sleepy or unconscious.

You might not see these signs very often. However, when you do see these signs, it is important to recognize them. These children are very sick.

The video will then show an exercise with four children. For each child, answer the question: ***Is the child unusually sleepy or unconscious?*** Circle Yes or No.

Is the child unusually sleepy or unconscious?		
Child 1	Yes	No
Child 2	Yes	No
Child 3	Yes	No
Child 4	Yes	No

How are the children who are *unusually* sleepy or unconscious different from those who are just sleepy?

3.3.4 **Severemalnutrition**

MrsUfere brought her son John to see you because she is worried that John is sick. John is also malnourished. However, MrsUfere seems unconcerned. Many children in the community are small like John.

But you are concerned. Children have malnutrition because they have a poor diet or because they are often sick.

Malnourished children do not grow well. If children are malnourished for a long time, they are shorter than other children the same age. They are less active when they play and have less interest in exploring. They may have difficulty learning new skills, such as walking, talking, counting, and reading.

The bodies of malnourished children do not have enough energy and nutrients (vitamins and minerals) to meet their needs for growing, being active, learning, and staying healthy. By helping children receive better nutrition, you can help children develop stronger bodies and minds.

Also, malnourished children are often sick. Illness is a special challenge for a body that is weak from poor nutrition.

Malnourished children are more likely to die than well-nourished children. Over half the children who die from common childhood illness—diarrhoea, pneumonia, malaria, and measles—are poorly nourished. If you identify children with malnutrition, you can help them get proper care. You might be able to prevent these children from dying.

When many children in a community are poorly nourished, it is sometimes difficult to identify which children are severely malnourished. Your facilitator will demonstrate two ways to look for SEVERE ACUTE MALNUTRITION (SAM):

- **Use a MUAC (Mid-Upper Arm Circumference) strap.** A small arm circumference (red on the MUAC strap) identifies severe malnutrition in children with severe wasting (very thin), a condition called Severe Acute Malnutrition.
- **Look at both of the child's feet for swelling (oedema).** This identifies severe malnutrition in children with the condition called **Severe Acute Malnutrition**. Although these children have severe malnutrition, their bodies are swollen, round and plump, not thin.



Exercise1:

Discussion- Severe malnutrition

Your facilitator will show photos of malnourished children and will demonstrate two ways to identify children with SEVERE ACUTE MALNUTRITION.

After the discussion, read below and on the following pages to review how to identify severe acute malnutrition.

The two signs of severe malnutrition are: Red on MUAC strap, and swelling on both feet.

Red on MUAC strap

The circumference of the arm is the distance around the arm. Measure the arm circumference of all children age 6 months up to 5 years with a MUAC strap. A RED reading on the MUAC strap indicates severe acute malnutrition (SAM).

A MUAC strap is easy to use to identify a child with a very small mid-upper arm circumference.¹ Review the instructions in the box on the next page.

¹ The RED area on the MUAC strap indicates a mid-upper arm circumference of less than 115 mm.

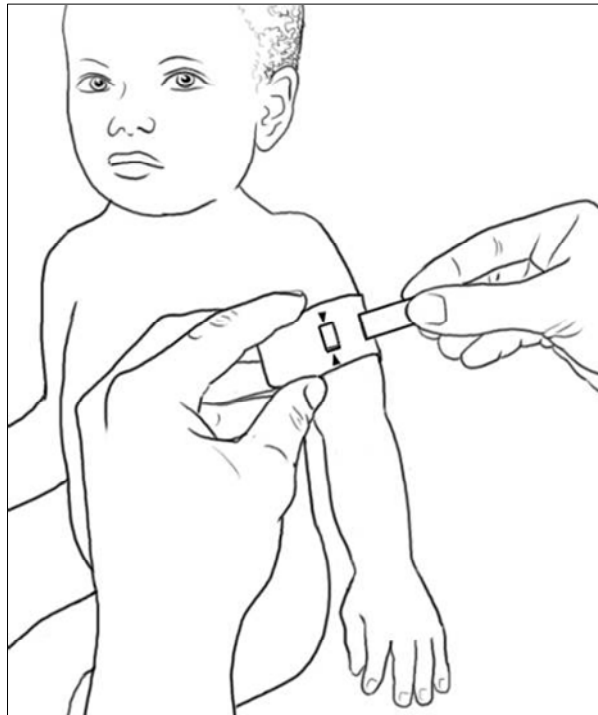
How to use a MUAC strap

1. The child must be age 6 months up to 5 years.
2. Flex the child's upper arm at the elbow to bring out the upper (shoulder) and lower (elbow) landmarks clearly
3. On the upper arm, find the midpoint between the shoulder and the elbow.
4. Gently outstretch the child's arm to straighten it to begin measurement.
5. Hold the large end of the strap against the upper arm at the midpoint.
6. Put the other end of the strap around the child's arm. Thread the green end of the strap through the second small slit in the strap—coming up from below the strap.
7. Pull both ends until the strap fits closely, but not so tight that it makes folds in the skin.
8. Press the window at the wide end onto the strap, and note the colour at the marks.
9. The colour indicates the child's nutritional status. If the colour is **RED** at the two marks on the strap, the child has **SEVERE ACUTE MALNUTRITION**.

RED section:
SEVERE
MALNUTRITION



Thread the green end
of the strap
through the second slit





ExerciseJ: Use the MUAC strap

Use the MUAC strap on four sample children. The arm of each is represented by a paper roll.

For each child, is the child severely malnourished (very thin or wasted)? Circle Yes or No.

Is the child severely malnourished (very thin or wasted)?		
Child 1. Tinu	Yes	No
Child 2. Dauda	Yes	No
Child 3. Ajie	Yes	No
Child 4. Shola	Yes	No
Child 5. Onayade	Yes	No
Child 6. Onuekwusi	Yes	No
Child 7. Wammanda	Yes	No
Child 8. Abdul	Yes	No
Child 9. Bassi	Yes	No
Child 10. Ebun	Yes	No

3.3.5 Swelling of both feet

With severe malnutrition, a large amount of fluid may gather in the body, which causes swelling (oedema). For this reason, a child with severe malnutrition may sometimes look round and plump.

Because the child does not look thin, the best way to identify severe malnutrition is to look at the child's feet.

Gently press with your thumbs on the top of each foot for three seconds. (Count 1001, 1002, 1003.) The child has SEVERE malnutrition, if dents remain on the top of BOTH feet when you lift your thumbs.

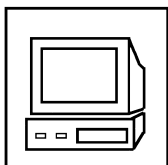
For the sign to be present, the dent must clearly show on both feet.



Press your thumb gently *for a few seconds* on the top of the foot.



Look for the dent that remains after you lift your thumb.



Exercise K: Video Demonstration - Look for severe malnutrition

A short videotape will summarize how to look for severe malnutrition using the MUAC strap and checking for swelling of both feet (oedema).

SECTION 4: **Decide: Refer or treat the child**

Use the problems identified—the results of ASK the caregiver and LOOK at the child—to decide whether to **refer** the child to the health facility or **treat** the child at home.

Some problems are **Danger Signs**. A danger sign indicates that the child is too ill for you and the family to treat in the community. You do not have the medicines this child needs. To help this child survive, you must IMMEDIATELY refer the child to the health facility.

You may see another problem you cannot treat. You may not be able to identify the cause of the problem, or you may not have the correct medicine to treat it. Although the problem is not a danger sign, you will refer the child to the health facility. There, a trained health worker can better assess and treat the child.

Families can treat some sick children at home with your help. If you have the appropriate medicine, they can care for children with diarrhoea, fever, and fast breathing.

4.1 The Chart Booklet

In section 1.4, you were told that one of the materials you will use in this course is the chart booklet. The chart booklet summarizes the steps you have learned so far in order to identify signs of illness. The chart booklet also summarises the steps you will take in deciding whether to refer or treat the sick child, and counsel the caregiver.

You will not need to memorize the chart booklet. It is yours to keep and use. After the course, it will remind you about the important activities and tasks that you have learned.

Your facilitator will now take you through the chart booklet in details.



Exercise L: Use the Chart Booklet

The facilitator will now conduct a demonstration on how to use the chart booklet.

4.2 Any **DANGER SIGN** or **SICK NEWBORN**: Refer the child

On the recording form, the middle column—**Any DANGER SIGN?**—circle the danger signs.

Any one of these signs is a reason to refer the child IMMEDIATELY to the health facility. Using the information you have about the child, tick [✓] the danger sign or signs you find, if any. The first seven danger signs are found by asking the caregiver about the child's problems.

4.2.1 Cough for 14 days or more

A child who has had cough for 14 days or more has a danger sign. The child may have tuberculosis (TB), asthma, whooping cough, or another problem. The child needs more assessment and treatment at the health facility. Refer a child with cough for 14 days or more.

4.2.2 Diarrhoea for 14 days or more

Diarrhoea often stops on its own in 3 or 4 days. Diarrhoea for 14 days or more, however, is a danger sign. It may be a sign of a severe disease. The diarrhoea will contribute to malnutrition. Diarrhoea also can cause dehydration, when the body loses more fluids than are being replaced. If not treated, dehydration results in death. Refer a child with diarrhoea for 14 days or more.

4.2.3 Blood in stool

Diarrhoea with blood in the stool, with or without mucus, is *dysentery*. If there is blood in the stool, the child needs medicine that you do not have in the medicine kit. Refer a child with blood in the stool.

4.2.4 Fever lasting for 7 days or more

Most fevers go away within a few days. Fever that has lasted for 7 days or more can mean that the child has a severe disease. The fever does not have to occur every day, all the time. Refer a child who has had fever for the last 7 days or more for assessment and treatment at the health facility.

4.2.5 Convulsions

A convulsion during the child's current illness is a danger sign. A serious infection or a high fever may be the cause of the convulsion. The health facility can provide the appropriate medicine and identify the cause. Refer a child with convulsions. During convulsive episode,

- Turn the child to lie on the left side.
- Remove all tight clothing, leave only light wears on
- Disperse the crowd
- Remove dangerous objects around
- Give pre-referral dose, Take child immediately after fit to health facility

4.2.6 Not able to drink or eat anything

One of the first indications that a child is very sick is that the child cannot drink or swallow as much as before. Dehydration is a risk. Also, if the child is not able to drink or eat anything, then the child will not be able to swallow the oral medicine you have in your medicine kit. Refer a child who is not able to drink or eat anything.

If the baby is not able to suckle at the breast even when the mother has tried to put the baby to the breast several times over a few hours, this indicates the baby may have a severe illness, and is therefore a danger sign.

If the mother tells you that the baby was feeding well after birth but has stopped feeding well now, this indicates that the baby may have a severe infection. This is also a danger sign.

4.2.7 Vomits everything

When the child vomits everything, the child cannot hold down any food or drink at all. The child will not be able to replace the fluids lost during vomiting and is in danger from dehydration. A child who vomits everything also cannot take the oral medicine you have in your medicine kit. Refer a child who vomits everything.

These danger signs are identified based on the caregiver's answers to your questions. Other danger signs you identify by looking at the child. The list of danger signs will continue after an exercise.

4.2.8 Any Sick Newborn

Any sick Newborn refers immediately to health facility: Newborns can fall sick easily in the first days after birth and the sickness can get serious quickly. A delay in receiving treatment can be life threatening for the baby. Signs of illness in newborns can be difficult for families to identify



Exercise M: Decide to refer (1)

The children below have cough, diarrhoea, fever, and other problems reported by the caregiver. Assume the child has no other relevant condition for deciding whether to refer the child. **Which children have a danger sign?** Circle Yes or No. To guide your decision, refer to the recording form.

Which children must be referred to the health facility? Tick [✓] if the child should be referred.

[The facilitator may ask you to do this exercise as a group discussion.]

Does the child have a danger sign?(Circle Yes or No.)			Refer child? Tick [✓]
Suleiman – cough for 13 days	Yes	No	
Mulikat – cough for 2 months	Yes	No	
Biola – diarrhoea with blood in stool	Yes	No	
Maryam – diarrhoea for 10 days	Yes	No	
Amina – fever for 3 days	Yes	No	
Nneka – low fever for 8 days,	Yes	No	
Idiagbon – diarrhoea for 2 weeks	Yes	No	
Choje – cough for 1 month	Yes	No	
Tanko – convulsion yesterday	Yes	No	
Nuhu – very hot body since last night,	Yes	No	
Maria – vomiting food but drinking water	Yes	No	
Thomas – not eating or drinking anything because of mouth sores	Yes	No	

There are four more danger signs. You may find these danger signs when you LOOK at the child:

4.2.9 Chest indrawing

Chest indrawing is a sign of severe pneumonia. This child will need oxygen and appropriate medicine for severe pneumonia. Refer a child with chest indrawing.

4.2.10 Unusually sleepy or unconscious

A child who is unusually sleepy is not alert and falls back to sleep after stirring. An unconscious child cannot be awakened. There could be many reasons. The child is very sick and needs to go to the health facility immediately to determine the cause and receive appropriate treatment. Refer a child who is unusually sleepy or unconscious.



Photo WHO CAH

4.2.11 Red on MUAC strap

Red on the MUAC strap indicates severe malnutrition. The child needs to be seen at a health facility to receive proper care and to identify the cause of the severe malnutrition. Refer a child who has a red reading on the MUAC strap.

Refer an unusually sleepy or unconscious child immediately to the nearest health facility.

[Where there is a community-based feeding programme, you will refer the child with yellow on the strap for supplemental feeding.]

4.2.12 Swelling of both feet

Swelling of both feet indicates severe malnutrition due to the lack of specific nutrients in the child's diet. The child needs to be seen at a health facility for more assessment and treatment. Refer a child who has swelling of both feet.



Exercise N: Decide to refer (2)

The children below have cough, diarrhoea, fever, and other problems reported by the caregiver and found by you. Assume the child has no other relevant condition for deciding whether to refer the child. **Does the child have a danger sign?** Circle Yes or No. **Should you immediately refer the child to the health facility?** Tick [✓] if the child should be referred. To guide your decision, use the chart booklet. *[The facilitator may ask you to put the example on a chart for the group discussion.]*

Does the child have a danger sign?(Circle Yes or No.)			Refer child? Tick [✓]
1. Child age 11 months has cough; is not interested in eating but will breastfeed	Yes	No	
2. Child age 4 months is breathing 48 breaths per minute	Yes	No	
3. Child age 2 years vomits all liquid and food her mother gives her	Yes	No	
4. Child age 3 months frequently holds his breath while exercising his arms and legs	Yes	No	
5. Child age 12 months is too weak to drink or eat anything	Yes	No	
6. Child age 3 years with cough cannot swallow	Yes	No	
7. Child age 10 months vomits ground food but continues to breastfeed for short periods of time	Yes	No	
8. Arms and legs of child, age 4 months, stiffen and shudder for 2 or 3 minutes at a time	Yes	No	
9. Child age 4 years has swelling of both feet	Yes	No	
10. Child age 6 months has chest indrawing	Yes	No	
11. Child age 2 years has a YELLOW reading on the MUAC strap	Yes	No	
12. Child age 10 months has had diarrhoea with 4 loose stools since yesterday morning	Yes	No	
13. Child age 8 months has a RED reading on the MUAC strap	Yes	No	
14. Child age 36 months has had a very hot body since last night	Yes	No	
15. Child age 4 years has loose and smelly stools with white mucus	Yes	No	
16. Child age 4 months has chest indrawing while breastfeeding	Yes	No	
17. Child age 4 and a half years has been coughing for 2 months	Yes	No	
18. Child age 2 years has diarrhoea with blood in her stools	Yes	No	
19. Child age 2 years has had diarrhoea for 2 weeks with no blood in her stools	Yes	No	
20. Child age 18 months has had a low fever (not very hot) for 2 weeks	Yes	No	
21. Child has had fever and vomiting (not everything) for 3 days	Yes	No	
22. Child age 14 days is breathing 49 breaths per minute	Yes	No	

4.3 **SICK but NO DANGER SIGN: Treat the child**

Look at the far right column on the recording form—**Action**. The column provide space for you to write what action you will take for each sign. If the child does not have a danger sign and is not a sick newborn, you will treat the child at home. You will write the signs of illness that the child has, if the child has any.

For children with no danger sign, you treat the child with medicine, advise the family on home care for the sick child, and follow up until the child is well. If the child does not improve with home care, then refer the child to a health facility for assessment and treatment.

The following are signs of illness that require attention and can be treated at home:

4.3.1 **Diarrhoea (less than 14 days AND no blood in stool)**

Diarrhoea for less than 14 days, with no danger sign, needs treatment. You will be able to give the child Oral Rehydration Salts (ORS) solution and zinc. ORS in water prevents and treats dehydration. Zinc helps to reduce the severity of diarrhoea and can even prevent diarrhoea in future months.

4.3.2 **Fever for less than 7 days**

Any fever may be a sign of malaria. Therefore, it is important to do a Rapid Diagnostic Test (RDT) for all children with fever. If the test result is positive for malaria, you will treat the child with an antimalarial. **If the test is negative, the child should be referred immediately to the nearest health facility.**

4.3.3 **Fast breathing**

Fast breathing is a sign of pneumonia. If there is no chest indrawing or other danger sign, you can treat the child with an antibiotic.

In addition, **a cough for less than 14 days** may be a simple cough or cold if the child does not have a danger sign AND does not have fast breathing. A cough can be uncomfortable and can irritate the throat. A sore throat may prevent the child from drinking and eating well.

For a child who is not exclusively breastfed, sipping a safe, soothing remedy—like honey in warm (not hot) water—can help relieve a cough and soothe the throat. There is no need for other medicine. Tell the caregiver that cough medicines may contain harmful ingredients, and they are expensive.

4.3.4 Discuss: What is a safe, soothing remedy for a sore throat, which is used in your community?

Advise the caregiver to bring the child right away if the child cannot drink or eat or has any other signs that the child is getting sicker. Especially watch for any difficulty breathing. If the child becomes sicker, ask the caregiver to bring the child back right away. Even if the child improves, ask to see the child with cough again in 3 days for a follow-up visit.

There will be more information later on how to treat children with diarrhoea, malaria, or fast breathing. You will also need to follow up these children. You will make sure that, if they become sicker, they go to a health facility for appropriate treatment without delay.



Exercise O:
Demonstration and practice -
Use the recording form to decide to refer or
treat

The recording form guides you to make correct decisions. It helps you identify danger signs. It helps you decide whether to refer the child or treat the child at home.

Part 1. Demonstration

On the next page is the recording form for YetundeAbiola. Your facilitator will use the recording form to guide you through the following steps.

1. What signs of illness did the community health worker find?(See the circled danger signs in the first column, on the left.)
2. Identify danger signs or other signs of illness.

For each sign found, the community health worker ticked [✓] the appropriate space. She circled the **DANGER SIGN** present (in Column 2)

For example, Yetunde is not able to eat or drink anything. To decide whether to refer or treat Yetunde, what action did the community health worker write in space under Action?

3. What would you decide to do—refer Yetunde to the health facility or treat Yetunde at home and advise her mother on home care? For what reason?

Write your action in the space under the column Action to indicate your decision to **refer to health facility** or **treat at home and advise caregiver**.

(for community-based treatment of children from birth up to 5 years)

(Day /month/year)

Girl

Mother

Iwo Road Ibadan

What are the child's problem(s) _____

Ask the Caregiver	Circle Danger Signs Present	Action
Cough Yes ___ No <u>✓</u> If cough How long ___ days Breaths in 1 minute ___ Fast Breathing Yes ___ No ___ Chest Indrawing Yes ___ No ___	<ul style="list-style-type: none"> Cough for 14 days Chest indrawing 	
Diarrhoea (3 or more loose stool in 24 hrs) Yes ___ No <u>✓</u> If diarrhea: How long ___ days Blood in stool Yes ___ No ___	<ul style="list-style-type: none"> Diarrhoea for 14 days Blood in stool 	
Fever (reported or now) Yes <u>✓</u> No ___ If yes Started <u>4</u> days ago	<ul style="list-style-type: none"> Fever last for 7days 	
Convulsions Yes ___ No <u>✓</u>	<ul style="list-style-type: none"> Convulsion 	
Difficulty drinking or feeding Yes <u>✓</u> No ___	<ul style="list-style-type: none"> Not able to drink of fee anything 	
Vomiting Yes <u>✓</u> No ___ If yes, vomits everything Yes <u>✓</u> No ___	<ul style="list-style-type: none"> Vomits everything 	
Sick Newborn (Children 0 day up to 2 mo) Yes ___ No <u>✓</u>	<ul style="list-style-type: none"> Any Sick Newborn 	
Look at the child Unusually sleepy or unconscious Yes ___ No <u>✓</u>	<ul style="list-style-type: none"> Unusually sleepy or unconscious 	
For child 6mths up to 5 years MUAC (Strap Color) <u>Green</u>	<ul style="list-style-type: none"> Red on MUAC 	
Swelling of both feet Yes ___ No <u>✓</u>	<ul style="list-style-type: none"> Swelling of both feet 	
Any other problem Yes ___ No <u>✓</u>	<ul style="list-style-type: none"> I cannot Treat, refer 	
Ask about the child's immunization status Yes----- No-----	<ul style="list-style-type: none"> Needs immunization 	

Part 2: Practice

The community health worker found the signs for each of the children below. Identify which are **DANGER SIGNS** and which are other signs that the child is **SICK but NO Danger Sign**. Circle the appropriate sign and write your action in the space to indicate your decision.

Then, decide to **refer or treat the child at home**. Write the appropriate action in the space to indicate your decision.

Child 1: Dinatulshaya

Sick Child Recording Form		
(for community-based treatment of children from birth up to 5 years)		
Date <u>16 / 5 / 2013</u> CHEW/CORP <u>LC</u> (Day / month / year)		
Child's name: First <u>Dinatu</u> Family <u>Ishaya</u> Age: <u>2</u> Years <u>2</u> Months <u> </u> Days <u> </u> Boy <u> </u> Girl <u> </u>		
Caregiver's name: <u>Rahila Ishaya</u> Relationship: Mother <u> </u> Mother <u> </u> Father <u> </u>		
Address, community: <u>Kuregu ward, Wusasa Zaria</u>		
What are the child's problem(s) <u> </u>		
Ask the Caregiver	Circle Danger Signs Present	Action
Cough Yes <u> </u> No <u>✓</u> If cough How long <u> </u> days Breaths in 1 minute <u> </u> Fast Breathing Yes <u> </u> No <u> </u> Chest Indrawing Yes <u> </u> No <u> </u>	<ul style="list-style-type: none"> Cough for 14 days Chest indrawing 	
Diarrhoea (3 or more loose stool in 24 hrs) Yes <u>✓</u> No <u> </u> If diarrhea: How long <u>2</u> days Blood in stool Yes <u>✓</u> No <u> </u>	<ul style="list-style-type: none"> Diarrhoea for 14 days Blood in stool 	
Fever (reported or now) Yes <u>✓</u> No <u> </u> If yes Started <u>4</u> days ago	<ul style="list-style-type: none"> Fever last for 7 days 	
Convulsions Yes <u> </u> No <u>✓</u>	<ul style="list-style-type: none"> Convulsion 	
Difficulty drinking or feeding Yes <u> </u> No <u>✓</u>	<ul style="list-style-type: none"> Not able to drink or feed anything 	
Vomiting Yes <u>✓</u> No <u> </u> If yes, vomits everything Yes <u>✓</u> No <u> </u>	<ul style="list-style-type: none"> Vomits everything 	
Sick Newborn (Children 0 day up to 2 mo) Yes <u> </u> No <u>✓</u>	<ul style="list-style-type: none"> Any Sick Newborn 	
Look at the child Unusually sleepy or unconscious Yes <u> </u> No <u>✓</u>	<ul style="list-style-type: none"> Unusually sleepy or unconscious 	
For child 6mths up to 5 years MUAC (Strap Color) <u> </u>	<ul style="list-style-type: none"> Red on MUAC 	
Swelling of both feet Yes <u> </u> No <u>✓</u>	<ul style="list-style-type: none"> Swelling of both feet 	
Any other problem Yes <u> </u> No <u>✓</u>	<ul style="list-style-type: none"> I cannot Treat, refer 	
Ask about the child's immunization status Yes----- No-----	<ul style="list-style-type: none"> Needs immunization 	

Child 2: JatauGarba

Sick Child Recording Form <i>(for community –based treatment of children from birth up to 5 years)</i>		
Date <u>16 / 5 / 2013</u> CHEW/CORP <u>JB</u> (Day /month/year)		
Child's name: First <u>Jatau</u> Family <u>Garba</u> Age: <u> </u> Years <u>4</u> Months <u> </u> Days Boy Girl		
Caregiver's name: <u>PaulGarba</u> Relationship Mother /fa Father		
Address, community: <u>Sabon Tasha Kaduna</u>		
What are the child's problem(s) <u> </u>		
Ask the Caregiver	Circle Danger Signs Present	Action
Cough Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If cough How long <u>3</u> days Breaths in 1 minute <u>63</u> Fast Breathing Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chest Indrawing Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Cough for 14 days Chest indrawing 	
Diarrhoea (3 or more loose stool in 24 hrs) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If diarrhea: How long <u> </u> days Blood in stool Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> Diarrhoea for 14 days Blood in stool 	
Fever (reported or now) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes Started <u>3</u> days ago	<ul style="list-style-type: none"> Fever last for 7days 	
Convulsions Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Convulsion 	
Difficulty drinking or feeding Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Not able to drink or feed anything 	
Vomiting Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, vomits everything Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> Vomits everything 	
Sick Newborn (Children 0day up to 2mo) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Any Sick Newborn 	
Look at the child		
Unusually sleepy or unconscious Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Unusually sleepy or unconscious 	
For child 6mths up to 5 years MUAC (Strap Color) <u> </u>	<ul style="list-style-type: none"> Red on MUAC 	
Swelling of both feet Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Swelling of both feet 	
Any other problem Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> I cannot Treat, refer 	
Ask about the child's immunization status Yes----- No-----	<ul style="list-style-type: none"> Needs immunization 	

Child 3: AbimbolaKayode

Sick Child Recording Form		
(for community –based treatment of children from birth up to 5 years)		
Date <u>16 / 5 / 2013</u> CHEW/CORP <u>JB</u> (Day /month/year)		
Child's name: First <u>Abimbola</u> Family <u>Kayode</u> Age: <u>1</u> Years <u>3</u> Months <u> </u> Days Boy <input type="radio"/> Girl <input checked="" type="radio"/>		
Caregiver's name: <u>OlufunkeKayode</u> Relationship: <input checked="" type="radio"/> Mother <input type="radio"/> other <u> </u>		
Address, community: <u>Ijanikilagos</u>		
What are the child's problem(s) <u> </u>		
Ask the Caregiver	Circle Danger Signs Present	Action
Cough Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If cough How long <u>3</u> days Breaths in 1 minute <u>47</u> <u>Fast Breathing</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chest Indrawing Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Cough for 14 days Chest indrawing 	
Diarrhoea (3 or more loose stool in 24 hrs) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If diarrhea: How long <u> </u> days Blood in stool Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> Diarrhoea for 14 days Blood in stool 	
Fever (reported or now) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes Started <u> </u> days ago	<ul style="list-style-type: none"> Fever last for 7days 	
Convulsions Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Convulsion 	
Difficulty drinking or feeding Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Sore Throat)	<ul style="list-style-type: none"> Not able to drink or feed anything 	
Vomiting Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, vomits everything Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> Vomits everything 	
Sick Newborn (Children 0day up to 2 mo) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Any Sick Newborn 	
Look at the child Unusually sleepy or unconscious Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Unusually sleepy or unconscious 	
For child 6mths up to 5 years MUAC (Strap Color) <u>Green</u>	<ul style="list-style-type: none"> Red on MUAC 	
Swelling of both feet Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Swelling of both feet 	
Any other problem Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> I cannot Treat, refer 	
Ask about the child's immunization status Yes----- No-----	<ul style="list-style-type: none"> Needs immunization 	

4.4 Looking ahead

So far, you have learned to ASK and LOOK to identify signs of illness. Then, using the signs, you decided whether to refer a child or treat the child at home. Page 1 of the Sick Child Recording Form guides you in identifying signs of illness and deciding whether to refer the child or treat the child at home.

Next you will learn how to treat a child at home. If you refer a child to the health facility, you can also prepare a child and the child's family for referral. Page 2 of the recording form helps you decide what to do to assist referral or treat the child at home. Page 2 also lists the schedule of vaccines the child needs to prevent many common childhood illnesses.

SECTION 5: Treating children in the community

One-year-old Nuhu has a fever and is coughing. He is weak. He needs to go to the health facility. The health facility, however, is very far away.

So MrsYohanna first takes her son to see the community health worker. The community health worker now has medicine for children. He asks questions. He looks at Nuhu from head to toe. He decides that Nuhu does not have any danger sign.

Malaria is very common in the area, and Nuhu has a fever. The community health worker does a rapid diagnostic test (RDT) for malaria. The RDT result is positive for malaria, so Nuhu needs an antimalarial.



The community health worker also counts Nuhu's breaths. He decides that Nuhu has pneumonia and needs an antibiotic right away.

The community health worker shows Mrs Yohanna how to prepare the antimalarial medicine and the oral antibiotic by mixing each with breast milk. MrsYohanna then gives Nuhu the first dose of each medicine slowly with a spoon.

The community health worker then gives MrsYohanna medicine to give Nuhu at home. He explains how much, when, and how many days to give the antibiotic and antimalarial to Nuhu.

The community health worker also explains how to care for Nuhu at home. MrsYohanna should give breast milk more often, and continue to feed Nuhu while he is sick. If Nuhu's breathing becomes more difficult or he becomes sicker, MrsYohanna should bring him back right away.

At home MrsYohanna has a bednet, treated with insecticide. The community health worker asks Mrs.Yohanna to describe how she uses the bednet. He explains that it is very important for Nuhu and the other young children to sleep inside the bednet, to prevent malaria.

Before Nuhu leaves, the community health worker checks his vaccination record. Nuhu has had all his vaccines.

MrsYohanna agrees to bring Nuhu back in 3 days for a follow-up visit. Even if Nuhu improves, the community health worker explains that he wants to see Nuhu again.

Mrs. Yohanna is grateful. Nuhu has already begun treatment. If Nuhu gets better, they will not need to go the long distance to the health facility.

A community health worker who has medicine for common childhood illness—with the training to use it correctly—can bring treatment to many children. Children receive life-saving treatment with less delay when medicine is available in the community.

You have learned to identify signs of illness and to use the signs to decide whether to refer the child to a health facility or treat the child at home.

You will now learn how to give children life-saving medicine—Oral Rehydration Salts (ORS) solution, zinc, an antimalarial, and an antibiotic.

5.1 If NO danger sign: Treat the child at home

You will see many sick children who do not have danger signs or another problem needing referral. Children with diarrhoea, malaria, and fast breathing may be treated at home. This treatment, with good basic home care, is essential. Without treatment, they may become sicker and die.

This box below, from the recording form, summarizes the home treatments for diarrhoea, fever, and fast breathing:

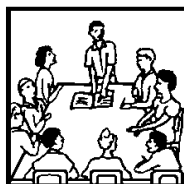
<input type="checkbox"/> If diarrhoea	<input type="checkbox"/> Give ORS. <input type="checkbox"/> Give zinc supplement.
<input type="checkbox"/> If fever	<input type="checkbox"/> Do a rapid diagnostic test (RDT): __POSITIVE __NEGATIVE <input type="checkbox"/> If RDT is positive, give oral antimalarial ACT
<input type="checkbox"/> If fast breathing	<input type="checkbox"/> Give oral antibiotic.

For diarrhoea, give the child Oral Rehydration Salts (ORS) solution and a zinc supplement. For fever (less than 7 days), first do a rapid diagnostic test for malaria. (You will learn how to do the test later). If the test is positive, tick [✓] that the result was positive. Give the child the oral antimalarial ACTs (Artemether-Lumefantrine or Artesunate-Amodiaquine) if the child is age 2 months or older. For fast breathing, give the child an oral antibiotic.

It is common for a child to have two or all three of these signs. The child needs treatment for each. If a child has diarrhoea and malaria, for example, give the child: ORS, zinc supplement, and an oral antimalarial for treatment at home. More details on these medicines and how to give them will be discussed later.

In addition, advise caregivers of all sick children on home care. The box below, from the recording form, summarizes the basic home care.

<input type="checkbox"/> For ALL children treated at home, advise on home care	<input type="checkbox"/> Advise caregiver to give more fluids and continue feeding. <input type="checkbox"/> Advise caregiver to tepid sponge, wear loose clothing and ensure adequate ventilation <input type="checkbox"/> Advise on when to return. Go to nearest health facility or, if not possible, return immediately if child: <ul style="list-style-type: none"> <input type="checkbox"/> Cannot drink or feed <input type="checkbox"/> Becomes sicker <input type="checkbox"/> Has blood in the stool <input type="checkbox"/> Fever persist <input type="checkbox"/> Pallor/whiteness of the palm/eye lids/lips <input type="checkbox"/> Not responding to ACT <input type="checkbox"/> Follow up child in 3 days.
--	--



Exercise P:

Demonstration and Practice: Decide on treatment for the child

Part 1. Demonstration

Your facilitator will show you examples of the medicine you can give a child: ORS, zinc supplement, an oral antimalarial ACT (Artemisinin-Lumefantrine or Artesunate-Amodiaquine), and an oral antibiotic.

Part 2. Practice

For each child below, tick [✓] all the treatments to give at home. No child has a danger sign.

To decide, refer to the yellow box for **TREAT at home and ADVISE on home care** on page 9 to 11 of the Chart Booklet. Discuss your decisions with the group.

After you decide the treatment, the facilitator will give you medicine to select for the child's treatment. For a child with fever, the facilitator (and the worksheet below) will tell you whether the RDT was positive or negative for malaria.

<p>1. Child age 3 years has cough, fast breathing and fever</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Give ORS <input type="checkbox"/> Give zinc supplement <input type="checkbox"/> Do a rapid diagnostic test (RDT): __POSITIVE <input checked="" type="checkbox"/>NEGATIVE <input type="checkbox"/> If RDT is positive, give ACT <input type="checkbox"/> Give oral antibiotic <input type="checkbox"/> Advise on home care <ul style="list-style-type: none"> <input type="checkbox"/> Advise caregiver to give more fluids and continue feeding <input type="checkbox"/> Advise caregiver to tepid sponge, wear loose clothing and ensure adequate ventilation <input type="checkbox"/> Advise on when to return <input type="checkbox"/> Follow up child in 3 days
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<p>2. Child age 6 months has fever and is breathing 55 breaths per minute</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Give ORS <input type="checkbox"/> Give zinc supplement <input type="checkbox"/> Do a rapid diagnostic test (RDT): <input checked="" type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> If RDT is positive, give ACT <input type="checkbox"/> Give oral antibiotic <input type="checkbox"/> Advise on home care <ul style="list-style-type: none"> <input type="checkbox"/> Advise caregiver to give more fluids and continue feeding <input type="checkbox"/> Advise caregiver to tepid sponge, wear loose clothing and ensure adequate ventilation <input type="checkbox"/> Advise on when to return <input type="checkbox"/> Follow up child in 3 days
<p>3. Child age 11 months has diarrhoea for 2 days; he is not interested in eating but will breastfeed</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Give ORS <input type="checkbox"/> Give zinc supplement <input type="checkbox"/> Do a rapid diagnostic test (RDT): <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> If RDT is positive, give ACT <input type="checkbox"/> Give oral antibiotic <input type="checkbox"/> Advise on home care <ul style="list-style-type: none"> <input type="checkbox"/> Advise caregiver to give more fluids and continue feeding <input type="checkbox"/> Advise caregiver to tepid sponge, wear loose clothing and ensure adequate ventilation <input type="checkbox"/> Advise on when to return <input type="checkbox"/> Follow up child in 3 days
<p>4. Child age 2 years has a fever and a YELLOW reading on the MUAC strap</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Give ORS <input type="checkbox"/> Give zinc supplement <input type="checkbox"/> Do a rapid diagnostic test (RDT): <input checked="" type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> If RDT is positive, give ACT <input type="checkbox"/> Give oral antibiotic <input type="checkbox"/> Advise on home care <ul style="list-style-type: none"> <input type="checkbox"/> Advise caregiver to give more fluids and continue feeding <input type="checkbox"/> Advise caregiver to tepid sponge, wear loose clothing and ensure adequate ventilation <input type="checkbox"/> Advise on when to return <input type="checkbox"/> Follow up child in 3 days

<p>5. Child age 1 year has had fever, diarrhoea, and vomiting (not everything) for 3 days</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Give ORS <input type="checkbox"/> Give zinc supplement <input type="checkbox"/> Do a rapid diagnostic test (RDT): <input checked="" type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> If RDT is positive, give ACT <input type="checkbox"/> Give oral antibiotic <input type="checkbox"/> Advise on home care <ul style="list-style-type: none"> <input type="checkbox"/> Advise caregiver to give more fluids and continue feeding <input type="checkbox"/> Advise caregiver to tepid sponge, wear loose clothing and ensure adequate ventilation <input type="checkbox"/> Advise on when to return <input type="checkbox"/> Follow up child in 3 days
<p>6. Child age 10 months with cough vomits ground food but continues to breastfeed for short periods of time</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Give ORS <input type="checkbox"/> Give zinc supplement <input type="checkbox"/> Do a rapid diagnostic test (RDT): <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> If RDT is positive, give ACT <input type="checkbox"/> Give oral antibiotic <input type="checkbox"/> Advise on home care <ul style="list-style-type: none"> <input type="checkbox"/> Advise caregiver to give more fluids and continue feeding <input type="checkbox"/> Advise caregiver to tepid sponge, wear loose clothing and ensure adequate ventilation <input type="checkbox"/> Advise on when to return <input type="checkbox"/> Follow up child in 3 days
<p>7. Child age 4 years has diarrhoea for 3 days and is weak</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Give ORS <input type="checkbox"/> Give zinc supplement <input type="checkbox"/> Do a rapid diagnostic test (RDT): <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> If RDT is positive, give ACT <input type="checkbox"/> Give oral antibiotic <input type="checkbox"/> Advise on home care <ul style="list-style-type: none"> <input type="checkbox"/> Advise caregiver to give more fluids and continue feeding <input type="checkbox"/> Advise caregiver to tepid sponge, wear loose clothing and ensure adequate ventilation <input type="checkbox"/> Advise on when to return <input type="checkbox"/> Follow up child in 3 days

<p>8. Child age 6 months has fever and cough for 2 days</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Give ORS <input type="checkbox"/> Give zinc supplement <input type="checkbox"/> Do a rapid diagnostic test (RDT): <input checked="" type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> If RDT is positive, give ACT <input type="checkbox"/> Give oral antibiotic <input type="checkbox"/> Advise on home care <ul style="list-style-type: none"> <input type="checkbox"/> Advise caregiver to give more fluids and continue feeding <input type="checkbox"/> Advise caregiver to tepid sponge, wear loose clothing and ensure adequate ventilation <input type="checkbox"/> Advise on when to return <input type="checkbox"/> Follow up child in 3 days
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5.2 Give oral medicine and advise the caregiver

Sick children need treatment without delay. Begin treatment before the child leaves, if the child can drink.

Help the caregiver give the first dose in front of you. This way you can make sure the treatment starts as soon as possible, and the caregiver knows how to give it correctly. Then ask the caregiver to give the child the rest of the medicine at home.

The child you refer to a health facility should also receive the first dose, if the child can drink. It takes time to go to the health facility. The child may have to wait to receive treatment there. In the meantime, the first dose of the medicine starts to work.

This section presents:

- The treatment for diarrhoea (give ORS solution and a zinc supplement)
- The treatment for children with malaria (an antimalarial) plus advice on using a bednet (LLIN).
- The treatment for fast breathing (an antibiotic).
- Home care for all sick children not referred to the health facility.

5.2.1 Check the expiration date

Old medicine loses its ability to cure the illness. Old medicines may also be toxic to the body. Check the expiration date on the package of antibiotics and all other medicine before you use them. Today's date should not be later than the expiration date.

For example, if it is now May 2010 and the expiration date is December 2009, the medicine has expired. Do not use expired medicines. They may no longer be effective. If medicines expire, replace them during the next visit to the dispensary.

The manufacturer put this stamp on the box of an antibiotic. In addition to the manufacturer's batch number, there are two dates: the medicine's manufacturing date and the expiration date.

BATCH No. :	6H 89
MFD. DATE:	AUG 06
EXP. DATE :	JULY 09

What is the expiration date?

Has this medicine expired?

If this antibiotic was in your medicine kit, what would you do with it? Return it or use it?

Also check the expiration date on the rapid diagnostic test packet (RDT). Do not use an expired test kit. It may give false results.



Exercise Q:
Check the expiration date of medicine

The facilitator will show you sample packages of medicine and rapid diagnostic tests (RDT) for malaria. Find the expiration date on the samples. Decide whether the items have expired or are still useable.

Medicine or RDT kit	Expiration date	Expired? Circle Yes or No		Return? Tick [✓]	Use? Tick [✓]
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		

5.2.2 If diarrhoea

Diarrhoea is the passage of unusually loose or watery stools, at least 3 times within 24 hours. Mothers and other caregivers usually know when their children have diarrhoea.

Diarrhoea with dehydration is a major cause of childhood deaths. Frequent bouts of diarrhoea also contribute to malnutrition.

If the child has diarrhoea less than 14 days, with no blood in stool and no other danger sign, the family can treat a child with diarrhoea at home. A child with diarrhoea receives ORS solution and a zinc supplement.

Below is the box on treating diarrhoea on page 2 of the recording form. The box is there to remind you about what medicine to give and how to give it.

<input type="checkbox"/> If diarrhoea (less than 14 days AND no blood in stool)	<input type="checkbox"/> Give ORS. Help caregiver to give child ORS solution in front of you until child is no longer thirsty. <input type="checkbox"/> Give caregiver 2 ORS packets to take home. Advise to give as much as the child wants, but at least 1/2 cup ORS solution after each loose stool. <input type="checkbox"/> Give zinc supplement (20mg). Give 1 dose daily for 10 days: <input type="checkbox"/> Age 2 months up to 6 months—1/2 tablet (total 5 tabs) <input type="checkbox"/> Age 6 months up to 5 years—1 tablet (total 10 tabs) Help caregiver to give first dose now.
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5.2.2.1 Give Low Osmolar ORS

A child with diarrhoea can quickly become dehydrated and may die. The body loses water and salts in diarrhoea. These must be replaced. Giving water, breast milk, and other fluids to children with diarrhoea helps to prevent dehydration.

However, children who are dehydrated—or are in danger of becoming dehydrated—need a mixture of low osmolar Oral Rehydration Salts (ORS) and water. The low osmolar ORS solution replaces the water and salts that the child loses in the diarrhoea. It prevents the child from getting sicker. The new, improved ORS also helps shorten the



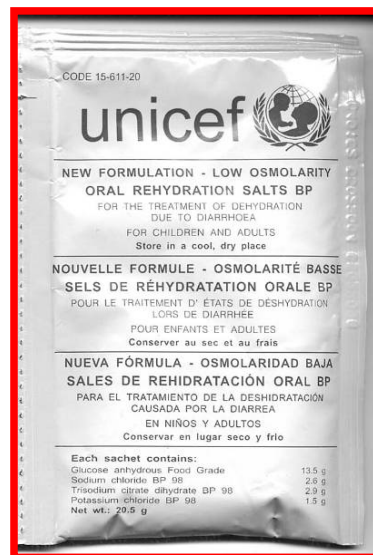
time the child will suffer with diarrhoea.

Use every opportunity to teach caregivers how to prepare low osmolarORS solution.

Ask caregivers to begin giving low osmolarORS in front of you, and give it until the child has no more thirst. The time the child is in front of you taking low osmolarORS helps you to see whether the child will improve. You also have a chance to see that the caregiver is giving the low osmolar ORS solution correctly and continues to give it.

If the child does not improve, or develops a danger sign, immediately refer the child to the health facility.

If the child improves, give the caregiver 2 packets of low osmolarORS to take home. If diarrhoea continues, advice the caregiver to give as much ORS solution as the child wants. But give **at least ½cup** of a 250 ml cup (about 125 ml) after each loose stool.



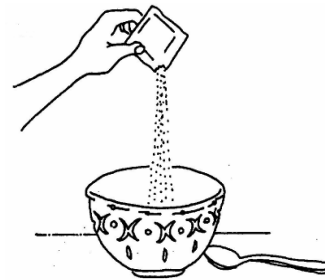
Low osmolarORS mixed with water replaces the fluids and salts lost during diarrhoea.

The new formulation of ORS—low osmolar ORS—helps to reduce the amount of fluids the child loses during diarrhoea. It also helps shorten the number of days the child is sick with diarrhoea.

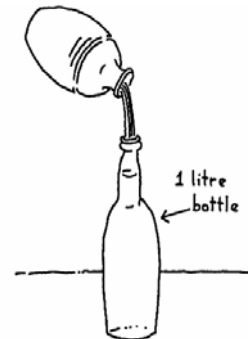
(UNICEF distributes this packet of ORS to mix with 1 litre of water. A locally produced packet will look different and may require less than 1 litre of water. Check the packet for the correct amount of water to use.)

Prepare low osmolar ORS solution

1. Wash your hands with soap and water.
2. Pour the entire contents of 1 packet of ORS into a clean container (a mixing bowl or jar) for mixing the ORS. The container should be large enough to hold at least 1 litre.



3. Measure 1 litre of clean water (or correct amount for packet used). Use the cleanest drinking water available.
In your community, what are common containers caregivers use to measure 1 litre of water?



4. Pour the water into the container. Mix well until the salts completely dissolve.



Give ORS solution

1. Explain to the caregiver the importance of replacing fluids in a child with diarrhoea. Also explain that the ORS solution tastes salty. Let the caregiver taste it. It might not taste good to the caregiver. But a child who is dehydrated drinks it eagerly.
2. Ask the caregiver to start giving the child the ORS solution in front of you. Give frequent small sips from a cup or spoon. (Use a spoon to give ORS solution to a young child.)
3. If the child vomits, advise the caregiver to wait 10 minutes before giving more ORS solution. Then start giving the solution again, but more slowly. She should offer the child as much as the child will take or at least $\frac{1}{2}$ cup ORS solution after each loose stool.

4. Check the caregivers' understanding. For example:

- Observe to see that she is giving small sips of the ORS solution. The child should not choke.
- Ask her: How often will you give the ORS solution? How much will you give?

5. The child should also drink the usual fluids that the child drinks, such as breast milk.



If the child is not exclusively breastfed, the caregiver should offer the child clean water. Advise the caregiver not to give very sweet drinks and juices to the child with diarrhoea who is taking ORS.

6. How do you know when the child can go home?

A dehydrated child, who has enough strength to drink, drinks eagerly. If the child continues to want to drink the ORS solution, have the mother continue to give the ORS solution in front of you.

If the child becomes more alert and begins to refuse to drink the ORS, it is likely that the child is not dehydrated. If you see that the child is no longer thirsty, then the child is ready to go home.

7. Put the extra ORS solution in a container and give it to the caregiver for the trip home (or to the health facility, if the child needs to be referred). Advise caregivers to bring a closed container for extra ORS solution when they come to see you next time.
8. Give the caregiver 2 extra packets of ORS to take home, in case she needs to prepare more.

Encourage the caregiver to continue to give ORS solution as often as the child will take it. She should try to give at least $\frac{1}{2}$ cup after each loose stool.

TIP: Be ready to give ORS solution to a child with diarrhoea. Keep with your medicine kit:

- A supply of ORS packets
- A 1 litre bottle or other measuring container
- A container and spoon for mixing the ORS solution
- A cup and small spoon for giving ORS
- A jar or bottle with a cover, to send ORS solution with the caregiver on the trip to health facility or home.

Store Low Osmolar ORS solution

1. Keep ORS solution in a clean, covered container.
2. Ask the caregiver to make fresh ORS solution when needed. Do not keep the mixed ORS solution for more than 24 hours. It can lose its effectiveness.



Exercise R:

Discussion - How to prepare and give ORS solution

Maryam is 2 years old. She has diarrhoea. Review what the community health worker should do to treat Maryam's diarrhoea. **With the group, fill in the blanks with the correct words, listed below:**

solution	no longer thirsty	one packet	litre	loose stool
slowly	Dehydration	dissolve	spoon	vomits or
water	24 hours	Cup	one half	spits up

The community health worker will give Maryam ORS _____ for her diarrhoea. It will help prevent _____.

He empties _____ of ORS into a bowl. He pours one _____ of drinking water into the bowl with the **ORS**. He stirs the ORS solution with a spoon until the salts _____.

He asks the mother to begin giving Maryam the ORS solution with a _____ or with a _____. He advises the mother to wait 10 minutes, if Maryam _____. Then she can start giving the ORS solution again, but more _____.

Maryam no longer breastfeeds. Therefore, Maryam should also drink more _____, to increase the fluids she takes.

Maryam's mother should try to give her child _____ cup of ORS solution after each _____, or as much as Maryam wants.

How does the community health worker know that Maryam is ready to go home? _____.

Her mother can keep unused ORS solution for _____ hours in a covered container.

What can the community health worker do to check the mother's understanding on how to give Maryam ORS solution at home?

5.2.2.2 Give zinc supplement

Zinc is an important part of the treatment of diarrhoea. Zinc helps to lessen the amount of fluid lost during diarrhoea so that the diarrhoea is less severe. Zinc shortens the number of days of diarrhoea. It increases the child's appetite and makes the child stronger.

Zinc also helps prevent diarrhoea in the future. Giving zinc for the full 10 days can help prevent diarrhoea for up to the next three months.

For these reasons, we now give zinc to children with diarrhoea. The diarrhoea treatment box on the recording form tells how much zinc to give—the dose. It also tells how many tablets (tabs) the child should take in 10 days. You will give the caregiver the total number of tablets for the 10 days, and help her as she gives the first dose now.

Before you give a child a zinc supplement, **check the expiration date** on the package. Do not use a zinc supplement that has expired.

<input type="checkbox"/> If Diarrhoea (less than 14 days AND no blood in stool)	<input type="checkbox"/> Give ORS. Help caregiver to give child ORS solution in front of you until child is no longer thirsty. <input type="checkbox"/> Give caregiver 2 ORS packets to take home. Advise to give as much as the child wants, but at least ½ cup ORS solution after each loose stool. <input type="checkbox"/> Give zinc supplement (20mg). Give 1 dose daily for 10 days: Age 2 months up to 6 months—½ tablet (total 5 tabs of 20mg tablet) Age 6 months up to 5 years—1 tablet (total 10 tabs of 20mg tablet) Help caregiver to give first dose now.
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Refer again to the diarrhoea box above (from your recording form).

How much zinc do you give a *child age 2 months up to 6 months*?

- Half (½) tablet of 20 mg zinc tablet
- One time daily
- For 10 days

Give the caregiver a supply of 5 tablets for a child age 2 months up to 6 months. Then, teach the caregiver how to cut the tablet and give the first dose—half a tablet—to the child now.

How much zinc do you give a *child age 6 months up to 5 years*?

- One (1) whole tablet of 20 mg zinc tablet
- One time daily
- For 10 days.

Give the caregiver a supply of 10 tablets for the 10 days—the whole blister pack of 10 tablets. Ask the caregiver to give the first dose now.

For each child below, what dose of zinc supplement do you give?

Also, how many tablets totally would you give for the full 10-day treatment?

- ***For a child age 2 months***
- ***For a child age 3 months***
- ***For a child age 6 months***
- ***For a child age 3 years***
- ***For a child age 5 months***
- ***For a child age 4 years***
- ***For a child age 4 months***

A 10-day treatment with zinc supplements helps to prevent diarrhoea for the next three months.

Zinc supplements come in a 10-tablet blister pack. One blister pack is enough for the full treatment of a child age 6 months up to 5 years.

Cut the packet in half to give 5 tablets to the child age 2 months up to 6 months. (See the example.)



Help the caregiver give the first dose now

1. If the dose is for half tablet or one tablets help the caregiver to know one.



2. Ask the caregiver to put the tablet or tablets into a spoon with breast milk or water. The tablet will dissolve. The caregiver does not need to crush the tablet before giving it to the child.



3. Now, help the caregiver give her child the first dose of zinc. The child might spit out the zinc solution. If so, then use the spoon to gather the zinc solution and gently feed it to the child again. If this is not possible and the child has not swallowed the solution, give the child another dose.

4. Encourage the caregiver to ask questions. Praise the caregiver for being able to give the zinc to her child. Explain how the zinc will help her child.

Give the caregiver enough zinc for 10 days. Explain how much zinc to give, once a day. Mark the dose on the packet of tablets.

Emphasize that it is important to give the zinc for the full ten days, even if the diarrhoea stops. Ten days of zinc will help her child have less diarrhoea in the months to come. The child will have a better appetite and will become stronger.

Then, advise the caregiver to keep all medicines out of reach of children. She should also store the medicines in a clean, dry place, free of mice and insects.

Finally, record the treatment you gave for the diarrhoea on the recording form and the correct dose). The form is a record of the treatment, as well as a guide for making decisions.



ExerciseS:

Role play practice: Prepare and give ORS solution and zinc supplement

[This may be the first time that community health workers will prepare an ORS solution or a zinc supplement. If so, the facilitator will demonstrate the unfamiliar tasks before this role play practice.]

Roll play practice

Work with a partner who will be the caregiver. Make sure that the caregiver has a doll. If none is available, wrap a cloth to serve as a small child.

1. Follow the steps described in this manual to show the caregiver how to prepare the ORS solution.

The caregiver should do *all* tasks. The community health worker should coach so that the caregiver learns to prepare the ORS solution correctly. Guide the caregiver in measuring the water, emptying the entire packet, stirring the solution, and tasting it.

2. Help the caregiver give the ORS solution to her child.
3. Help the caregiver prepare and give the first dose of the zinc supplement to her child. Follow the steps in this manual.
4. Discuss any difficulties participants had in preparing and giving ORS solution and zinc supplement. Identify how to involve the caregiver in doing the tasks.

5.2.3 If fever

Many children become sick with fever. You can identify fever by touch. Fever in a sick child, however, is not always present. Therefore, also ask the caregiver and accept the caregiver's report of fever now or in the last three days.

Fever may be a sign of malaria where there is a risk of malaria. Malaria is the most common cause of childhood deaths in some communities. Therefore, it is important to treat children who have malaria with an antimalarial.

We cannot assume, however, that a child with fever has malaria. The antimalarial medicine is not useful for cases of fever other than that caused by malaria. Also, there is a risk of building the resistance of the malaria parasite to the specific antimalarial. Over time, this decreases its ability to be effective in treating malaria.

We now have a rapid diagnostic test (RDT) to determine whether a child has malaria (for *falciparum* malaria). The test can be done in the community. Before treating a child with fever, therefore, you will determine whether the child has malaria by doing an RDT. The fever box (below) on the recording form reminds you to do the RDT before you treat the child for malaria.

<input type="checkbox"/> If Fever (less than 7 days)	<input type="checkbox"/> Do a rapid diagnostic test (RDT): __Positive __Negative <input type="checkbox"/> If RDT is positive, give ACT. AL <input type="checkbox"/> Age 2 months up to 3 years—1 tablet (total 6 tabs) <input type="checkbox"/> Age 3 years up to 5 years—2 tablets (total 12 tabs) Help caregiver give first dose now(If child vomits first dose within 30minutes, repeat dose), and 2 nd dose after 8 hours at home. Then give dose twice daily for 2 more days. AA <input type="checkbox"/> Age 2 months up to 11 months—1 tablet (total 3 tabs), Tablet strength 25mg Artesunate/67.5mg Amodiaquine <input type="checkbox"/> Age 1 year up to 5 years—1 tablets (total 3 tabs), Tablet strength 50mg Artesunate/135mg Amodiaquine help caregiver give first dose now If child vomits first dose within 30minutes, repeat dose <input type="checkbox"/> Advise caregiver on use of a bednet (LLIN).
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Exercise T: **Demonstration: Do a rapid diagnostic test for malaria**

Your facilitator will demonstrate the steps to do a rapid diagnostic test (RDT). As you follow the demonstration, read the summary of the steps in the section that follows. If you use a different RDT in your area, your facilitator will demonstrate using the locally available kit.

[Note: If there is a video available to demonstrate the use of the RDT you use locally, it may be used instead of this demonstration by your facilitator. Also note that there are different brands of RDT kits so always follow the procedure as specified in the manufacturers instruction guide]

□ Do a rapid diagnostic test (RDT)¹

Organize the supplies

First, collect the supplies for doing the RDT (see below). Organize a table area to keep all supplies ready for use.

For each child with fever, collect these supplies for the RDT:

1. **NEW unopened test packet**
2. **NEW unopened spirit (alcohol) swab**
3. **NEW unopened lancet**
4. **New pair of disposable gloves**
5. **Buffer**
6. **Timer** (up to at least 15 minutes)
7. **Sharps box**



1. Test packet



2. Spirit (alcohol) swab



4. Disposable gloves



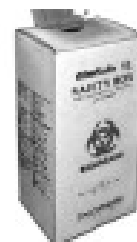
3. Lancet



5. Buffer



6. Timer



7. Sharps box

¹The instructions with diagrams, here and in Annex A, are taken from *How to use a rapid diagnostic test (RDT): A guide for training at a village and clinic level* (2006). The Quality Assurance Project (QAP) and the World Health Organization (WHO). Bethesda, MD, and Geneva, Switzerland. The national malaria programme will substitute the instructions for the locally used test kit, if different.

Perform the test

- 1. Check the expiry date of the packet, colour or the desiccant sachet.**

The expiry date marked on the test package must be after today's date to be more confident of the effectiveness of the test materials.

- 2. Put on the gloves. Use new gloves for each child.**

- 3. Open the test packet and remove the test items: test, blood collection device, and desiccant sachet.**

The desiccant sachet is not needed for the test. It protects the test materials from humidity in the packet. Throw it away in a non-sharps waste container.

- 4. Write the child's name on the test.**

- 5. Use the spirit swab to clean the child's fourth finger on the left hand** (or, if the child is left-handed, clean the fourth finger on the right hand).

Then, allow the finger to dry in the air. Do not blow on it, or you will contaminate it again.

- 6. Open the lancet. Prick the child's fourth finger—the one you cleaned—to get a drop of blood.** Prick towards the side of the ball of the finger, where it will be less painful than on the tip.

Then, turn the child's arm so the palm is facing downward. Squeeze the pricked finger to form a drop of blood.

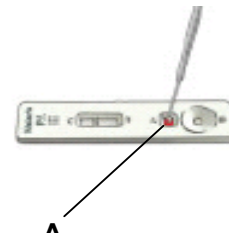


- 7. Discard the lancet *immediately* in the sharps box.**

Do not set the lancet down. There is an increased risk of poking yourself (with contamination by the blood) when you try to pick up the lancet later.

- 8. Use the blood collection device in the test kit to collect the drop of blood.**

9. Use the blood collection device to put the drop of blood into the square hole marked A.



10. Discard the blood collection device in the sharps box.

11. Put appropriate drops of the buffer into the round hole marked B.

Record the time you added the buffer.



12. Wait 15 minutes after adding the buffer.

After 15 minutes the red blood will drain from the square hole A.

Management of waste: Ensure that the sharp box is close to the testing area. On completion of testing gently dispose the used lancet into the sharp box provided through the opening at the top. When the box is three quarters full, dispose the entire box by burning or burying. Dispose of all other medical waste (gloves, alcohol swab, desiccant, sachet and packing in a non-sharp container



Exercise U: Do an RDT

Your facilitator will divide the participants into groups of two or three participants to practice doing an RDT.

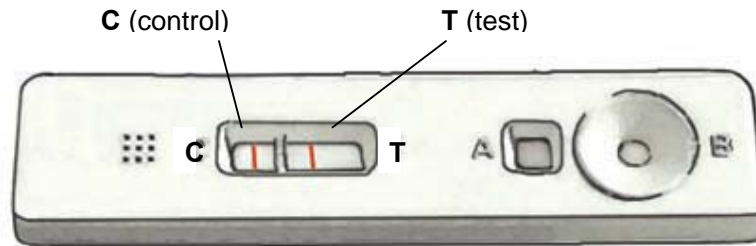
1. **Organize the supplies.** From the table display, take a set of supplies for performing the tests—one for each participant in your group. Lay them out in order of their use.
2. **Perform the test.** Do a rapid diagnostic test on each other. Use the job aid in Annex A to guide the test.

A facilitator will observe to ensure that the test is done correctly and the safety procedures are followed.

When you add the buffer, write the time on a piece of paper. Keep the test until later, when you will read the results.

Read the test results

13. Read the results in the C (control) and T (test) windows.



14. How to read the results:

Result	Decide	Comment
INVALID test: No line in control window C.	Repeat the test with a new unopened test kit	Control window C must <i>always</i> have a red line. If it does not, the test is damaged. The results are INVALID .
POSITIVE: Red line in control window C AND Red line in test window T. See the example in above test.	Child has MALARIA	The test is POSITIVE even if the red line in test window T is faint.
NEGATIVE: Red line in control window C AND NO red line in test window T.	Child has NO MALARIA	To confirm that the test is NEGATIVE , be sure to wait the full 15 minutes after adding the buffer.

15. Dispose of the gloves, spirit swab, desiccant sachet, and packaging in a non-sharps waste container.

Record the test results on the recording form. Tick [✓] the results of the test for malaria, ___Positive or ___Negative in the fever box on the back of the recording form.

Then dispose of the test in a non-sharps waste container.

Each test can be used only once. For the safety of the child, start with a new unopened test packet, spirit (alcohol) swab, lancet, and disposable gloves. While doing the test and disposing of used items, prevent the possibility that one child's blood will be passed to yourself or to another child.



Exercise V: Read the RDT

Part 1. Read the result of the demonstration test

The results of the test done during the demonstration should now be ready. Your facilitator will ask you to read the results of the demonstration test. Remember to always check first whether the test is valid.

Tick [✓] the result here (do not share your answer with others):

___Invalid ___Positive ___Negative

The facilitator will then discuss the results. Be ready to explain your decision. What do the results mean?

Part 2. Read the result of the test you completed

If 15 minutes have passed since you added the buffer to the test you gave your partner, then read the results of the test: Tick [✓] the result here: ___ Invalid ___Positive ___Negative

Discuss the results with the facilitator.

Part 3. More practice on reading test results

The facilitator will give you cards with sample test results on them. Write the test number for each below. Then read the results and record [✓] the results here:

Test number:_____ ___Invalid ___Positive ___Negative

Test number:_____ ___Invalid ___Positive ___Negative

Test number:_____ ___Invalid ___Positive ___Negative

Test number:_____ ___Invalid ___Positive ___Negative

Test number:_____ ___Invalid ___Positive ___Negative

When you have finished, the facilitator will discuss the test results with you.

5.2.3.1 If RDT is positive, give ACT

If the rapid diagnostic test results are positive for malaria, your ability to start treatment quickly with an antimalarial medicine can save the child's life.



The malaria programme recommends ACT for treatment of malaria. It combines medicines that together are currently effective against malaria in many communities.¹ Nigeria provides pre-packaged AL or AA for two age groups of children.

Before you give a child an antimalarial, **check the expiration date** on the package. Do not use an antimalarial that has expired.

Refer to the fever box below, which is also on the recording form.

<input type="checkbox"/> If Fever (less than 7 days)	<input type="checkbox"/> Do a rapid diagnostic test (RDT): __POSITIVE __NEGATIVE <input type="checkbox"/> If RDT is positive, give ACT. AL <input type="checkbox"/> Age 2 months up to 3 years—1 tablet (total 6 tabs) <input type="checkbox"/> Age 3 years up to 5 years—2 tablets (total 12 tabs) Help caregiver give first dose now(If child vomits first dose within 30minutes, repeat dose), and 2 nd dose after 8 hours. Then give dose twice daily for 2 more days. AA <input type="checkbox"/> Age 2 months up to 11 months—1 tablet (total 3 tabs), Tablet strength 25mg Artesunate/67.5mg Amodiaquine <input type="checkbox"/> Age 1 year up to 5 years—1 tablets (total 3 tabs), Tablet strength 50mg Artesunate/135mg Amodiaquine help caregiver give first dose now If child vomits first dose within 30minutes, repeat dose <input type="checkbox"/> Advise caregiver on use of a bednet (LLIN).
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¹ The effectiveness of an antimalarial in acting against malaria can be lost, sometimes quite quickly. The malaria programme responds with new guidelines when an antimalarial is no longer effective. Many malaria programs now distribute ACT (an Artemisinin-based Combination Therapy) for treating *falciparum* malaria. As this manual cannot present all formulations, the one discussed here is based on an antimalarial that combines Artemether and Lumefantrine OR Artesunate and Amodiaquine. Your malaria programme will adapt these guidelines to current policies and antimalarials available for use in community settings.

ArthemeterLumifantrine**What is the dose for a child age 2 months up to 3 years?**

- One (1) tablet of AL
- Twice daily
- For 3 days

You will give a total of 6 tablets for the full 3-day treatment. Ask the caregiver to give the first dose immediately—1 tablet, and then after 8 hours again give 1 tablet. Then, give the remaining tablets, 1 in the morning and 1 at night until the tablets are finished (for 2 more days).

What is the dose for a child age 3 years up to 5 years?

- Two (2) tablets of AL.
- Twice daily
- For 3 days

You will give a total of 12 tablets for the full 3-day treatment. Ask the caregiver to give the first dose immediately—2 tablets, and then give 2 tablets again after 8 hours. (It may be helpful to remember that the dose for a child this age is 2 times or double the dose for a child age 2 months up to 3 years.)

Then, ask the caregiver to give the remaining tablets, 2 in the morning and 2 at night, until the tablets are finished (for 2 more days).

Artesunate Amodiaquine**What is the dose for a child age 2 months up to 1 year?**

- One (1) tablet of AA (25mg/67.5mg)
- Once daily
- For 3 days

You will give a total of 3 tablets for the full 3-day treatment. Ask the caregiver to give the first dose immediately—1 tablet, and then after 24 hours again give 1 tablet. Then, give the remaining tablet 24 hours after the second dose.

What is the dose for a child age 3 years up to 5 years?

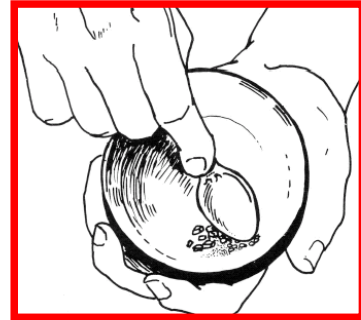
- One (1) tablet of AA (50mg/135mg).
- Once daily
- For 3 days

You will give a total of 3 tablets for the full 3-day treatment. Ask the caregiver to give the first dose immediately—1 tablet, and then give 1 tablet again after 24 hours. Then, ask the caregiver to give the remaining 1 tablet, 24 hours after the second dose.

Help the caregiver give the first dose now

You will help the caregiver give the child the first dose right away in front of you. To make it easier for the child to take the tablet, help the caregiver prepare the first dose:

1. Use a spoon to crush the tablet in a cup or small bowl.
2. Mix it with breast milk or with water. Or crush it with banana or another favourite food of the child.
3. Ask the caregiver to give the solution with the crushed tablet to the child with a spoon. Help her give the whole dose.



For ArthemeterLumifantrine,

Then, remind the caregiver to give the child a second dose after 8 hours. The recommended time between tablets is to prevent giving the second dose too soon. This would make the dose too strong for the child. This recommendation also makes sure that the child does not wait until the next day to get the second dose. This would be too late.

On the next day (tomorrow), advise the caregiver to give one dose in the morning and one dose at night. Continue with this dose morning and night the following day to finish all the pills. Emphasize that it is important to give the antimalarial for 3 days, even if the child feels better.

For Artesunate Amodiaquine

Then, remind the caregiver to give the child a second dose 24 hours after the first dose. The recommended time between tablets is to prevent giving the second dose too soon. This would make the dose too strong for the child.

On the next day (tomorrow), advise the caregiver to give one dose 24hrs after the first dose. Continue with this dose 24hrs after the last dose on the following day to finish all the pills. Emphasize that it is important to give the antimalarial for 3 days, even if the child feels better.

You do not have to memorize the doses. As with zinc and other treatments, refer to the box on the recording form. Tick [✓] the treatment and dose you give for malaria in the fever box.

Ask the caregiver for any questions or concerns she may have, and answer them. The caregiver should give the child the antimalarial the same way at home.

Before the caregiver leaves, ask the caregiver to repeat the instructions. Mark the dose on the packet to help the caregiver remember.

Help the caregiver give the first dose of a medicine. If the child spits up the medicine, help the caregiver use the spoon to gather up the medicine and try to give it again.

If the child spits up the entire dose or vomits within 30 minutes, give the child another full dose. If the child is unable to take the medicine, refer the child to the health facility.



Although many fevers are due to illnesses that go away within a few days, however, if the child has had fever for less than 7 days and the results of the RDT are negative, and the child does not have diarrhoea or fast breathing, then refer the child to the health facility. Also counsel the caregiver on home care for the sick child. Arrange to visit the child at home upon return from the health facility.



Exercise W: **Decide on the dose of antimalaria to give a child**

Your facilitator will give you a card with the name and age of a child, from the list below. The child has fever (less than 7 days with no danger sign). The results of the RDT are **positive** for malaria, and the child will be treated at home. Complete the information for your child in the table below.

The facilitator will also give you blister packs of tablets of the antimalarial AL and AA. Demonstrate the dosage using the tablets. Refer to the box on the treatment of fever in the chart booklet to guide your answers.

1. How much should the child take in a **singledose**? **How many times a day? For how many days?**
2. Count out the tablets for the child's full treatment. (If the tablets are in a blister pack, do not remove them from the pack.) **How many tablets in total should the child take?**
3. Based on the time when the child received the first dose, **what time should the caregiver give the child the next dose?**

Raise your hand when you have finished. The facilitator will check your decisions, and then will give you a card for another child.

Child with fever and positive RDT result for malaria	Age	How much is a single dose?	How many times a day?	For how many days?	How many tablets totally?	First dose was given at:	What time to give next dose?
1. Chioma	2 years					8:00	
2. Ahmed	4 and a half years					14:00	
3. Jane	3 months					Now	
4. Amina	8 months					10:00	
5. Nnamdi	6 months					15:00	
6. Becky	36 months					11:00	
7. Margaret	4 years					9:00	
8. William	3 and a half years					13:00	
9. Yusuf	12 months					14:00	
10. Andrew	4 years					7:00	
11. Ellie	Almost 5 years					12:00	
12. Peter	5 months					16:00	

5.2.3.2 If RDT is Negative, do not give oral antimalarial ACT

When a child has a negative RDT test, check to see if the child has fast breathing or diarrhoea. If the child does not have any of these, refer the child immediately to the health facility

5.2.3.3 Advise caregiver on use of a bednet (LLIN)

All people, particularly children under 5 years (and pregnant women) are particularly at risk of malaria. They should sleep under a bednet that has been treated with an insecticide to repel and kill mosquitoes.

The mosquitoes that carry the malaria parasite come out to bite at night. Without the protection of bednets, children will get malaria repeatedly. They are at great risk of dying.

Further, malaria is a major cause of anaemia in young children. Anaemia makes a child very weak and tired. It limits the child's ability to learn.

Advise caregivers on using a bednet for their young children. This advice is especially important for a caregiver of a child who receives an antimalarial.

If the family does not have a bednet, provide information on where to get one. Often the national malaria programme distributes free bednets or at reduced cost.

Types of insecticide-treated bednets

- **Long Lasting Insecticide Treated Nets (LLIN)**
- The recommended net is now a *long-lasting insecticidal net (LLIN)*. It is effective for at least 20 washes and up to three years of normal use.

Discuss with the facilitator: **How do families get a bednet in your community?** Some ways to get a bednet might be:

- From the health facility—the national programme may give a bednet to all families with children under age 5 years or with a pregnant woman.
- From mass campaign—the national programme may have given two bednets to all families during
- mass distribution at the community
- From a local seller—a local store or market stand may sell bednets at a reduced cost.

Unfortunately, many families who have a bednet do not use it correctly. They do not hang the net correctly over the sleeping area. Or they do not tuck it in. They may use it for too long. They may not replace a damaged or torn net.

Discuss:

Where do families learn how to use and maintain a bednet? Refer families to the person in the community who is responsible for promoting the use of bednets. You can also invite someone from the health facility to speak at a village health day about how to use a bednet. How to maintain the effectiveness of a bednet depends on the type of net (see the box).

5.2.4 If fast breathing

Fast breathing is a sign of pneumonia. Children with pneumonia will need an antibiotic to treat the pneumonia. With good care, families can treat a child with fast breathing—with no chest indrawing or other danger sign—at home with an antibiotic.

5.2.4.1 Give oral antibiotic

A child with fast breathing needs an antibiotic. An antibiotic, such as amoxycillin, is in your medicine kit. It is in the form of a tablet.

Check the expiration date on the antibiotic package. Do not use an antibiotic that has expired.

The instructions here are for amoxycillin in the form of an adult 250 mg tablet.

<input type="checkbox"/> If Fast Breathing	<input type="checkbox"/> Give oral antibiotic (amoxycillin—250 mg). Give twice daily for 5 days: <input type="checkbox"/> Age 2 months up to 12 months—1 tablet (total 10 tabs) <input type="checkbox"/> Age 12 months up to 5 years— 2 tablet (total 20 tabs) Help caregiver give first dose now.
--	--

Look in the box above (from the recording form). **What is the dose for a child age 2 months up to 12 months?**

- One whole adult tablet of amoxycillin
- Twice daily (morning and night)
- For 5 days

You will give the caregiver a supply of 10 tablets for the 5-day treatment for a child age 2 months up to 12 months.

What is the dose for a child age 12 months up to 5 years?

- Two (2) adult tablets of amoxycillin
- Twice daily (morning and night)
- For 5 days.

You will give the caregiver a supply of 20 tablets for the 5-day treatment for a child age 12 months up to 5 years.



For a child age 12 months up to 5 years:
Show her a tablet of amoxycillin

Give the child *2 tablets* for one dose of amoxycillin.



For the child 2 months up to 12 months,
Show her a tablet of amoxycillin

Give the child *one tablet* for one dose of
amoxycillin.



Ask the caregiver to give the first dose immediately. Help the caregiver crush the antibiotic and add water or breast milk to it to make it easier for the child to take.

Antibiotics and antimalarials are valuable when used correctly to save the life of a child who needs them.

Do not give medicine to a child who does not need it.

- Giving medicine to a child who does not need it will not help the child get well. An antibiotic, for example, does not cure a simple cough.
- Misused medicines can be harmful to the child.
- Misused medicines become ineffective. They lose their strength in fighting illness.
- Giving medicine to a child who does not need it is wasteful. It can mean that later the medicine is not there for that child or other children when they need it.

Then tell the caregiver to continue giving the dose morning and evening until the tablets are finished (for 5 days). Mark the dose on the package.

Ask the caregiver to repeat the instructions before leaving with the child. Make sure that the caregiver understands how much antibiotic to give, when, and for how long. Emphasize that it is important to give the antibiotic for the full 5 days, even if the child feels better.

If the caregiver must give more than one medicine, review how to give each medicine to the child. Check the caregiver's understanding again.

Finally, advise the caregiver to keep all medicine out of reach of children. She should also store the medicine in a clean, dry place, free of mice and insects.



Exercise X:
Decide on the dose of an antibiotic to give a child

Your facilitator will give you a card with the name and age of a child, from the list below. The child has fast breathing (with no danger sign) and will be treated at home. On the table below, write the dose of the antibiotic to give the child. Complete the information for the child's treatment.

The facilitator will also give you antibiotic tablets. Demonstrate the dosage using the tablets. Refer to the box on the treatment of fast breathing in the Chart Booklet to guide your answers.

1. How much should the child take in a **singledose**? **How many times a day?** **For how many days?**
2. Count out the tablets for the child's full treatment. (If the tablets are in a blister pack, do not remove them from the pack.) **How many tablets in total should the child take?**

Raise your hand when you have finished. The facilitator will check your decisions, and then will give you a card for another child.

Child with fast breathing	Age	How much is a single dose?	How many times a day?	For how many days?	How many tablets totally?
1. Chioma	2 years				
2. Ahmed	4 and a half years				
3. Jane	3 months				
4. Amina	8 months				
5. Nnamdi	6 months				
6. Becky	36 months				
7. Margaret	4 years				
8. William	3 and a half years				
9. Yusuf	12 months				
10. Andrew	4 years				
11. Ellie	Almost 5 years				
12. Peter	5 months				

5.2.5 UMBILICAL CORD CARE

Newborns can get an infection if caregivers are not careful about hygiene especially in caring for the cord. Newborns should receive 4% Chlorhexidine gel for Umbilical cord within 2 hours up to 24 hrs of delivery, continues till the gel finishes. If a newborn is seen after 24 hours still apply the gel.

Chlorhexidine is used to protect the umbilical cord of a baby against infection

- One Chlorhexidine tube is recommended per baby
- Wash your hands before applying the gel
- Apply the gel immediately after cutting the umbilical cord (within 2 hours)
- Apply the gel to the cut cord and the surrounding skin area (as illustrated in the picture above)
- Delay bathing the baby until after twelve hours for maximum results
- **Do not** apply any oil, cream or hot compress to the cord
- **Do not** apply any substance e.g. toothpaste, leaves, cow dung, *dabinopaste* etc. to the cord as they can cause infections
- Refer the baby to the nearest facility if the cord is discharging, smelling, bleeding or reddened.



5.2.6 For ALL children treated at home: Advise on home care

Treatment with medicine is only one part of good care for the sick child. All sick children also need good home care to help them get well.

The box below (from the recording form) summarizes the advice on home care for a sick child.

<input type="checkbox"/> For ALL children treated at home, advise on home care	<input type="checkbox"/> Advise the caregiver to give more fluids and continue feeding. <input type="checkbox"/> Advise the caregiver to tepid sponge, wear loose clothing and proper ventilation <input type="checkbox"/> Advise on when to return.Go to nearest health facility or, if not possible, return immediately if child <ul style="list-style-type: none"><input type="checkbox"/> Cannot drink or feed<input type="checkbox"/> Becomes sicker<input type="checkbox"/> Has blood in the stool<input type="checkbox"/> Not responding to ACT<input type="checkbox"/> Fever persists<input type="checkbox"/> Whiteness of the palms <input type="checkbox"/> Follow up child in 3 days.
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5.2.6.1 Advise to give more fluids and continue feeding, to tepid sponge, wear loose clothing and ensure adequate ventilation

During illness a child loses fluid. For children who are exclusively breastfeeding, advise the mother to breastfeed more frequently, and for longer at each feed. This should be enough fluid, even when the weather is hot and dry.

For children who are not exclusively breastfed, give clean water and more fluid foods. Soup, rice water, and yoghurt drinks will help to replace the lost fluid during illness. The child with diarrhoea should also take ORS solution.

A child often loses appetite during illness and has less interest in food. The caregiver might think that she should stop offering food until the child feels better.

Instead, advise the caregiver of a sick child to continue feeding. If the child is breastfed, continue breastfeeding.

For the child who is taking foods, advise the caregiver to offer the child's favourite nutritious foods. Do not force the child to eat. But take more time and offer food more often. Expect that the appetite will improve as the child gets better.

Unfortunately, children who are frequently sick can become malnourished. Being malnourished makes the child more at risk of serious illness. Advise the caregiver to continue to offer more foods, more frequently after the child is well. This will help the child catch up after the illness.

A child with cough may also have a sore throat. A sore throat is uncomfortable and can prevent the child from drinking and feeding well.

If the child is *not* exclusively breastfed, advise the caregiver to soothe the throat with a safe remedy. For example, give the child warm—not hot—water with honey.

Tell the caregiver not to give cough medicine to a child. Cough medicines are expensive. And they often contain ingredients that are harmful for children. Warm water with honey will be comforting. It will be all that the child needs.

If the child is exclusively breastfed, advise the caregiver to continue offering the breast. Do not give any throat or cough remedy. A child, even with a sore throat, will usually take the breast when offered.

If the child has fever tepid sponge the child frequently with lukewarm water, wear the child loose clothing and ensure adequate ventilation as these help to control the temperature and thus prevent convulsion

5.2.6.2 Advise on when to return

Advise the caregiver to go to the nearest health facility if the child becomes sicker. This means that the medicine is not working or the child has another problem.

Emphasize that it is urgent to seek care immediately if the child:

- Cannot drink or feed
- Becomes sicker
- Has blood in the stool
- Not responding to ACT
- Fever persists
- Whiteness of the hands/eye lids/lips

Usually a caregiver will know when a child is improving or becoming sicker. Ask the caregiver what she will look for. A child may become weaker and very sleepy. A child with a cough may have difficulty breathing. Make sure that the caregiver recognizes when the child is not getting better with home care.

If the caregiver sees signs that the child is getting sicker, she should take her child directly to the health facility. She should not delay. If this is not possible, she should return immediately to you, and you will assist the referral.

5.2.7 Check the vaccines the child received

Today vaccines protect children from many illnesses. With a vaccine, children no longer need to suffer and die from diphtheria, whooping cough, hepatitis, or measles. A vaccine can protect against a life-long disability such as polio.

Health workers, who give the vaccines, will tell the caregiver when to bring a child for the next vaccine. Your role with the caregiver is to ask about and help make sure that child receives each vaccine according to schedule.

Ask the caregiver to always bring the child's health card or other health record with her. Look at the child's record to see whether the vaccines are up to date. (If the caregiver forgets to bring the record, she may be able to tell you when and which vaccines the child has received.)

[The facilitator will show how the vaccines are recorded on the health card or other record.]

Childhood vaccines

- BCG—tuberculosis vaccine
- OPV—oral polio vaccine
- PENTAVALENT VACCINE
- Measles vaccine
- Yellow Fever

Note: Do not ask about the child's vaccines when you refer a child with a danger sign. Avoid any discussions that delay the child from going right away to the health facility.

With other children treated at home, however, do not miss the opportunity. Check whether the child's vaccines are up to date. Counsel the caregiver on when and where to take the child for the next vaccine.

Health cards list some vaccines by their initials. The recording form uses the same initials. (See the box below.)

For example, OPV is the Oral Polio Vaccine. For the *best protection* against polio, one vaccine is not enough. The child must receive the vaccine four times. The polio vaccines are: OPV-0, OPV-1, OPV-2, and OPV-3.

Age	Vaccine	Vitamin A	
Birth	BCG OPV-0 HepB-0	9 months up to 12 months	100, 000 unit single dose
6 weeks	OPV-1 Pentavalent -1 PCV-1	12 months up to 5 years	200, 000 unit single dose
10 weeks	OPV-2 Pentavalent -2 PCV -2	If child is aged 6 months up to 5 years give vitamin A supplementation every 6 months	
14 weeks	OPV -3 Pentavalent -3 PCV -3		
9 months	Measles Yellow Fever		

The box above, on the recording form, lists the vaccines according to the recommended schedule. It lists the vaccines given at birth, and at age 6 weeks, 10 weeks, 14 weeks, and 9 months.

Discuss, for each vaccine (BCG, OPV, PENTAVALENT VACCINE + MEASLES):

1. **How many times does the child receive the vaccine?**
2. **What are the recommended ages to receive the vaccine?**

A child should receive the vaccines at the recommended age. If the child is too young, the child cannot fight the illness well. If the child is older, then the child is at greater risk of getting the illness without the vaccine.

The Pentavalent vaccines and the oral polio vaccine (OPV) are given at the same time in the series. The first time is when the child is age 6

weeks. Keep an interval of 4 weeks between the Pentavalent vaccines.

The measles vaccine should not be given before the child is 9 months old. The child should receive all the vaccines, however, by no later than the child's first birthday.

Even if the child is sick and will be treated at home, refer the child for the needed vaccine at the first opportunity.

In the sample below, the community health worker checked the vaccines given to Mary Ndanusa, a 12 week old child. A tick [✓] in the sample recording form below indicates a vaccine that Mary Ndanusa has received. A circle [O] indicates a missed vaccine—that is, a vaccine Mary Ndanusa should have received based on her age and the schedule.

Age	Vaccine	Vitamin A	
Birth	BCG ✓ OPV-0 ✓ HepB-0 ✓	9 months up to 12 months	100, 000 unit single dose
6 weeks	OPV-1 ✓ Pentavalent -1 ✓ PCV-1 ✓	12 months up to 5 years	200, 000 unit single dose
10 weeks	OPV -2 O Pentavalent-2 O PCV -2 O	If child is aged 6 months up to 5 years give vitamin A supplementation every 6 months	
14 weeks	OPV -3 Pentavalent -3 PCV -3		
9 months	Measles Yellow Fever		

What vaccines did Mary Ndanusa receive?

Mary Ndanusa is 12 weeks old. Is she up to date on her vaccines? What vaccines did she miss?

Which vaccines should she receive next time?

The community health worker counselled Mrs Ndanusa to be sure to take her daughter for her vaccination. When and where should they go, if they live in your village?

Which vaccines remain on the schedule to be completed later?

Reminder: A child may need to receive a set of vaccines to catch up on missed ones. If so, the child should wait 4 weeks before receiving the next, subsequent set of vaccines.

Hauwa is 2 and half years old and has not received any vaccines. What vaccines should Hauwa receive today? (Use the blank form below to make your decision.)

How long should Hauwa wait before going for her next vaccines?

Then, which vaccines should Hauwa receive?

Age	Vaccine	Vitamin A	
Birth	BCG OPV-0 HepB-0	9 months up to 12 months	100, 000 unit single dose
6 weeks	OPV-1 Pentavalent -1 PCV-1	12 months up to 5 years	200, 000 unit single dose
10 weeks	OPV-2 Pentavalent -2 PCV -2	If child is aged 6 months up to 5 years give vitamin A supplementation every 6 months	
14 weeks	OPV -3 Pentavalent -3 PCV -3		
9 months	Measles Yellow Fever		



Exercise Y: Advice on the next vaccines for the child

Check the vaccines given to the three children below. For each child:

1. Which vaccines did the child receive?
2. Which vaccines, if any, did the child miss?
3. Which vaccines should the child receive next time?
4. The child lives in your community. When and where would you advise the caregiver to take the child for the next vaccine? Write your advice in the space provided.

Discuss with your facilitator what to advise caregivers to do when their children are behind more than one set of scheduled vaccines.

Child 1. Sani Bulus, age 6 months

Sani is 6 months old. He was born at home in a remote area and has not had any vaccinations. Indicate on the form the vaccines that Sani is missing. A motor bike from the main town will arrive next Tuesday with health workers to vaccinate children against polio and other childhood illnesses. Which vaccines should Sani receive next week?

Age	Vaccine	Vitamin A	
Birth	BCG OPV-0 HepB-0	9 months up to 12 months	100, 000 unit single dose
6 weeks	OPV-1 Pentavalent -1 PCV-1	12 months up to 5 years	200, 000 unit single dose
10 weeks	OPV-2 Pentavalent -2 PCV -2	If child is aged 6 months up to 5 years give vitamin A supplementation every 6 months	
14 weeks	OPV -3 Pentavalent -3 PCV -3		
9 months	Measles Yellow Fever		

Child 2.ObasiAkpabio, age 5 months

Obasi received only his BCG at birth. At age 6 weeks, 10 weeks, and 14 weeks, he received his Pentavalent and his polio vaccine.

Complete the record below. Indicate the vaccines received, and the vaccines missed. Which vaccines should Obasi receive next time?

In your community, when and where should his mother take him for his next vaccines?

Age	Vaccine	Vitamin A	
Birth	BCG OPV-0 HepB-0	9 months up to 12 months	100, 000 unit single dose
6 weeks	OPV-1 Pentavalent -1 PCV-1	12 months up to 5 years	200, 000 unit single dose
10 weeks	OPV-2 Pentavalent -2 PCV -2	If child is aged 6 months up to 5 years give vitamin A supplementation every 6 months	
14 weeks	OPV -3 Pentavalent -3 PCV -3		
9 months	Measles Yellow Fever		

Child 3.JideTaofiqage 12 weeks

Jide was born in Mercy Street Hospital Lagos. She received her BCG, HepB-0 and OPV-0 vaccines at birth. She has not had any other vaccines since birth.

Complete the record below. Identify the vaccines received, and the vaccines missed.

In your community, when and where should her father take her for her next vaccines?

Age	Vaccine	Vitamin A	
Birth	BCG OPV-0 HepB-0	9 months up to 12 months	100, 000 unit single dose
6 weeks	OPV-1 Pentavalent -1 PCV-1	12 months up to 5 years	200, 000 unit single dose
10 weeks	OPV-2 Pentavalent -2 PCV -2	If child is aged 6 months up to 5 years give vitamin A supplementation every 6 months	
14 weeks	OPV -3 Pentavalent -3 PCV -3		
9 months	Measles Yellow Fever		

5.2.8 Follow up the sick child treated at home

Follow up child in 3 days

All sick children sent home for treatment or basic home care need your attention. This is especially important for children who receive an antimalarial for fever or an antibiotic for fast breathing, as well as ORS and zinc for diarrhoea. The follow-up visit is a chance to check whether the child is receiving the medicine correctly and is improving.

Set an appointment for the follow-up visit

Even if the child improves, ask the caregiver to bring the child back to see you in 3 days for a follow-up visit. Help the caregiver agree on the visit. Record the day you expect the follow-up visit on the back of the recording form (item 6). If a time is set—for example, at 9:00 in the morning—also record the time.

If the caregiver says that the family cannot bring the child to see you, it is important to find a way to see the child. If the family cannot come, perhaps a neighbour might be willing to bring the child to see you. **If not, you must go to visit the child at home, especially if you have given the child an antimalarial or antibiotic.**

6. When to return for FOLLOW UP (circle): Monday Tuesday Wednesday Thursday Friday Weekend

7. Note on follow up:

- ☐ Child better—continue to treat at home. Day of next follow up: _____.
- ☐ Child is not better—refer URGENTLY to health facility.
- ☐ Child has danger sign—refer URGENTLY to health facility.

During the follow-up visit

During the follow-up visit, ask about and look for the child's problems. Look for danger signs, and any new problems to treat.

Then, make sure that the child is receiving correct treatment. Find out if the caregiver is continuing to give the medicine. Remind her that she must give the daily dose of zinc, the antimalarial, or the antibiotic, until the tablets are gone, even if the child is better.

If it is a new problem that you can treat, treat the child at home, and advise on good home care.

If you find that—in spite of treatment—the child has a danger sign, is getting sicker, or even is not getting better, refer the child immediately to the health facility. On the recording form, tick [✓] the appropriate note to indicate what you have found and your decision: **Child better**, **Child is not better**, or **Child has a danger sign**.

If the child is not better or now has a danger sign, write a referral note, and assist the referral to prevent delay.

If the child continues treatment at home, write the next follow-up day in the blank. Ask the caregiver to bring the child back, for example, if you have found a new problem or you are concerned about whether the caregiver will finish the treatment with the oral medicine.

Remind the caregiver to bring the child back immediately if the child cannot drink or feed, becomes sicker, or has blood in the stool.

5.2.9 Record the treatments given and other actions

The recording form has space to write the treatments and home care advice for children treated at home. Write the treatments given and other actions as you complete them.

Note: During practice in the classroom, hospital, or outpatient facility, you may not be able to give a recommended treatment to a sick child.

If so, on the recording form **write all the treatments and other actions you would plan to give the child**, if you saw the child in the community.



Exercise Z:
Decide on and record the treatment
and advice for a child at home

Joyce Odion, age 6 months, has visited the community health worker.

1. Use the information on the child's recording form on the next page to complete the rest of the form.
 - a. Decide whether Joyce has fast breathing.
 - b. Identify danger signs, if any, and other signs.
2. Decide to refer or treat Joyce.
3. Decide on treatment.
 - a. Write the treatment you would give the child. Select the medicine to give, the dose, and how much to send home with the caregiver. Use your supply of medicine to demonstrate the treatment. *Note: The result of the RDT was positive.*
 - b. Decide on the advice on home care to give the caregiver. Write the advice.
 - c. At birth, Joyce received her BCG, HepB-0 and OPV vaccines. At six weeks, Joyce had her full series of vaccines, but since then she has not received any vaccines. Indicate on the form what vaccines Joyce received and, if any, the vaccines she needs. In your community, when and where should she go to receive the vaccines?
 - d. Indicate when the child should come back for a follow-up visit.
4. Make sure that you have recorded all the decisions on the recording form.

Ask the facilitator to check the recording form and the medicine you have selected to give the child. If there is time, the facilitator will give you a second recording form to complete.

Sick Child Recording Form <i>(for community –based treatment of children from birth up to 5 years)</i>		
Date <u>16 / 5 / 2013</u> CHEW/CORP _____ (Day /month/year)		
Child's name: First <u>Joyce</u> Family <u>Odion</u> Age: __ Years <u>6</u> Months __ Days Boy <input type="radio"/> Girl <input checked="" type="radio"/>		
Caregiver's name: <u>PeterOdion</u> Relationship: Mother /father <input checked="" type="radio"/>		
Address, community: <u>Owon Street, Benin City</u>		
What are the child's problem(s) _____		
Ask the Caregiver	Circle Danger Signs Present	Action
Cough Yes <input checked="" type="checkbox"/> No _____ If cough How long <u>3</u> days Breaths in 1 minute <u>45</u> Fast Breathing Yes _____ No <input checked="" type="checkbox"/> Chest Indrawing Yes _____ No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Cough for 14 days Chest indrawing 	
Diarrhoea (3 or more loose stool in 24 hrs) Yes__ No <input checked="" type="checkbox"/> If diarrhea: How long _____ days Blood in stool Yes _____ No _____	<ul style="list-style-type: none"> Diarrhoea for 14 days Blood in stool 	
Fever (reported or now) Yes <input checked="" type="checkbox"/> No _____ If yes Started <u>2</u> days ago	<ul style="list-style-type: none"> Fever last for 7days 	
Convulsions Yes _____ No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Convulsion 	
Difficulty drinking or feeding Yes _____ No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Not able to drink or feed anything 	
Vomiting Yes <input checked="" type="checkbox"/> No _____ If yes, vomits everything Yes _____ No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Vomits everything 	
Sick Newborn (Children 0day up to 2 mo) Yes _____ No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Any Sick Newborn 	
Look at the child Unusually sleepy or unconscious Yes _____ No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Unusually sleepy or unconscious 	
For child 6mths up to 5 years MUAC (Strap Color) _____ Green _____	<ul style="list-style-type: none"> Red on MUAC 	
Swelling of both feet Yes _____ No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Swelling of both feet 	
Any other problem Yes _____ No <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> I cannot Treat, refer 	
Ask about the child's immunization status Yes----- No-----	<ul style="list-style-type: none"> Needs immunization 	

5.2.10 Recognizing adverse drug reactions

Sometimes children react to drugs. Such reactions include appearance of skin rashes, shivering, extreme weakness or collapse. When you see such reactions, do the following

- Stop giving the drug
- Take the patient and the drug to the health facility immediately.

SECTION 6:

If DANGER SIGN, refer immediately: begin treatment and assist referral

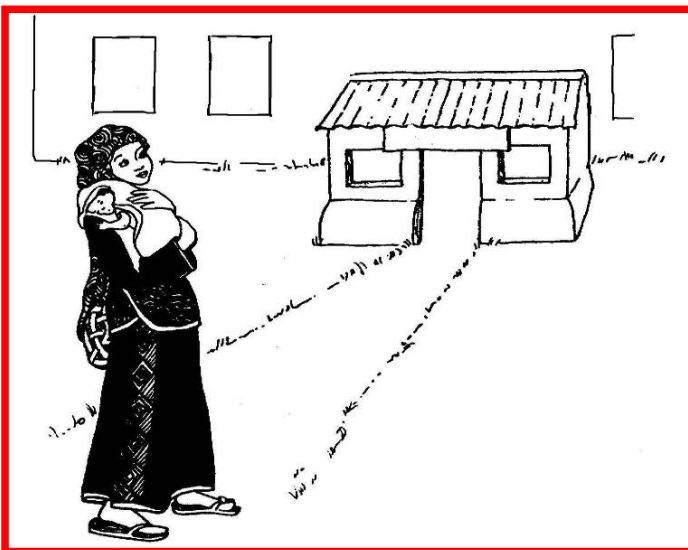
Jatau is very sick. He has had fever for 2 days and he has chest indrawing. He has a red reading on the MUAC strap. Jatau can still drink, but he is not interested in eating.

The community health worker says that Jatau must go right away to the health facility. She explains that Jatau is very sick. He needs treatment that only the health facility can provide. MrsGarba agrees to take Jatau.

Before they leave, the community health worker begins treatment. She helps MrsGarba give her son the first dose of an antibiotic for the chest indrawing (severe pneumonia). She explains that Jatau will receive additional treatment at the health facility.

She advises MrsGarba to continue giving breast milk and other fluids on the way. She wants her to lightly cover Jatau so he does not get too hot.

The community health worker knows that she must do everything she can to assist the referral. Jatau must reach the health facility without delay.



The community health worker writes a referral note to explain why she is sending Jatau to the health facility and what treatment Jatau has started.

She walks with MrsGarba and her son to the roadway in order to help them find a ride to the health facility.

As they leave, Mrs Garba asks, “will Jatau need to go to the hospital?” The community health worker says she does not know. The nurse at the health facility will decide how to give Jatau the best care.

If Jatau must go to the hospital, the community health worker says that she will find neighbours to help the family until she returns. Mrs Garba should not worry about her family at home.

What did the community health worker do to help Jatau get care at the health facility?

- ***What did the community health worker do to encourage Mrs Garba to agree to take Jatau to the health facility?***
- ***What treatment did Jatau begin?***
- ***What did the community health worker do to help Jatau receive care as soon as possible after he arrives at the health facility?***

In some situations, it might be better for the child to go directly to the hospital. Discuss with the facilitator when, if ever, you might refer the child directly to the hospital.

6.1 *Begin treatment*

A very sick child needs to start treatment right away. If the child can drink, you will be able to start *pre-referral treatment* before the child leaves for the health facility. You will begin treating a child with a danger sign and diarrhoea or fast breathing. Also, you will begin treating a child with chest indrawing, one of the danger signs.

You will *not* take time to do a rapid diagnostic test for malaria, you will give a pre-referral dose of an antimalarial (rectal Artesunate) only for fever and those conditions listed in the chart booklet. The health worker at the health facility will determine whether the child has malaria. If the child has malaria, the health facility will be able to give an antimalarial that will be more appropriate for a very sick child than the one in your medicine kit.

The pre-referral treatment is the same as **the first dose** of the medicine. The first dose of the medicine will start to help the child on the way to the health facility. ORS and an antibiotic are in your medicine kit to use as pre-referral treatments.

[Note that a zinc supplement is not a pre-referral treatment. You do not need to give it before referral.]

Note that a pre-referral treatment may not be for the reason the child is being referred.

For example, you are referring a child with cough for 14 days or more. Do you give a pre-referral treatment for the cough? No, there is no pre-referral treatment for cough.

If the child has diarrhoea, however, you will start a pre-referral treatment. What pre-referral treatment do you give for diarrhoea? Note that you will give ORS to the child with diarrhoea, even though the child is being referred for another reason.

EXAMPLE 2. Ali is 4 years old. He has a red reading on the MUAC strap and has had diarrhoea for 6 days.

What is the reason to refer this child (the danger sign or other problem)? _____

On the form, circle all the signs requiring pre-referral treatment.

Then, write the pre-referral treatment you would give the child.

Write the dose for the pre-referral treatment.

Sick Child Recording Form		
<i>(for community-based treatment of children from birth up to 5 years)</i>		
Date <u> </u> / <u> </u> / <u> </u> (Day /month/year)	CHEW/CORP <u> </u>	
Child's name: First <u>Ali</u> Family <u> </u> Age: <u>4</u> Years <u> </u> Months <u> </u> Days <u> </u>	<input checked="" type="radio"/> Boy <input type="radio"/> Girl	
Caregiver's name: <u> </u>	Relationship: Mother /father/ other <u> </u>	
Address, community: <u> </u>		
What are the child's problem(s) <u> </u>		
Ask the Caregiver	Circle Danger Signs Present	Action
Cough Yes <u> </u> No <u>✓</u> If cough How long <u> </u> days Breaths in 1 minute <u> </u> Fast Breathing Yes <u> </u> No <u> </u> Chest Indrawing Yes <u> </u> No <u>✓</u>	<ul style="list-style-type: none"> Cough for 14 days Chest indrawing 	
Diarrhoea (3 or more loose stool in 24 hrs) Yes <u>✓</u> No <u> </u> If diarrhea: How long <u>6</u> days Blood in stool Yes <u> </u> No <u>✓</u>	<ul style="list-style-type: none"> Diarrhoea for 14 days Blood in stool 	
Fever (reported or now) Yes <u> </u> No <u>✓</u> If yes Started <u> </u> days ago	<ul style="list-style-type: none"> Fever last for 7days 	
Convulsions Yes <u> </u> No <u>✓</u>	<ul style="list-style-type: none"> Convulsion 	
Difficulty drinking or feeding Yes <u> </u> No <u>✓</u>	<ul style="list-style-type: none"> Not able to drink or feed anything 	
Vomiting Yes <u> </u> No <u>✓</u> If yes, vomits everything Yes <u> </u> No <u>✓</u>	<ul style="list-style-type: none"> Vomits everything 	
Sick Newborn (Children 0day up to 2 mo) Yes <u> </u> No <u>✓</u>	<ul style="list-style-type: none"> Any Sick Newborn 	
Look at the child Unusually sleepy or unconscious Yes <u> </u> No <u>✓</u>	<ul style="list-style-type: none"> Unusually sleepy or unconscious 	
For child 6mths up to 5 years MUAC (Strap Color) <u>red</u>	<ul style="list-style-type: none"> Red on MUAC 	
Swelling of both feet Yes <u> </u> No <u>✓</u>	<ul style="list-style-type: none"> Swelling of both feet 	
Any other problem Yes <u> </u> No <u>✓</u>	<ul style="list-style-type: none"> I cannot Treat, refer 	
Ask about the child's immunization status Yes-----No-----	<ul style="list-style-type: none"> Needs immunization 	

Note that the pre-referral dose for ORS solution is: As much as the child will take. Then, help the caregiver start giving ORS right away. Continue to give ORS on the way to the health facility.

Remember: You cannot give oral medicine to a child who cannot drink.

If the child is having convulsions, unusually sleepy or unconscious, vomiting everything, or in any other way unable to drink, do not give oral medicine. Refer the child **immediately** to the health facility.

If a child has a fever and cannot drink to take an oral medicine, the child is very sick and needs urgent care. Assist the child's referral to the nearest health facility. Give the child a rectal artesunate suppository to start the treatment while he is on the way to the health facility.

The mother should wipe the body of the child with a piece of cloth soaked in water that is not cold or hot. They should remove tight clothing and not cover the child excessively so that the child should have good ventilation.

Refer to the chart booklet for details on how to give rectal artesunate. Ask the facilitator if you do not understand any step described on how to give the rectal artesunate.



Exercise AA:

Discussion: Select a pre-referral treatment for a child

For each child listed below:

1. Circle the sign or signs for which the child needs referral.
2. Decide which sign or signs need a pre-referral treatment.
3. Tick [✓] all the pre-referral treatments to give before the child leaves for the health facility.
4. Write the dose for each pre-referral treatment. Refer to the Chart Booklet to guide you. Be prepared to discuss your decisions. *[The facilitator may give you a child's card for the group discussion.]*

Circle the signs to refer the child	Tick [✓] pre-referral treatment	Write the dose for each pre-referral treatment
Lesi (4 year old boy) – Cough for 14 days Fever	<input type="checkbox"/> Give first dose of oral antibiotic	
Adenike (2 year old girl) – Cough for 14 days Diarrhoea for 3 days No blood in stool	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antibiotic	
Suleiman (2 month old boy) – Diarrhoea for 3 weeks No blood in stool Fever for last 3 days	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Do RDT <input type="checkbox"/> if RDT is positive, begin treatment with the first dose of ACT	
Kayode (3 year old boy) – Cough for 3 days Chest indrawing Unusually sleepy or unconscious	<input type="checkbox"/> Give first dose of oral antibiotic <input type="checkbox"/> begin pre-referral treatment with rectal Artesunate and refer immediately to the health facility	
Deborah (3 year old girl) – Diarrhoea for 4 days Blood in stool	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antibiotic <input type="checkbox"/> Give diet supplement	
Thomas (3 year old boy) – Diarrhoea for 8 days Fever for last 8 days Vomits everything Red on MUAC strap	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antibiotic <input type="checkbox"/> begin pre-referral treatment with rectal Artesunate and refer immediately to the health facility <input type="checkbox"/> Give diet supplement	
Mary (5 month old girl) – Fever for last 7 days Diarrhoea less than 14 days Swelling of both feet	<input type="checkbox"/> Begin giving ORS solution <input type="checkbox"/> Give first dose of oral antibiotic <input type="checkbox"/> begin pre-referral treatment with rectal Artesunate and refer immediately to the health facility	

6.2 Assist referral

A pre-referral treatment for fever or fast breathing is only the first dose. This is not enough to treat the child. The child with a danger sign must go to the health facility to identify what is the problem and to receive the full treatment.

The recording form guides you through a list of tasks to assist the child's immediate referral to the health facility. As you complete each task to assist referral, write each task on the recording form.

6.2.1 Explain why the child needs to go to the health facility

Once you have given the first dose, the caregiver may think that you have the medicine to save the child. You must be firm. Explain that this medicine alone is not enough. The child must go to the health facility for treatment.

Going right away to the health facility may not be possible in some conditions. Perhaps the child is too sick. Perhaps travel at night is dangerous. Perhaps the rains have closed or blocked the roads.

Discuss with your facilitator what you can do when referral is not possible. Remember that your medicine will not be enough for the child. You must try to get a child with a danger sign to a health facility as soon as possible.

6.2.2 For any sick child who can drink, advise to give fluids and continue feeding

If the child can drink and feed, advise the caregiver to continue to offer fluids and food to the child on the way to the health facility.

If the child is still breastfeeding, advise the mother to continue breastfeeding. Offer the breast more frequently and for a longer time at each feed.

If the child is not breastfeeding, advise the caregiver to offer water to drink and some easy-to-eat food.

If the child has diarrhoea, help the caregiver start giving ORS solution right away. Sometimes the ORS solution can help the child stop vomiting. Then the child can take other oral medicines.

6.2.3 Advise to keep child warm, if child is NOT hot with fever

Some children have a hot body because of fever. The bodies of other sick children, however, may become too cold. How the caregiver covers the child's body will affect the body temperature. What to advise depends on whether the child has a fever and on the weather.

To keep the child warm, cover the child, including the child's head, hands, and feet with a blanket. Keep the child dry if it rains. If the weather is cold, advise the caregiver to put a cap on the child's head and hold the child close to her body.

If the child is hot with fever, covering the body too much will raise the body temperature. It may make the child sicker and increase the danger of convulsions.

A light clothing may be enough to cover the child with fever if the weather is warm. If the body becomes very hot, advise the caregiver to remove even the light clothing.

6.2.4 Write a referral note

To prevent delay at the health facility, write a referral note to the nurse or other person who will first see the child. You may have a specific referral form to complete from your health facility.

If there is no referral form, write a referral note. A referral note should give:

1. The name and age of the child
2. A description of the child's problems
3. The reason for referral (list the danger signs or other reason you referred the child)
4. Treatment you have given
5. Your name
6. The date and time of referral

You also can make a simple referral note based on the Sick Child recording form (An example of a referral note is in the next exercise).

Write each medicine and the dose you gave. It is very important for the health worker to know what medicine you have already given the child, and when. Send the referral note with the caregiver to the health facility.

6.2.5 Arrange transportation, and help solve other difficulties in referral

Communities may have access to regular bus, mini-bus, or car transportation to the health facility.

If so, know the transportation available. Keep the schedule handy. You do not want to miss the bus or other transportation by a few minutes. You may need to rush or send someone to ask the driver to wait, if the child is very sick.

Some communities have no direct access to transportation. A community health worker can help leaders understand the importance of organizing transportation to the health facility (and hospital). Or they can organize assistance to a road where there is regular bus service. A community leader may call on volunteers to assist families.



This service can be critical, especially for very sick children. Others also need this service, including women who have difficulty during pregnancy and delivery.

Keeping track of the numbers of children you have referred can help show the need. Use the recording forms or a log book for this information.

Transportation is only one of the difficulties a family faces in taking a sick child to the health facility. Mrs Garba may have been concerned about how to reach her husband who was working in the field. She could not go without telling him. She also needed someone to care for the other children remaining at home, if Jatau needed to go to the hospital.

The community health worker knew her community. She knew the family and neighbours of the sick child. Her knowledge helped Mrs Garba solve the problems that prevented her from taking Jatau to the health facility.

Always ask the caregiver if there are any difficulties in taking the child to the health facility. Listen to her answers. Then, help her solve problems that might prevent her or delay her from taking the child for care.

If the caregiver does not want to take the child to the health facility, find out why. Calm the caregiver's fears. Help her solve any problems that might prevent the child from receiving care. Here are some examples.

The caregiver does not want to take the child to the health facility because:	How to help and calm the caregiver's fears:
The health facility is scary, and the people there will not be interested in helping my child.	Explain what will happen to her child at the health facility. Also, you will write a referral note to help get care for her child as quickly as possible.
I cannot leave home. I have other children to care for.	Ask questions about who is available to help the family, and locate someone who could help with the other children.
I don't have a way to get to the health facility.	Help to arrange transportation. In some communities, transportation may be difficult. Before an emergency, you may need to help community leaders identify ways to find transportation. For example, the community might buy a motor scooter, or arrange transportation with a produce truck on market days.
I know my child is very sick. The nurse at the health facility will send my child to the hospital to die.	Explain that the health facility and hospital have trained staff, supplies, and equipment to help the child.
I have local herbs that can cure the illness/ i can consult a nearby traditional doctor that can give cure without having to travel long distance	Explain that delaying care -even only a few hours for some sick children with danger signs can lead to death.
I don't have money to pay for the treatment	Explain that some of the treatments are free at the Primary health facilities and she might not be asked to pay.

Even if families decide to take their sick child to the health facility, they face many difficulties. The difficulties add delay. A study in rural Tanzania, for example, found that almost half of referrals took two or more days for the children to arrive at a health facility. Delaying care—even only a few hours—for some sick children with danger signs can lead to death.

Discuss: What are the reasons that sick children in your community do not arrive at the health facility on time?

You and your community can help families solve some of the delays in taking children for care. Also, when you assist the referral, families are more willing to take their children. Children can arrive at the health facility and receive care with less delay.

6.3 Follow up the child on return at least once a week until child is well

The child will need care when he or she returns from the health facility. Ask the caregiver to bring the child to see you when they return. Ask her to bring any note from the health worker about continuing the child's treatment at home.

During the follow-up visit, check for danger signs. If there are any danger signs, you will need to refer the child again to the health facility. The child is not improving as expected.

If there are no danger signs, help the caregiver continue appropriate home care. If the health worker at the health facility gave the child medicine to take at home, make sure that the caregiver understands how to give it correctly. Giving the medicine correctly means:

- The correct medicine
- The correct dose
- The correct time or times of the day
- For the correct number of days

Help the caregiver continue to follow the treatment that the health worker recommended to continue at home.

Remind the caregiver to offer more fluids and to continue feeding the child. Also, offer more food to the child as the child gets better. The extra food will help the child catch up on the growth the child lost during the illness.

If the child becomes sicker, or if the caregiver has any concerns, advise the caregiver to bring the child to you right away.

Follow up the child on return at least once a week until the child is well. If the child has an illness that is not curable, continue to support the family. Help the family give appropriate home care for the child.



Exercise AB: Complete a recording form and write a referral note

You are referring Joseph Bala to the health facility.

1. Complete Joseph's **recording form** on the next two pages. Based on the signs of illness found:
 - a. Decide which signs are Danger Signs or other signs of illness. Circle any DANGER SIGN and other signs of illness.
 - b. Decide: Refer, or treat Joseph at home
 - c. Act as if you have seen Joseph. Write treatments given and other actions.
 - d. You will refer Joseph. Therefore, do not complete assess vaccine status.
2. Then, use Joseph's recording form to complete a **referral note** for Joseph. Again, you are the referring CHEW. Refer Joseph to the nearest health facility where you live. Put today's date and time, where you are asked for them.

If there is time, the facilitator will give you a sample recording form for another child. Complete the recording form and a referral note for the child.

(for community-based treatment of children from birth up to 5 years)

CHEW/CORP

Boy

Mother

UnguwanMallam, Jere

What are the child's problem(s) _____

Ask the Caregiver	Circle Danger Signs Present	Action
Cough Yes <u>√</u> No <u> </u> If cough How long <u>2</u> days Breaths in 1 minute <u>42</u> Fast Breathin Yes <u> </u> No <u>√</u> Chest Indrawing Yes <u>√</u> No <u> </u>	<ul style="list-style-type: none"> Cough for 14 days Chest indrawing 	
Diarrhoea (3 or more loose stool in 24 hrs) Yes <u> </u> No <u>√</u> If diarrhea: How long <u> </u> days Blood in stool Yes <u> </u> No <u> </u>	<ul style="list-style-type: none"> Diarrhoea for 14 days Blood in stool 	
Fever (reported or now) Yes <u>√</u> No <u> </u> If yes Started <u>2</u> days ago	<ul style="list-style-type: none"> Fever last for 7days 	
Convulsions Yes <u> </u> No <u>√</u>	<ul style="list-style-type: none"> Convulsion 	
Difficulty drinking or feeding Yes <u> </u> No <u>√</u>	<ul style="list-style-type: none"> Not able to drink or feed anything 	
Vomiting Yes <u> </u> No <u>√</u> If yes, vomits everything Yes <u> </u> No <u> </u>	<ul style="list-style-type: none"> Vomits everything 	
Sick Newborn (Children 0day up to 2 mo) Yes <u> </u> No <u>√</u>	<ul style="list-style-type: none"> Any Sick Newborn 	
Look at the child Unusually sleepy or unconscious Yes <u> </u> No <u>√</u>	<ul style="list-style-type: none"> Unusually sleepy or unconscious 	
For child 6mths up to 5 years MUAC (Strap Color) <u> Red </u>	<ul style="list-style-type: none"> Red on MUAC 	
Swelling of both feet Yes <u> </u> No <u>√</u>	<ul style="list-style-type: none"> Swelling of both feet 	
Any other problem Yes <u> </u> No <u>√</u>	<ul style="list-style-type: none"> I cannot Treat, refer 	
Ask about the child's immunization status Yes----- No-----	<ul style="list-style-type: none"> Needs immunization 	

Referral note for Community Health Worker: Sick Child		
Child's name: First _____ Family _____ Age: __ Years __ Months __ Days Boy Girl Caregiver's name: _____ Relationship: Mother /father/ other _____ Address, community: _____ Time: _____ Child's problem _____		
The child has	Reason for referral (Circle Danger Signs)	Treatment Given
Cough Yes___ No___ If cough How long ___ days Breaths in 1 minute ___ Chest Indrawing Yes___ No___	<ul style="list-style-type: none"> • Cough for 14 days • Chest indrawing 	
Diarrhoea (3 or more loose stool in 24 hrs) Yes___ No___ If diarrhea: How long ___ days Blood in stool Yes___ No___	<ul style="list-style-type: none"> • Diarrhoea for 14 days • Blood in stool 	
Fever (reported or now) Yes___ No___ Started ___ days ago	<ul style="list-style-type: none"> • Fever last for 7 days 	
Convulsions Yes___ No___	<ul style="list-style-type: none"> • Convulsion 	
Difficulty drinking or feeding Yes___ No___	<ul style="list-style-type: none"> • Not able to drink or feed anything 	
Vomiting Yes___ No___ If yes, vomits everything Yes___ No___	<ul style="list-style-type: none"> • Vomits everything 	
Sick Newborn (Children 0 day up to 2 mo) Yes___ No___	<ul style="list-style-type: none"> • Any Sick Newborn 	
Unusually sleepy or unconscious Yes___ No___	<ul style="list-style-type: none"> • Unusually sleepy or unconscious 	
For child 6mths up to 5 years MUAC (Strap Color) _____	<ul style="list-style-type: none"> • Red on MUAC 	
Swelling of both feet Yes___ No___	<ul style="list-style-type: none"> • Swelling of both feet 	
Any other problem Yes___ No___	<ul style="list-style-type: none"> • I cannot Treat, refer 	
Ask about the child's immunization status Yes---- No----	<ul style="list-style-type: none"> • Needs immunization 	
Referred to (name of Health facility) _____ Referred by (name of CHEW) _____ Date ____/____/____ (Day /month/year)		

✂.....**Cut along this line**.....

FEEDBACK FROM HEALTH FACILITY (Please give feedback) Child's Name: Date Child's identified problem(s) : Treatments given and actions taken: Advice given and to be followed: Name of attending HW/clinician: Name of Health Facility: Signature:

SECTION 7: Use good communication skills

Where you sit and how you speak to the caregiver sets the scene for good communication. Welcome the caregiver and child. Sit close, look at the caregiver, speak gently. Encourage the caregiver to talk and ask questions. The success of home treatment very much depends on how well you communicate with the child's caregiver.

The caregiver and others in the family need to know how to give the treatment at home. You need to be able to check their understanding of what to do.

You need to practise the following:

- **Ask** questions to find out what the caregiver is already doing for her child.
- **Praise** the caregiver for what she or he has done well.
- **Advise** the caregiver on how to treat the child at home.
- **Check** the caregivers' understanding.
- **Solve problems** that may prevent the caregiver from giving good treatment.

7.1 Advise the caregiver on how to treat the child at home

Some advice is simple. Other advice requires that you teach the caregiver how to do the task. For example, you have learned to teach a caregiver how to give an antibiotic. Teaching how to do a task requires several steps:

To give information, explain how to do the task. For example, how to divide a tablet, crush a tablet, mix it with water, and give it to the child.

To show an example, show how to do the task. For example, cut a tablet in half.

To let the caregiver practice, ask the caregiver to do the task. For example, ask her to cut another tablet, and give the first dose to the child.

Letting the caregiver practise is the most important part of teaching a task. You will know what the caregiver understands and what is difficult. You can then help the caregiver do it better. The caregiver is more likely to remember something he or she has practised, than something just heard.

Also, when the caregiver practises the task, the caregiver gains more confidence to do it at home.

When teaching the caregiver:

- Use words that the caregiver understands.
- Use teaching aids that are familiar, such as common containers for measuring and mixing ORS solution.
- Give feedback. Praise what the caregiver does well. Make corrections, if necessary. Allow more practice, if needed.
- Encourage the caregiver to ask questions. Answer all questions simply and directly.

7.2 Check the caregiver's understanding

Giving one treatment correctly is difficult. The caregiver who must give the child two or more treatments will have greater difficulty. The caregiver may have to remember the instructions for several—ORS, zinc, an antimalarial, and an antibiotic.

State a checking question so that the caregiver answers more than “yes” or “no”. An example of a yes/no question is, “Do you know how to give your child his antibiotic?”

Most people will probably answer “Yes” to this question, whether they do or do not know. They may be too embarrassed to say “no”. Or they may think that they do know.

Examples of good checking questions are:

- “When will you give the medicine?”
- “How much will you give?”
- “For how many days will you give the medicine?”
- “What mark on the packet would help you remember?”
- “When should you bring your child back to see me?”

With the answer to a good checking question, you can tell whether the caregiver has understood. If the answer is not correct, clarify your instructions. Describing how to give the treatment and demonstrating with the first dose will also help the caregiver to remember.

A question that the caregiver can answer with a “yes” or “no” is a poor question. The answer does not show you how much the caregiver knows.

Good checking questions	Poor questions
How will you prepare the ORS solution?	Do you remember how to mix ORS?
How much ORS solution will you give after each loose stool?	Will you try to give your child 1/2 cup of ORS after each loose stool?
How many tablets will you give next time? What will help you remember how many tablets you will give?	Can you keep the tablets straight: which is which, and how much to give of each?
When should you stop giving the medicine to the child?	You know how long to give the medicine, right?
Let's give your child the first dose now. Show me how to give your child this antibiotic.	Do you think you can give the antibiotic at home?

Ask only one question at a time. After you ask a question, wait. Give the caregiver a chance to think and then answer. Do not answer the question for the caregiver.

Asking checking questions requires patience. The caregiver may know the answer, but may be slow to speak. The caregiver may be surprised that you asked, and that you really want an answer. Wait for the answer. Do not quickly ask a different question.

If the caregiver answers incorrectly or does not remember, be careful not to make the caregiver feel uncomfortable. Give more information, another example or demonstration, or another chance to practice.



Exercise AC: Use good communication skills

In this exercise, you will review good communication skills.

Child 1.Saidu

The community health worker must teach a mother to prepare ORS solution for her son Saidu who has diarrhoea. First the community health worker explains how to mix the ORS, and then he shows Saidu's mother how to do it. He asks the mother, "Do you understand?" Saidu's mother answers, "Yes." The community health worker gives her 2 ORS packets and says good-bye. He will see her in 3 days.

Discuss with the facilitator:

1. What information did the community health worker give Saidu's mother about the task?
2. Did he show her an example? What else could he have done?
3. How did he check the mother's understanding?
4. How would you have checked the mother's understanding?

Child 2.Eromosele

The community health worker gives Eromosele's mother some oral antibiotics to give her son at home. Before the community health worker explains how to give them, he asks the mother if she knows how to give her child the medicine. The mother nods her head yes. So the community health worker gives her the antibiotics, and Eromosele and his mother leave.

If a mother tells you that she already knows how to give a treatment, what should you do?

Checking questions

The following are yes/no questions. Discuss how you could make them good checking questions or ask the caregiver to demonstrate.

1. Do you remember how to give the antibiotic and the antimalarial?
2. Do you know how to get to the health facility?
3. Do you know how much water to mix with the ORS?
4. Do you have a 1 litre container at home?



Exercise AD:

Role Play Practice: Give an oral antibiotic to treat child at home

You will go into groups of three for the role play. In your groups, first identify who will be the caregiver, the community health worker, and an observer. Refer to the recording form to guide your advice on correct treatment and home care for Rahila.

Rahila John is age 2 years. She has had a cough for 3 days. The community health worker has counted the child's breaths. The child has 45 breaths per minute, which is fast breathing.

In the role play, the **caregiver** should act like a real parent. Be interested in doing what is necessary to make sure that Rahila gets well. Listen carefully and ask questions. Only ask questions about what is not clear. (*Do not prove difficult to the health worker during this role play*).

The **community health worker** will teach the caregiver how to treat Rahila for fast breathing at home.

1. Help the caregiver:
 - Prepare the oral antibiotic to give Rahila, age 2 years, 1 month.
 - Give the first dose to Rahila.
2. Make sure that the caregiver can give the medicine correctly at home.
3. Give the caregiver enough medicine for the full treatment at home.
4. Advise the caregiver on basic home care for the sick child.
5. Set a day for a follow-up visit.

The **observer** will look for:

1. What did the community health worker do that was helpful in teaching the caregiver how to treat the child at home?
2. What else could the community health worker do to help?
3. Was the advice correct? If not, identify what was not correct.
4. How well did the caregiver understand what to do? How do you know?
5. What task, if any, might the caregiver not understand or remember?



Exercise AE: Putting it all together – Final Practice

In this exercise, the facilitator will take you through a final practice of the various skills you have learnt and practiced during the course. It is a chance to put together everything you have been learning.

SECTION 8: Practise your skills in the community

You have had many opportunities to practise what you are learning in this course. Now you will have another chance to practise your new skills in the community under supervision. You will not forget what you have learned if you begin to practise right away. Each task will become easier to do with practice.

When you return to your communities, you will be assigned to designated supervisors. Your designated supervisor will be responsible for providing feedback and additional training, as needed, until you are able to work independently. Supervision then continues, less frequently, to help you maintain correct practices and learn from the variety of experiences you face in the community.

The facilitator will discuss ways to provide these supervision in the community. Possible ways are:

- The facilitator/supervisor visits families together with you.
- The facilitator/supervisor assigns you to a health worker or supervisor. The health worker will be your mentor in the community. A mentor helps you until you get more experience.
- Course participants meet regularly to practise together and discuss their experiences in the community.
- You continue to practise with a health worker in a health facility.

The record keeping system and the method of supplying you with medicine will be different in different places. Together the facilitator and supervisor will make arrangements for regularly refilling your medicine kit.

Before you leave, the facilitator also will give you the following items to use when you see sick children:

- Recording forms and referral notes
- ORS packets
- Zinc tablets
- Rapid Diagnostic Tests for malaria
- Antimalarial AL tablets
- Antibiotics
- An extra MUAC strap

In addition, keep the following items with you:

- Utensils to prepare and give ORS solution
- A table knife to cut a tablet, and a spoon and small cup to prepare the medicine to give the child
- Pencils
- Chart Booklet

When you visit families or they bring their children to see you, complete a recording form for every sick child. Bring the completed recording forms to the next meeting with the facilitator or supervisor. You will discuss the children, their signs, and the actions you have taken. You can discuss any problems you found and how to solve them.

Annex A. RDT Job Aid

How To Do the Rapid Test for Malaria



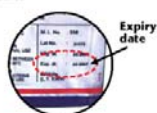
Collect:

- NEW unopened** test packet
- NEW unopened** spirit swab
- NEW unopened** lancet
- NEW** pair of disposable gloves
- Buffer
- Timer



READ THESE INSTRUCTIONS CAREFULLY BEFORE YOU BEGIN.

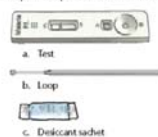
1. Check the expiry date on the test packet.



2. Put on the gloves. Use new gloves for each patient.



3. Open the packet and remove:



4. Write the patient's name on the test.



5. Open the alcohol swab. Grasp the 4th finger on the patient's left hand. Clean the finger with the spirit swab. Allow the finger to dry before pricking.



6. Open the lancet. Prick patient's finger to get a drop of blood.



7. Discard the lancet in the Sharps Box immediately after pricking finger. **Do not set the lancet down before discarding it.**



8. Use the loop to collect the drop of blood.



9. Use the loop to put the drop of blood into the square hole marked "A."



10. Discard the loop in the Sharps Box.



11. Put six (6) drops of buffer into the round hole marked "B."



12. Wait 15 minutes after adding buffer.



13. Read test results. **(NOTE: Do Not read the test sooner than 15 minutes after adding the buffer. You may get FALSE results.)**

14. How to read the test results:

POSITIVE

One red line in window "C" **AND** one red line in window "T" means the patient **DOES** have *falciparum* malaria.



NEGATIVE

One red line in window "C" and **NO LINE** in window "T" means the patient **DOES NOT** have *falciparum* malaria.



INVALID RESULT

NO LINE in window "C" means the test is damaged.

A line in window "T" and **NO LINE** in window "C" also means the test is damaged. Results are **INVALID**.



If no line appears in window "C," repeat the test using a **NEW unopened** test packet and a **NEW unopened** lancet.

15. Dispose of the gloves, spirit swab, desiccant sachet and packaging in a non-sharps waste container.



16. Record the test results in your CHW register. Dispose of cassette in non-sharps waste container.



NOTE: Each test can be used ONLY ONE TIME. Do not try to use the test more than once.

